

Care Quality Commission

Inspection Evidence Table

The London Road Medical Centre (1-5868981543)

Inspection date: 23 April 2019

Date of data download: 12 April 2019

The Quality and Outcome Framework (QOF) data included in this Evidence Table refers to a previous provider. The London Road Medical Centre has been registered with CQC since October 2018 under a new provider, Dr Tessa Jag Monelle. The QOF data in the Evidence Table is from 01/04/2017 to 31/03/2018 when the provider was Dr KE Wilcox and Partners. The GP patient survey data is from 01/01/2018 to 31/03/2018. Both sets of dates relate to a time before Dr Tessa Jag Monelle was the provider of the practice.

Overall rating: Requires Improvement

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Requires improvement

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	YES
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	YES
There were policies covering adult and child safeguarding.	YES
Policies and procedures were monitored, reviewed and updated.	YES
Policies were accessible to all staff.	YES
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	YES
There was active and appropriate engagement in local safeguarding processes.	YES
There were systems to identify vulnerable patients on record.	YES
There was a risk register of specific patients.	YES
Disclosure and Barring Service (DBS) checks were undertaken where required.	YES

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	YES
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Safeguarding team contact numbers were displayed in consulting rooms. Staff spoken with on the day of the inspection stated they knew how to raise a safeguarding alert and had experience of doing so.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	YES
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	YES
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	YES
Staff had any necessary medical indemnity insurance.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Staff files reviewed demonstrated that the required recruitment checks were carried out. This included the recruitment files for locum staff members.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: April 2019	YES
There was a record of equipment calibration. Date of last calibration: May 2018	YES
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	YES
There was a fire procedure.	YES
There was a record of fire extinguisher checks. Date of last check: 18/4/2019	YES
There was a log of fire drills. Date of last drill: 24/10/2018	YES
There was a record of fire alarm checks. Date of last check: 18/04/2019	YES
There was a record of fire training for staff. Date of last training: CHECK THIS	YES
There were fire marshals.	YES
A fire risk assessment had been completed. Date of completion: 27/07/2018	YES
Actions from fire risk assessment were identified and completed.	PARTIAL
<p>Explanation of any answers and additional evidence:</p> <p>A fire risk assessment had been conducted by a fire officer and the practice were working through the recommendations. Fire doors and a fire safe wall still required completion prior to the fire officer returning after a three-year period. Some of the required actions had been completed. For example, a letter box has been sealed, and locks placed on waste containers. The practice had completed a comprehensive time-based action plan to meet the recommendations of the risk assessment and this was in progress and ongoing. Where required, quotes for work to be undertaken had been sought.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 25/04/2019	YES
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	YES
<p>Explanation of any answers and additional evidence:</p> <p>A monthly health and safety and premises check was carried out on all rooms within the practice and a log/assessment was maintained. A full premises risk assessment to help ensure an overview of the practice was carried out on 25/04/19. Documents received after the inspection demonstrated that a full assessment had been conducted.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	YES
Staff had received effective training on infection prevention and control.	YES
Date of last infection prevention and control audit:	05/02/19
The practice had acted on any issues identified in infection prevention and control audits.	PARTIAL
The arrangements for managing waste and clinical specimens kept people safe.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an identified infection control lead and an audit was carried out in February 2019. Actions were identified as a result of this audit, for example, some flooring had split and required replacement. Quotes for the work to replace the flooring had been received by the practice, with the work to be completed in May or June 2019.</p> <p>Staff spoken with told us they had received infection control training and certificates reviewed confirmed this.</p>	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	PARTIAL
There was an effective induction system for temporary staff tailored to their role.	YES
Comprehensive risk assessments were carried out for patients.	YES
Risk management plans for patients were developed in line with national guidance.	YES
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	YES
Clinicians knew how to identify and manage patients with severe infections including sepsis.	YES
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	YES
There was a process in the practice for urgent clinical review of such patients.	YES
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	YES
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	YES
When there were changes to services or staff the practice assessed and monitored the impact on safety.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a list of 7843 patients, and 1.6 full time equivalent GP staff, which amounted to 5050</p>	

registered patients per full time equivalent GP. This is compared to 3375 at CCG level and 1806 at national level. The practice were actively trying to recruit a further GP. They had advertised for this role as well as two additional paramedic practitioners and an advanced nurse practitioner. The practice had taken action to address this by recruiting a senior administrator with a background in medicines management, a mental health nurse and a paramedic practitioner. The practice was part of a hub service, which provided appointments across practices in the locality.

The non-clinical staff team were multi-skilled and could cover for one another for periods of holiday or sickness.

The staff team had completed sepsis training. A member of the receptionist team was spoken with and was clearly able to explain what action to take if a patient's health was deteriorating. Staff spoken with were able to explain how they would use a checklist to determine possible sepsis, and how to raise this as urgent with the GP. A good example of caring for an ill patient in an emergency situation was given by reception staff.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	YES
There was a system for processing information relating to new patients including the summarising of new patient notes.	YES
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	YES
Referral letters contained specific information to allow appropriate and timely referrals.	YES
Referrals to specialist services were documented.	YES
There was a system to monitor delays in referrals.	YES
There was a documented approach to the management of test results and this was managed in a timely manner.	YES
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system for summarising new patient notes, but were aware that they had work to do to ensure all notes were up to date. They used the GP2GP system and stated that 86% of their notes were summarised. Documents received after the inspection demonstrated that the practice were in the process of recruiting a summariser.</p> <p>Documents reviewed demonstrated that there were sometimes high levels of results to be reviewed. For example, on the 8 April 2019 150 laboratory reports required action. The practice acknowledged improvements were required in the management of results and had introduced and were embedding a new system. On the day of the inspection, 71 laboratory reports were on the system, 27 of these had been actioned and the remaining 44 had not been actioned, but were not urgent.</p> <p>The practice had two secretaries who were supported by an additional administrator. They covered one</p>	

another during holiday periods and had a clear system for managing a high volume of referrals, using many referral pathways. There were checks to ensure that urgent referrals had appointments made in a timely way, and to inform a GP if the patient decided not to pursue the appointment. Rejected referrals were shared with a GP and tracked to help ensure they were appropriately concluded. The secretaries maintained a spread sheet of urgent referrals and this was monitored. Where an elderly patient required a referral, the secretaries would make the call and do the referral over the phone, and book the appointment with the patient.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	1.08	0.96	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	10.5%	9.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	7.26	5.92	5.60	Variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	2.07	2.36	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	YES
Blank prescriptions were kept securely and their use monitored in line with national guidance.	YES
Staff had the appropriate authorisations to administer medicines (including Patient Group	YES

Medicines management	Y/N/Partial
Directions or Patient Specific Directions).	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	YES
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	YES
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	PARTIAL
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	YES
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	YES
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	YES
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	PARTIAL
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	YES
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	YES
<p>Explanation of any answers and additional evidence:</p> <p>On the day of the inspection, adrenaline was available, but was hard to access and not available in the nurses' room where immunisations and vaccines were carried out. The practice acknowledged that this required improvement and introduced a system to ensure an anaphylaxis pack was in the nurses' treatment room. However, the anaphylaxis policy was not completed specific to the practice and did not include all required information. Documents received after the inspection demonstrated that the policy still required additional information.</p> <p>We found two out of date blood bottles on a trolley in the nurses' treatment room.</p> <p>There was a process for monitoring patients prescribed high risk medicine. For example, we looked at patients who were prescribed methotrexate and found that all had been reviewed or invited to the practice for review. However, the practice were aware that the system for warfarin checks required improvement. Currently, the patient had their blood test at the practice, these were sent to the hospital for the results and the hospital would contact patients with their dosage and tell them when to book a blood test. The practice were introducing a system whereby they would check the blood results prior to re-prescribing the medicine.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	YES
Staff knew how to identify and report concerns, safety incidents and near misses.	YES
There was a system for recording and acting on significant events.	YES
Staff understood how to raise concerns and report incidents both internally and externally.	YES
There was evidence of learning and dissemination of information.	YES
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: The provider at the practice was registered with CQC in October 2018 and had two significant events recorded since then. Significant events were discussed at monthly clinical meetings and were a standing agenda item.	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Too much of high risk medicine prescribed which could result in overdose or incorrect drug dosages as monitoring is required.	Training carried out for GPs and reception staff. Increased use of the date tracker to monitor electronic prescriptions. Report run on the system to check all electronic prescriptions.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	YES
Staff understood how to deal with alerts.	YES
Explanation of any answers and additional evidence: The practice maintained an electronic spreadsheet and hard copy folder for alerts. The spreadsheet detailed the name of the person reporting, details of the alert, the action taken and when this was reviewed. Safety alerts were discussed at clinical meetings as a standing agenda item. All safety alerts were signed off by the lead GP to demonstrate they had been seen, action required identified and taken.	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	YES
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	YES
We saw no evidence of discrimination when staff made care and treatment decisions.	YES
Patients' treatment was regularly reviewed and updated.	YES
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	YES
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	YES
<p>Explanation of any answers and additional evidence:</p> <p>The practice had recruited a mental health nurse for two sessions each week, to work with patients and carry out mental health care plan reviews and dementia care plan reviews. The mental health nurse was supported by a local charity, who provided a session each week to work with carers to identify areas requiring support and signpost to appropriate services.</p>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.70	0.67	0.79	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.6%	76.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.6% (16)	11.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.6%	76.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.0% (9)	9.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.0%	77.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.7% (25)	11.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	63.9%	77.6%	76.0%	Variation (negative)
Exception rate (number of exceptions).	1.9% (9)	8.8%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	28.2%	85.5%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	5.0% (9)	9.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.2%	84.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.5% (22)	3.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.1%	90.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (15)	6.3%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were in line with and exceeded the World Health Organisation (WHO) targets. The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. Young people could access services for sexual health and contraception. The practice referred patients to these services and held an information book in reception for patients to identify appropriate services.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	67	71	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	65	67	97.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	64	67	95.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	65	67	97.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- A text message appointment reminder service was available for patients with a mobile telephone number. The patient had the opportunity to decline this service and would be appropriately read coded if this was the case, as required in NHS Confidentiality policy. The patient could cancel their appointment using this service, and provide feedback of the service received.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	73.2%	74.0%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	81.2%	72.5%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	59.9%	53.9%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	55.3%	78.2%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	30.4%	43.7%	51.9%	Tending towards variation (negative)

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice employed a mental health nurse one day each week to conduct mental health and dementia reviews and to support patients and provide continuity of care.
- Patients could access an appointment of up to 30 minutes with the mental health nurse.
- A member of a local charity provided an hour of support to three patients each week at the practice.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	48.8%	86.8%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	8.9% (4)	10.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	69.0%	90.7%	90.0%	Variation (negative)
Exception rate (number of exceptions).	6.7% (3)	7.9%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.8%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.5% (4)	4.4%	6.6%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	468.3	526.2	537.5
Overall QOF exception reporting (all domains)	2.8%	5.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	YES
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	YES

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years.

<ul style="list-style-type: none"> • The practice had conducted an audit of joint injections and their outcomes which included a pain score. This was due to be repeated for a second cycle. • The practice maintained a rolling audit of sodium valproate rolling audits, to identify and monitor appropriate patients and take action accordingly. • The practice maintained an on-going audit of blood tests and repeat prescribing for patients taking DMARDS (Disease-modifying antirheumatic drugs, used to slow down disease progression).
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Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	YES
The learning and development needs of staff were assessed.	YES
The practice had a programme of learning and development.	YES
Staff had protected time for learning and development.	YES
There was an induction programme for new staff.	YES
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	YES
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	YES
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Staff were developed within the practice. For example, two members of the reception team had started work as part of an apprenticeship scheme. Some reception staff members were being trained in administration roles, such as prescriptions, secretary support and leading on quality outcome frameworks. Additional training had been sought as requested.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	YES
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	YES
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	YES
Patients received consistent, coordinated, person-centred care when they moved between services.	YES

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	YES
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	YES
Staff discussed changes to care or treatment with patients and their carers as necessary.	YES
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	YES

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.1%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (13)	0.4%	0.8%	N/A

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	YES
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	YES
The practice monitored the process for seeking consent appropriately.	YES
Explanation of any answers and additional evidence: Documents reviewed demonstrated that patients signed consent to joint injection procedures. The consent form detailed the indications, procedure, benefits, risks and alternatives. Feedback was requested from patients regarding joint injections, and this information was part of an audit to determine the level of pain after the procedure and again a month after the procedure.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive/ negative about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	YES
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	YES

CQC comments cards

Total comments cards received.	24
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment Cards	The comment cards received were all positive about the service provided. They referenced that the GPs were thorough, listened to their patients and treated them very well. The comments stated that the nursing team were kind and caring. They

	stated that the service provided was excellent and that they would recommend. Six did also reference that it was difficult to get an appointment.
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National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7843	236	99	41.9%	1.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	95.0%	85.2%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	84.7%	82.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	94.0%	95.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	64.3%	76.7%	83.8%	Variation (negative)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	YES

Any additional evidence

The patient participation group (PPG) had a comments box in the waiting area of the practice for patients to use. Comments received included such feedback as, great staff at the surgery, always able to get an appointment, good treatment and clear information and helpful staff. Less positive comments identified

that it was difficult to get appointment at the practice. The PPG had sought funding to hire a hire to hold a patient feedback meeting.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	YES
Staff helped patients and their carers find further information and access community and advocacy services.	YES

Source	Feedback
Interviews with patients.	Four patients were spoken with and all expressed concern regarding the difficulty accessing appointments. However, they were satisfied with the care and treatment received once an appointment was secured.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.5%	91.5%	93.5%	No statistical variation

Any additional evidence or comments

The National GP patient survey results are from 01/01/2018 to 31/03/2018, which is prior to the new provider being registered in October 2018.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	YES
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	YES
Information leaflets were available in other languages and in easy read format.	YES
Information about support groups was available on the practice website.	YES

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 114 registered patients as carers. They had also identified 2 young carers.
How the practice supported carers.	A volunteer from a local charity visited the practice for an hour each week to signpost carers to relevant services. The practice mental health nurse called the carers of patients living with dementia. The practice telephoned identified carers to see if they required any help or support. Carers had access to priority appointments and flu jabs.
How the practice supported recently bereaved patients.	The practice telephoned bereaved patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	PARTIAL
Consultation and treatment room doors were closed during consultations.	YES
A private room was available if patients were distressed or wanted to discuss sensitive issues.	YES
There were arrangements to ensure confidentiality at the reception desk.	YES
Explanation of any answers and additional evidence: One treatment room did not have a couch curtain or screen. There was a key code on the door, but this did not prevent other staff from entering.	

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	YES
The facilities and premises were appropriate for the services being delivered.	YES
The practice made reasonable adjustments when patients found it hard to access services.	YES
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	YES
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	YES

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
The practice offered book on the day appointments and pre-bookable appointments up to four weeks in advance. They had reserved appointments daily for children with a temperature. There was one online appointment available daily. The first available GP appointment was on 20 May 2019. There were nurse appointments available the following day. The practice had emergency phone call slots available.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7843	236	99	41.9%	1.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	96.7%	93.2%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice supported older patients to make referral appointments.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Flexible nurse appointments were available for school age children so that they did not need to miss school.
- The practice had a system to reserve a number of appointments each morning to be used by children with a temperature.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice booked patients for a joint post-natal and six-week check baby check.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 8am to 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- The practice were in the process of setting up extended surgery opening hours to allow for early morning and late evening appointments from June 2019.
- The electronic prescribing service was available at the practice and patients could nominate their chosen pharmacy to collect their medicine.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had utilised the services of a local charity to support patients who were carers and signpost them to appropriate services.
- The practice had recruited a mental health nurse to work for one day each week to support patients and carry out care plan reviews.

Timely access to the service

People were not always able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	YES
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	YES
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	YES
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoken with were able to describe the process for prioritising care and treatment. For example, they would send an urgent electronic message to the lead GP if required.</p> <p>The practice had acknowledged that the system for accessing appointments required improvement. They had taken action to change the provider of their telephone system. The new system included telephone queuing which informed the caller which number they were in the queue. The practice were currently working with a maximum queue of 15 callers. The software also included the option for patients to request a call back from the practice. The practice increased the number of receptionists answering the phone to three at busy times. This system was newly installed and had not had sufficient time to embed for the impact on patients to be measured.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018). This data is prior to the new provider being registered at the practice. It relates to the previous provider.	38.2%	N/A	70.3%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018) This data is prior to the new provider being registered at the practice. It relates to the previous provider.	42.0%	57.1%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018) This data is prior to the new provider being registered at the practice. It relates to the previous provider.	49.1%	56.1%	65.9%	Tending towards variation (negative)
The percentage of respondents to the GP	64.1%	65.9%	74.4%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018) This data is prior to the new provider being registered at the practice. It relates to the previous provider.				variation

Any additional evidence or comments
The data used within this evidence table is dated prior to the new provider being registered at the practice.

Source	Feedback
NHS Choices	The practice has a rating of 2.5 stars on NHS Choices. Seven reviews and comments had been made since October 2018 when the new provider was registered. There was one five-star review, one two star and five one star reviews. These were mainly concerned with access to appointments. The practice manager had responded to all reviews.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	YES
There was evidence that complaints were used to drive continuous improvement.	YES
Explanation of any answers and additional evidence: In response to a complaint regarding reception staff, the practice arranged for customer care training to be given to the reception team. This was delivered by the practice manager and a local supermarket manager.	

Well-led

Rating: Requires improvement

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels / Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	YES
They had identified the actions necessary to address these challenges.	YES
Staff reported that leaders were visible and approachable.	YES
There was a leadership development programme, including a succession plan.	YES
Explanation of any answers and additional evidence: The practice had changed from a partnership to an individual provider and was registered with CQC in October 2018. In the period since registration, the practice had employed a paramedic practitioner and a mental health nurse providing two sessions per week. They had employed additional non-clinical staff who could support specialist areas, such as medicines management. The practice had developed existing members of staff in to new roles. For example, into secretary support and QOF lead positions. The practice had a lead GP, a salaried GP and two regular locum GPs to support. The practice had assessed the building and identified areas for improvement. They had formulated an action plan for the work to be carried out. The practice was advertising to recruit an additional GP, two additional paramedic practitioners and an advanced nurse practitioner to further increase their clinical work force.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	YES
There was a realistic strategy to achieve their priorities.	YES
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	YES
Staff knew and understood the vision, values and strategy and their role in achieving them.	YES
Progress against delivery of the strategy was monitored.	YES

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	YES
Staff reported that they felt able to raise concerns without fear of retribution.	YES
There was a strong emphasis on the safety and well-being of staff.	YES
There were systems to ensure compliance with the requirements of the duty of candour.	YES
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	YES
Explanation of any answers and additional evidence: There were policies regarding these concerns. Staff safety was a priority and the practice had taken action to prevent lone working. However, some staff stated that they felt overwhelmed due to workload.	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff	All staff spoken with reported that they liked working at the practice and felt supported, part of a team and able to raise concerns. A number of clinical staff stated that there was a high volume of work and a need for administrative time.

Governance arrangements

There were mostly clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	PARTIAL
Staff were clear about their roles and responsibilities.	YES
There were appropriate governance arrangements with third parties.	YES
Explanation of any answers and additional evidence: There was a system for completing and reviewing policies. However, not all policies were specific to the practice. For example, the treatment of anaphylaxis policy although reviewed in January 2019 was not personalised to the practice, in that, it did not state who the lead nurse was, the location of the adrenaline or who had responsibility for checking expiry dates and maintaining the stock on a monthly basis. A further copy of the policy was sent after the inspection, but the gaps in information specific to the practice had not be completed.	

Managing risks, issues and performance

The practice did not have consistently clear and effective processes for managing

risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	YES
There were processes to manage performance.	YES
There was a systematic programme of clinical and internal audit.	PARTIAL
There were effective arrangements for identifying, managing and mitigating risks.	PARTIAL
A major incident plan was in place.	YES
Staff were trained in preparation for major incidents.	YES
When considering service developments or changes, the impact on quality and sustainability was assessed.	YES
Explanation of any answers and additional evidence:	
<p>The practice had carried out some audits, however a systematic programme was not embedded. The practice had conducted risk assessments. However, not all risks had been actioned. For example, a new area of flooring was required, and the fire risk assessment had made some recommendations that had not been met. A time-based action plan was developed and reviewed after the inspection.</p> <p>The process for prescribing some medicine required review to ensure that blood results were seen prior to re-prescribing. This was a commissioning issue, and the practice acknowledged and decided upon a system to manage this during the inspection.</p> <p>We found two out of date blood bottles on a nurses' trolley. However, the clinical team were working with a high volume of patients to clinician ratio and there was limited time for checks and administration.</p> <p>The practice acknowledged that the system for summarising notes required improvement, as did the system for checking and actioning all results and letters.</p> <p>The practice had been unable to recruit an additional GP but had continued to advertise for this position and signed up to a pilot in the locality to retain GP's in the area. They had explored other means of ensuring that high quality care was sustained, by recruiting a paramedic practitioner and a mental health nurse and were still in the process of recruiting additional staff to strengthen their clinical team.</p>	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	YES
Our inspection indicated that information was accurate, valid, reliable and timely.	YES
There were effective arrangements for identifying, managing and mitigating risks.	YES
Staff whose responsibilities included making statutory notifications understood what this entails.	YES

Explanation of any answers and additional evidence:
 The practice had identified a QOF lead who established a new call and recall system. This included calling and texting patients who did not attend their reviews. The system was in progress and the results won't be reflected until next year.

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	YES
Staff views were reflected in the planning and delivery of services.	YES
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	YES

Feedback from Patient Participation Group.

Feedback

The practice had a newly formed patient participation group (PPG) and meetings were held monthly or bi-monthly. They had secured a grant to hire a hall for the purpose of hosting a patient feedback meeting. The intention of the meeting was to identify areas for improvement to feedback for action to be taken.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	YES
Learning was shared effectively and used to make improvements.	YES

Explanation of any answers and additional evidence:
 The practice held clinical team meetings monthly which both GPs and the nurses attended. Members of staff were supported to progress and diversify. For example, one member of admin staff had been developed to support the secretaries, another member of staff had taken the QOF lead role. Another member of staff was training to be a health care assistant.
 The practice employed apprentice's and then continued to work there once the training was completed.

Examples of continuous learning and improvement

The practice took part in the CCG initiated multi-disciplinary meetings and protected learning time. They engaged with the medicines management team at the CCG to ensure medicines optimisation. They had signed up to the Carousel Programme for the recruitment and retention of GPs. The practice were part of a federation and had access to a hub for additional GP appointments and a home visiting service, with an allocation of two appointments daily. The practice were joining up with three neighbouring practices to form a Primary Care Network. This would enable them to offer extended hours.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.