

Care Quality Commission

Inspection Evidence Table

Maple Access Partnership (1-585078956)

Inspection date: 7 May 2019

Date of data download: 18 February 2019

Overall rating: Inadequate

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

Safe

Rating: Inadequate

Safety systems and processes

The practice did not have 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.	No
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).	No
There was active and appropriate engagement in local safeguarding processes.	No
There were systems to identify vulnerable patients on record.	No
There was a risk register of specific patients.	No
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
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.	No
Explanation of any answers and additional evidence: We found significant concerns with safeguarding processes at the practice. We found a lack of alerts to identify children at risk and a lack of alerts on patients suffering from domestic abuse.	

Safeguarding	Y/N/Partial
<p>There was no oversight of the safeguarding systems and we found records where safeguarding alerts on children at risk had not been implemented.</p> <p>Patients identified as vulnerable at the practice were not on the safeguarding adult register which had a very low number of patients on it.</p> <p>Staff were not always trained to an appropriate level.</p> <p>We raised this with the practice following our inspection and they agreed to review their processes as a matter of urgency.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
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>We found gaps in recruitment records. One staff member did not have the required identification documentation in place and another staff member did not have any references on file. The HR Manager we spoke with was unable to provide an explanation as to why this was.</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: 03/04/2019	Yes
There was a record of equipment calibration. Date of last calibration: 03/04/2019	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: 07/01/2019	Yes
There was a log of fire drills. Date of last drill: 01/05/2019	Yes
There was a record of fire alarm checks. Date of last check: 05/12/2018	Yes
There was a record of fire training for staff. Date of last training: 03/04/2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion:	No
Actions from fire risk assessment were identified and completed.	N/A
Explanation of any answers and additional evidence: There was no fire risk assessment and no legionella risk assessment on the premises. We raised this as a significant safety concern with the provider following our inspection who took steps to have these assessments carried out immediately.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	No
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	No
Explanation of any answers and additional evidence: The provider described how the layout of the building, across three floors posed a risk to staff and patients in light of the incidents involving threats and actual violence which had taken place in the practice. There was no risk assessment to mitigate the risk of harm posed by the premises and no oversight in safely managing the premises to ensure people's safety. There was a lack of monitoring of the premises. We were told that staff regularly undertook "walk arounds" of the building, however, these were not recorded. We found safety issues with the premises which posed a risk to patients and staff. There was a lack of measures in place to mitigate the risks	

posed by the premises which were not safe and suitable at the time of our inspection.

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:	15/04/2019
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: We found the practice to be clean and hygienic during our inspection and there were processes in place to ensure this was monitored.	

Risks to patients

There were gaps in 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	No
Risk management plans for patients were developed in line with national guidance.	No
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis.	No
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.	No
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.	No
Explanation of any answers and additional evidence: Prior to our inspection there was a lack of risk assessing in relation to the patients who used the service. Some of the patients were part of the Violent Patient Scheme and some had complex social and health	

issues. There was no clear overview of the practice population and a lack of risk assessing around how these patients accessed the practice. There had been incidents at the practice which had put staff and patients at risk. These incidents had not always been fully responded to in order to mitigate some of these risks. Although there were panic alarms in each of the consulting rooms at the practice, we were told that these were not always easily accessible for staff. The provider had identified a need for additional CCTV at the practice and for staff to have personal alarms to ensure their safety. Despite this being identified eight months prior to our inspection, the provider had not implemented these additional safety measures. They told us that this has been due to a lack of funding.

Staff we spoke with were not always clear on how to recognise and manage sepsis. Staff were not adequately trained in relation to sepsis and this posed a risk to patient safety. We raised this with the provider who undertook to address this immediately following our inspection.

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.	No
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
Explanation of any answers and additional evidence: We found evidence of a patient who had not been referred in a timely manner from our review of clinical notes.	

Appropriate and safe use of medicines

The practice did not have 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) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.00	1.04	0.94	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). (01/10/2017 to 30/09/2018) (NHSBSA)	7.5%	8.1%	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 (01/04/2018 to 30/09/2018) (NHSBSA)	4.33	6.18	5.64	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.72	2.28	2.22	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 Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
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	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
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
For remote or online prescribing there were effective protocols for verifying patient identity.	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.	No
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	No
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>There were several emergency medicines which were not available at the practice at the time of our inspection. There was no risk assessment regarding the absence of these medicines. This posed a risk to patient safety. There was no management oversight in order to monitor the stock of emergency medicines at the practice.</p>	

Track record on safety and lessons learned and improvements made

The practice did not always learn and make 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.	Partial
Number of events recorded in last 12 months:	16
Number of events that required action:	16
Explanation of any answers and additional evidence: We found that incidents which had taken place at the service had not been adequately responded to. Staff were at risk due to a number of violent and threatening incidents which had taken place at the practice. The practice had not responded adequately to ensure the safety of staff and patients following these incidents. There was no CCTV across some areas of the practice and staff did not have access to personal alarms. We were told that funding had been requested in relation to this. However, at the time of our inspection the provider had not taken adequate steps to mitigate the risks.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Intimidating, challenging and uncompromising behaviour in reception – several employees involved. 2nd incident – had previous warning 12/2018. 3/12 exclusion.	Reported to police following NHSE alert of possible threats.
During consultation with patient A, doctor took call on mobile from another doctor, about deceased patient B. Patient A able to overhear medical and personal information – name, NoK, med problems, care home info. Also opened up electronic med records so that patient A could see all (large screen). Call lasted 10 minutes.	Reported to CCG.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	No
Staff understood how to deal with alerts.	No
Explanation of any answers and additional evidence: MHRA and other safety alerts were not being safely dealt with and there was no effective process in place for identifying these and ensuring appropriate action was taken with issues arising from them. When we spoke to the provider about this they told us that there was no system in place to ensure this	

was safely managed, thereby presenting a risk of harm to patients.
We reviewed the records of four patients of child bearing age who were taking valproate during our inspection and found that none of them had been informed of the risks associated with taking the drug. One patient record had been coded as advice being given, when the record clearly showed that the patient had not been contactable.

Effective

Rating: Inadequate

Effective needs assessment, care and treatment

Patients' needs were not always fully assessed, and care and treatment was not 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.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed clinical records during our inspection and found four instances where patient's immediate and on-going needs had not been fully assessed. This lack of recording indicated a risk to patient safety. There was not always evidence of safety netting advice being given and some of the clinical notes we reviewed did not assure us that patients clinical needs were always being met at the practice. We are making further enquiries into these specific cases.</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) (01/10/2017 to 30/09/2018) (NHSBSA)	5.24	0.80	0.81	Significant Variation (negative)

Any additional evidence or comments

The practice had a number of vulnerable patients, some of whom were of no fixed abode. The practice provided data during the inspection which indicated that this equated to 8.2% of the patient population. The prescribing rates above are still very high and we saw little evidence of plans to reduce this.

Older people

Population group rating: Requires Improvement

Findings

- This population group has been rated as requires improvement due to high exception reporting at the practice which had not been adequately addressed.
- 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.
- The practice looked after a local nursing home and visited the service twice weekly to assess and treat patients.
- The practice carried out home visits to older people and appointments were prioritised through the triage system.

People with long-term conditions

Population group rating: Inadequate

Findings

- We found that not all patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. There was very high exception reporting at the practice which had excluded high numbers of patients in this process, as indicated below.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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 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) (QOF)	80.2%	81.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	38.1% (109)	17.7%	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	66.3%	79.0%	77.7%	No statistical variation

months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	30.4% (87)	11.4%	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>	76.1%	81.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	31.1% (89)	14.9%	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>	82.4%	76.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	20.9% (75)	9.0%	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>	94.2%	91.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	30.6% (38)	13.8%	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) (QOF)	74.2%	83.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	22.7% (115)	4.5%	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) (QOF)	93.3%	92.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.8%	6.7%	N/A

Families, children and young people

Population group rating: Inadequate

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were significantly below the World Health Organisation (WHO) targets. The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. We found that patients on valproate and of child bearing age had not been advised of the risks around this medication. 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.

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)	136	164	82.9%	Below 90% minimum (variation negative)
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)	117	148	79.1%	Below 80% (Significant variation negative)
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)	112	148	75.7%	Below 80% (Significant variation negative)
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)	116	148	78.4%	Below 80% (Significant variation negative)

Any additional evidence or comments

The practice child immunisation rates were much lower the World Health Organisation (WHO) targets. The practice told us that this was due to the patient demographic and some cultural challenges in getting families to bring their children in for their immunisations. However, the practice needed to take further steps to work to improve these immunisation rates.

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- Cancer screening rates were very low and we could not find evidence that steps were being taken to address this.
- 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.

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)	46.6%	72.5%	71.7%	Significant Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	50.2%	74.9%	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)	28.3%	56.6%	54.6%	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)	43.8%	69.8%	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)	53.8%	52.9%	51.9%	No statistical variation

Any additional evidence or comments

The practice cervical cancer screening rates were much lower than the national targets. The practice told us that this was due to the patient demographic and some cultural challenges and women being reluctant to be screened due to their religious or cultural beliefs. However, the practice needed to take further steps to work to improve these screening rates.

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

- The practice had a high number of vulnerable patients at the service and ran the Special Allocation Scheme in Northamptonshire. This meant that there were a number of patients who had been removed from other practices who sometimes had complex health needs. Care and treatment had not been effectively planned and delivered to fully meet these patients needs.
- The practice had a mental health team who worked with vulnerable patients and offered on the day crisis appointments.
- 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.
- The practice demonstrated that they had a system to identify people who misused substances.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Inadequate

Findings

- Exception reporting was over 40% which meant that a large number of patients who may have been most vulnerable were not receiving effective care and treatment at the practice.
- 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. However, we found one instance when this system had not been followed by a staff member who had not been adequately trained.
- 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.

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) (QOF)	95.6%	94.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	41.6% (64)	17.7%	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) (QOF)	95.9%	94.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	20.1% (31)	13.5%	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) (QOF)	100.0%	85.1%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	14.7% (5)	9.0%	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)	544.4	548.8	537.5
Overall QOF exception reporting (all domains)	18.0%	6.6%	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:

Two full-cycle audits which looked at A&E attendances and prescribing. This had reportedly reduced A&E attendance by 7%.
We saw a prescribing audit which resulted in a review of analgesic patch prescribing at the practice to reduce this where possible.

The practice had developed a new role of a Patient Care Manager to support the individual needs and requirements of their most challenging and vulnerable patients. A Consultant Psychiatrist had been recruited to support and upskill the mental health team and clinicians.

Effective staffing

The practice was not always 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.	No
The learning and development needs of staff were assessed.	No
The practice had a programme of learning and development.	No
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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>We spoke with staff during our inspection who confirmed that they regularly dealt with violent or threatening incidents at the practice. None of the staff we spoke with had been adequately trained in this area to ensure their safety.</p> <p>We reviewed staff training records and found gaps in staff training in relation to recognising and managing sepsis. Staff we spoke with lacked knowledge in this area.</p> <p>Staff training needs were not being regularly assessed to identify gaps in training across the practice.</p>	

Coordinating care and treatment

Staff worked 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	Yes

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other 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)	90.6%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.6% (19)	0.7%	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

Caring

Rating: Requires Improvement

Kindness, respect and compassion

Staff treated treat patients with kindness, respect and compassion. Feedback from patients was positive 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.	31
Number of CQC comments received which were positive about the service.	30
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	The feedback from patients was predominantly positive. Patients felt respected and described being listened to by the staff and clinicians at the practice.
Patient Participation Group (PPG) feedback	The PPG were positive about the practice and felt that it listened to patients and treated them with respect. The group felt that they could raise issues with management on behalf of patients and that these were listened to and acted upon.
NHS Choices	The practice had a three star rating on NHS Choices. Feedback was mixed with some very positive about staff who worked at the practice and some negative feedback about access to appointments.

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
11559	411	62	15.1%	0.54%

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)	76.8%	88.1%	89.0%	Variation (negative)
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)	72.6%	86.2%	87.4%	Variation (negative)
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)	81.9%	95.0%	95.6%	Significant Variation (negative)
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)	81.1%	82.5%	83.8%	No statistical variation

Any additional evidence or comments

Responses on the National GP Survey were not always positive as indicated above. During our inspection we observed staff to treat patients with kindness and respect. However, staff were very busy throughout the day and staff told us they often lacked the time they needed to spend with patients. We found that staffing numbers were impacting on the quality of patient care.

The practice had not taken steps to address these low response rates due to the volume of work being managed on a day to day basis at the practice.

Question

Y/N

The practice carries out its own patient survey/patient feedback exercises.

No

Any additional evidence

We were told that the practice did their own patient survey and asked to see the results of this during our inspection. This was not provided to us during the course of our inspection.

Involvement in decisions about care and treatment

Patients were not always 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.

Partial

Explanation of any answers and additional evidence:

The practice had a higher than average population of non-English speaking patients and frequently used "language line" to assist in this.

Due to the volume of work staff were dealing with on a daily basis and a lack of co-ordinated, management oversight, some of the signposting of patients to community and advocacy services needed to be improved, particularly in light of the number of vulnerable patients who used the service.

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)	76.8%	92.1%	93.5%	Significant Variation (negative)

Any additional evidence or comments

There was little evidence to show what the practice was actively doing to improve the survey results above due to the staffing levels at the practice and the lack of management oversight.

	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.	143 equating to 1.2%
How the practice supported carers.	Patients were signposted to local services for support by the Carers Champion who worked at the practice. There was information in the waiting area of support which was available to patients.
How the practice supported recently bereaved patients.	Patients who had been bereaved were picked up by the Bereavement Lead in place at the practice. They would contact the bereaved patient and offer personalised support. This involved offering condolences on behalf of the practice, signposting, information on bereavement support and prioritisation of appointments.

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.	Yes
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

Responsive

Rating: Requires Improvement

Responding to and meeting people's needs

Services did not always 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.	No
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
<p>Explanation of any answers and additional evidence:</p> <p>The premises posed a risk to patients and staff due to a lack of safety measures throughout the building. The provider told us that they felt the building did not adequately meet the needs of the patients they saw at the practice and that they were in discussions with commissioners about this.</p> <p>We found that measures had not been taken to ensure the safety and suitability of the premises at the time of our inspection.</p>	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	8am – 6.30pm	
Tuesday	8am – 6.30pm	
Wednesday	8am – 8pm	
Thursday	8am – 6.30pm	
Friday	8am – 6.30pm	
	8am – 6.30pm	
Appointments available:		
Monday	8am – 12.30pm	1.30pm – 6.30pm
Tuesday	8am – 12.30pm	1.30pm – 6.30pm
Wednesday	8am – 12.30pm	1.30pm – 8pm
Thursday	8am – 12.30pm	1.30pm – 6.30pm
Friday	8am – 12.30pm	1.30pm – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11559	411	62	15.1%	0.54%

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)	86.9%	93.8%	94.8%	Variation (negative)

Any additional evidence or comments

Patient feedback indicated that patient satisfaction rates were lower than national averages. We found that clinicians at the practice were under pressure due to a lack of staff which was resulting in a rushed approach to care and treatment.

Older people

Population group rating: Good

Findings

- The practice offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice made regular visits to the local nursing home to assess and treat patients.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- The practice was not always responsive to the needs of patients with long-term conditions due to high exception report at the practice.
- 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: Requires Improvement

Findings

- Systems to identify and follow up children living in disadvantaged circumstances and who were at risk needed improvement as we found instances when at risk children had not been identified.
- Additional appointments were available until 8pm on a Wednesday for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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 until 8pm on a Wednesday.
- Online services were available including online appointment booking, repeat medication requests and a full range of health promotion information.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice saw a higher than average number of people in vulnerable circumstances including patients who had been removed from other practice lists and some who were part of the Violent Patient Scheme. Staff had not always been adequately trained and equipped to respond to these patients safely.
- Staff had not always been adequately training in safeguarding vulnerable children and adults.
- 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: Requires Improvement

Findings

- There was a specialist mental health team in place at the practice which offered on the day crisis appointments. However, we found evidence of a patient who had not received the care they needed when they had tried to access the practice.
- 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.

Timely access to the service

People were 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

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)	80.0%	N/A	70.3%	No statistical variation
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)	84.5%	67.8%	68.6%	No statistical variation
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)	82.7%	64.4%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	81.0%	74.6%	74.4%	No statistical variation

Any additional evidence or comments

Since our last inspection in 2014, the practice had taken steps to improve patient access to appointments by increasing the number of telephone lines into the practice and introducing a triage system to assess patient care needs.

Source	Feedback
Comments cards	None of the patient feedback we received referred to difficulties in getting an appointment.
PPG	The PPG was positive about access to appointments and did not feel this was an issue at the practice.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	26
Number of complaints we examined.	26
Number of complaints we examined that were satisfactorily handled in a timely way.	26
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: We saw evidence that complaints were reviewed and action taken appropriately. Learning and actions taken as a result of complaints was documented and complaints were regularly discussed in staff meetings to ensure that any learning was shared across the practice.	

Examples of learning from complaints.

Complaint	Specific action taken
Patient not happy that they received SMS message with details prescription available after blood test.	Response by website apologising and explaining procedure. SMS messages now including further information.
Patient unhappy with the way he was spoken to over the phone by 2 members of reception team.	Staff listened to calls. Patient has an appointment with GP on 07.11.18 and met with following this appointment.

Well-led

Rating: Inadequate

Leadership capacity and capability

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.	No
They had identified the actions necessary to address these challenges.	No
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	No
Explanation of any answers and additional evidence: There was ineffective leadership and governance at Maple Access. There was no evidence of clinical oversight nor was there evidence of management oversight across the practice as a whole. We found a number of gaps in staff training as part of our inspection. We also identified emergency drugs which were not in stock. Improvements were also needed in how MHRA alerts were processed and shared within the practice. The areas of risk identified during our inspection had not been adequately assessed or identified by the monitoring systems or processes at the practice prior to our inspection. We therefore found that there was not effective monitoring systems or processes in place at the practice to ensure compliance with the regulations and the safety of staff and patients.	

Vision and strategy

The practice had a clear vision but it was not supported by a 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.	No
There was a realistic strategy to achieve their priorities.	No
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	No
Staff knew and understood the vision, values and strategy and their role in achieving them.	No
Progress against delivery of the strategy was monitored.	No
Explanation of any answers and additional evidence: We found the management team to be very busy and stretched during our inspection due to the lack of staff at the practice. Although there were three business managers in post, none of these managers had operational oversight of the premises and there was little evidence of quality monitoring being in place. Staff and leaders had a vision to provide quality care to those living in vulnerable circumstances, however, this was not supported by a realistic, achievable strategy.	

The practice was reacting to situations rather than planning for them at the time of our inspection.
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Culture

The practice culture did not effectively support 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.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	No
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff worked with their individual workloads and there was little oversight of how staff members were working. The result of this was that, at times, staff lacked any leadership or guidance.</p> <p>Staff we spoke with felt supported by their individual line managers, however, staff did not always feel safe at work due to the environment they were working in.</p>	

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

Source	Feedback
Staff feedback	<p>Staff told us that they felt able to approach management should they need to and described a supportive working environment. Staff felt supported by their managers and by each other.</p> <p>There was an open culture at the practice, however, there were gaps in staff training and staff we spoke with felt that their training needs were not always met, particularly in relation to managing challenging and violent behaviour from patients.</p> <p>All of the staff we spoke with commented that staffing levels needed to be improved upon as they were often under pressure and very busy.</p>

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	No
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a lack of management oversight at the practice which was contributing to a failure to meet the regulations. Risks and issues we identified during our inspection had not been picked up and there</p>	

was no clear operational management across the practice as a whole.
Staff were clear on their own roles and responsibilities, however, staff worked independently and there was no clear management oversight to lead and implement an overall strategy and direction.

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No
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.	No
Explanation of any answers and additional evidence: There was no evidence that there were assurance systems in place which were regularly reviewed. This was the result of no management oversight across the practice as a whole. Risks we identified during our inspection had not been identified or addressed prior to our inspection.	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	No
Explanation of any answers and additional evidence: Although the practice provided us with information prior to the inspection, it became clear throughout the course of the inspection that the risks we encountered had not been clearly mitigated prior to our visit. The practice needed to review the audit and governance arrangements in place so that all of the areas of risk were identified and acted upon. The practice was not clear on when they needed to make statutory notifications and we found that incidents which had been reported to the police had not been notified to us as is required by law. We discussed this with management at the practice who told us they had not been aware of this	

requirement.

Engagement with patients, the public, staff and external partners

The practice did not always involve 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.	Partial
Staff views were reflected in the planning and delivery of services.	Partial
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: We saw limited evidence of how the practice used patient feedback to improve the service, although the practice did obtain feedback from Friends and Family and the PPG were able to give us examples of how the practice had listened to their ideas and suggestions. Staff felt they could raise their issues and ideas, however, this was not always acted upon due to the lack of leadership and governance at the practice.	

Feedback from Patient Participation Group.

Feedback
We met with a member of the PPG as part of our inspection. They were positive about their involvement with the practice and told us that the group was active and effective. They felt they could raise issues when they needed to and that these would be listened to.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: Significant improvement was required at the practice and this was mainly due to the lack of leadership. Although some learning had come out of incidents and events at the practice, there had not been sufficient learning and risk assessing in place to ensure patient and staff safety.	

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.