

# Care Quality Commission

## Inspection Evidence Table

### Derwent Crescent Medical Centre (1-540664642)

Inspection date: 2 April 2019

Date of data download: 04 April 2019

## Overall rating: Good

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

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>The practice ensured that GPs had oversight of all child accident and emergency attendances.</li> <li>There was one lead GP for both child and adult safeguarding.</li> <li>The safeguarding policy was available on all computer desktops and included the contact details for safeguarding contacts.</li> <li>All staff were trained in safeguarding children and adults to the required level with the exception of the practice nurses who were trained to child protection level 2. Recent national guidance recommends practice nurses are trained to level 3. Following our inspection, the practice provided assurance that the practice nurses safeguarding training had been updated accordingly.</li> <li>Vulnerable patients' records were highlighted on the computer system and this information flagged up whenever their patient record was accessed.</li> <li>All staff had received chaperone training however some non-clinical were still unsure of the correct process to follow for the role. Following our inspection, staff were re-trained to address this issue.</li> <li>All staff had received a DBS check, however some DBS certificates we reviewed in personnel files had been requested from staff previous employers. Following our inspection, we received assurance from the practice that new DBS checks for these staff members had been requested.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

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: 5/18	Y
There was a record of equipment calibration. Date of last calibration: Blood pressure monitor – 5/18 Ear syringe - 5/18 Baby scales – 5/18	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks.	Y

Date of last check: 4/19	
There was a log of fire drills. Date of last drill: 12/18	Y
There was a record of fire alarm checks. Date of last check: 29/3/19	Y
There was a record of fire training for staff. Date of last training: 3/19	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 1/19	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 12/18	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 12/18	Y

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Partial
<ul style="list-style-type: none"><li>The practice did not use purple topped bins for the disposal of medicine waste containing hormones.</li><li>Our inspection of the medicines fridges found specimens were stored in the same fridge as vaccinations. Following our inspection, the practice provided assurance that specimens were not stored in the same fridge as vaccinations and staff were made aware of this requirement.</li></ul>	

## 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<ul style="list-style-type: none"><li>All staff had undertaken online sepsis awareness training and had also received inhouse sepsis training. The practice had also produced laminated posters detailing signs of sepsis for staff to</li></ul>	

reference.

## 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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y

## Appropriate and safe use of medicines

**The practice did not always 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) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.83	0.73	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)	14.4%	12.6%	8.7%	Variation (negative)
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	6.76	6.47	5.60	Tending towards variation (negative)

Indicator	Practice	CCG average	England average	England comparison
(01/07/2018 to 31/12/2018) (NHSBSA)				
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)	1.46	1.29	2.13	No statistical variation

#### Any additional evidence

We asked the lead GP about the percentage of antibacterial drug prescriptions which was above both the CCG and England averages. The lead GP explained that 25% of the practice's medicines budget was used as a result of the service provided at the care home with 176 residents registered with the practice.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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	Y

Medicines management	Y/N/Partial
appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Partial
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> <li>Blank prescription stationery was stored in locked cupboards however, the key to the cupboard was accessible to all staff. Access should be restricted where possible. Receipt of blank prescription stationery was not always recorded.</li> <li>Registered nurses worked to patient group directions to administer vaccinations. The patient group directions were up to date and the lead GP had given clinical authorisation for the nurses to work to the directions. The Healthcare Assistant administered flu vaccinations but we were not assured that a prescriber completed the correct authorisation prior to vaccinations being administered. Nurses sometimes gave other prescription only medicines (for example contraceptive long acting injection) without an appropriate authorisation being in place.</li> <li>The Clinical Pharmacist monitored the prescribing of high dose opiates. However, our inspection found examples of prescriptions for controlled drugs which were for more than 30 days' supply.</li> </ul>	



## 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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	7
Number of events that required action:	7
<p>We found significant events were appropriately reported, recorded and action taken in a timely manner and lessons learned were shared with all staff. We saw evidence of practice meeting minutes where significant events were discussed with all staff and meeting minutes for staff unable to attend the practice meeting was emailed to all staff; clinical and non-clinical.</p> <p>Staff were aware of, and knew how to access practice policies on the computer shared drive, including the practice significant events policy. We saw evidence of staff meeting minutes where the shared folder was discussed with staff.</p>	

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

Event	Specific action taken
An urgent prescription request was received from a local hospice and was not dealt with on the day until scanned and sent to one of the GPs.	As a result of this significant event, the urgent prescriptions protocol was updated to ensure staff checked the practice fax machine both morning and afternoon and reception staff were instructed to communicate with the sender by updating them when the prescription was ready to be collected from the practice or nominated pharmacy.
An administration letter received for a patient was not sent to the workflow of a GP after being scanned into the patient electronic system.	As a result of this significant event, staff were instructed to task the GP rather than using the comments function on the patient electronic system. The daily tasks protocol was also updated.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y

Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we looked at how the practice had responded to a safety alert regarding sodium valproate and found the practice had records which showed they had taken all the appropriate action. (Sodium valproate is a medicine used to treat epilepsy and bipolar disorder.)</p>	

## 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

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) (NHSBSA)	1.38	0.97	0.79	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice had a multidisciplinary approach to the care of older patients registered with the practice and liaised with health professionals including district nurses, social services, community diabetic nurses and community pharmacists in order to facilitate holistic care.
- The practice provided care for a nursing home with 176 residents. Some residents came to the nursing home for short term end of life care and others for longer stays. The practice provided four weekly ward rounds and out of hours cover to provide death certification.
- The practice identified 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. The practice employed a clinical pharmacist whose role included reviewing patient hospital discharge summaries and

reconciling medicines; and undertaking medication reviews.

- 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) (QOF)	84.2%	76.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.8% (29)	10.2%	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) (QOF)	83.7%	76.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.8% (32)	9.8%	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>	90.7%	78.8%	80.1%	Variation (positive)
Exception rate (number of exceptions).	16.6% (49)	11.0%	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>	84.3%	77.2%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	1.2% (4)	2.9%	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>	92.9%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.1% (7)	8.7%	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)	85.7%	81.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.3% (9)	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) (QOF)	84.9%	85.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.1% (13)	8.9%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Unverified QOF data for 2018/19 indicated that Childhood immunisation uptake rates had improved and were in line with 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.
- The practice provided child health clinics and offered joint appointments for mothers for postnatal checks and baby's eight-week developmental checks.
- 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)	60	67	89.6%	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)	18	23	78.3%	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)	20	23	87.0%	Below 90% minimum (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)	21	23	91.3%	Met 90% minimum (no variation)

#### Any additional evidence or comments

The practice had taken action to improve the childhood immunisation rates and we were provided with new, unverified QOF data for 2018/19 which indicated:

- The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b had improved from 89.6% to 91.5%.
- The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection had improved from 78.3% to 84.21%.
- The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C had improved from 87.0% to 91.6%.

**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.
- Telephone consultations were available for patients who could not access the service during opening hours.

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)	67.2%	63.0%	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)	70.5%	65.4%	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)	52.9%	47.4%	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)	83.3%	78.6%	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)	61.5%	57.9%	51.9%	No statistical variation

## 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 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 had a system to identify people who misused substances.
- Patients with no fixed abode were able to register with the practice.
- The practice advised care home staff on when safeguarding issues needed to be raised.

**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. Patients with a diagnosis of dementia were provided with annual reviews.
- Patients experiencing poor mental health were offered 20 minute appointments.
- The practice worked in collaboration with a community mental health worker who attended the practice once a week to care for patients experiencing poor mental health.
- The practice had a close relationship with local psychogeriatric consultants who allowed practice staff to access them via their mobile telephones to assist with any issues for patients registered with the practice and patients who were also residents of the care homes.

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)	93.6%	91.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.1% (2)	8.2%	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)	91.8%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.0%	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)	89.0%	81.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (3)	3.8%	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)	558.1	539.4	537.5
Overall QOF exception reporting (all domains)	4.8%	5.3%	5.8%

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

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

- The practice had undertaken three two cycle audits on Vitamin B12, and the high-risk drugs

Methotrexate and Azathioprine.

- As a result of the Vitamin B12 audit the practice was able to monitor whether all patients with low Vitamin B12 levels were receiving necessary treatment for this condition.
- As a result of the high-risk drugs audits the practice was able to improve its monitoring of patients prescribed these medicines and ensure patients received blood tests within the recommended time frame prior to prescribing.

## Effective staffing

**The practice were 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

## 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)	Y
We saw records that showed that all appropriate staff, including those in different teams	Y

and organisations, were involved in assessing, planning and delivering care and treatment.	
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Health promotion lifestyle advice, including advice on smoking, alcohol, exercise and diet was provided both in the practice and was recorded in patient notes. The practice also referred patients to community services for health education.	

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)	97.8%	95.8%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.3% (3)	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
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Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated 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.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	23
Number of CQC comments received which were positive about the service.	23
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Cards	All the CQC comment cards we received from patients were highly complementary of the service provided. Patients used words like, "excellent" to describe the service.
Verbal feedback from patients	During our inspection we spoke to three patients they were very happy with the service and complimented the practice staff for their caring approach.

### 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
5575	283	113	39.90%	2.03%

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)	85.6%	87.3%	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)	89.6%	84.0%	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)	95.1%	94.9%	95.6%	No statistical variation
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)	91.8%	80.0%	83.8%	No statistical variation

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

Any additional evidence
The practice carried out patient surveys to determine areas of strength and those requiring improvement. Action was taken accordingly, for example, the practice had changed their website to make it more user friendly for patients to facilitate access for online services including 'Subject Access Requests' (SAR) and travel vaccine and practice registration forms.

### 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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y



Source	Feedback
Comment cards/Interviews with patients.	Patients gave positive feedback about their involvement in care and treatment and said the staff listened to them.

### 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)	90.1%	91.7%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<ul style="list-style-type: none"> <li>The practice had a hearing loop system in place to assist patients with hearing impairments.</li> <li>Staff told us interpreters were used for appointments with patients who did not have English as a first language as patients' relatives were not used to assist in interpreting. Double appointments were arranged for patient appointments with interpreters.</li> <li>Patient leaflets were available in different languages, downloaded from the NHS website.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	119 carers had been identified within the practice. This was 1.6% of the patient list.
How the practice supported carers.	Carers were supported by the practice by being offered an annual flu vaccination, providing double appointments and signposting them to information and support organisations for carers.
How the practice supported recently bereaved patients.	The practice sent sympathy cards to patients and invited them to attend the practice for an appointment; and patients were also signposted to

	<p>organisations who provide one to one counselling.</p> <p>There was also dedicated page on the practice website which provided information for patients in times of bereavement.</p>
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## Privacy and dignity

### The practice respected / did not always respect patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

## 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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The appointment system was flexible to meet people's needs. For example, telephone consultations were available for patients who could not access the service during opening hours and home visits were available for patients who could not attend the practice due to complex needs. The practice held monthly multidisciplinary meetings to assist with sharing information and coordination of care with other services for patients with complex needs.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30
Appointments available:	
Monday	08:00:18:00
Tuesday	08:00:18:00
Wednesday	08:40:18:30
Thursday	08:20:18:00
Friday	08:00:18:00

Extended hours telephone consultations are held every Monday, Tuesday and Wednesday between the times of 18:30:19:00. An extended face-to-face consultation session is held once a month on a Thursday between the hours of 18:30:19:30. In addition, the practice conducts a once-a-month Saturday surgery between the hours of 08:30:11:30. A doctor and practice nurse conduct surgery at these times.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5575	283	113	39.90%	2.03%

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)	96.8%	92.8%	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 provided a GP service for residents of two nursing homes. The GPs undertook regular ward rounds and met regularly with the nursing homes staff to discuss the care of the residents. The practice had employed a clinical pharmacist whose role included providing extra support for residents by liaising with the nursing homes to facilitate a timely system for processing prescription requests and undertaking medication reviews.
- The practice had a significant number of Jewish patients registered and in recognition of the religious and cultural observances of these 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.

#### 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**

- Appointments were available until 18:30 on a Wednesday for school age children so that they did not need to miss school.
- 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.

## **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.
- Extended hours telephone consultations are held every Monday, Tuesday and Wednesday between the times of 18:30:19:00. An extended face-to-face consultation session is held once a month on a Thursday between the hours of 18:30:19:30. In addition, the practice conducts a once-a-month Saturday surgery between the hours of 08:30:11:30.
- Appointments were available for patients from 18:30-20:00 weekday evenings and 08:00-20:00 on weekends and bank holidays at additional locations within the area, as the practice was a member of a GP federation.
- The practice offered online appointments and telephone consultations.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including 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.

**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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<ul style="list-style-type: none"> <li>• The practice manager undertook a daily assessment of the appointment slots in order to make changes to enable access for patients.</li> </ul>	

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)	85.5%	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)	73.4%	62.3%	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	68.1%	61.9%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	79.8%	68.4%	74.4%	No statistical variation

#### Any additional evidence or comments

Despite the patient survey results for the percentage of respondents who responded positively to how easy it was to get through to someone at their GP practice on the phone being above the England average, the practice continually explored ways to improve the service provided for patients. At the time of our inspection, the practice were in the process of upgrading the telephones system to incorporate a phone queuing system with patient call back to avoid patients waiting on the telephone and a telephone call directional service with signposting to the practice service options.

Source	Feedback
NHS Choices/Patient Surveys	<p>The practice reviewed and responded to patient comments on NHS Choices and feedback from patient surveys. The practice identified themes as a result of this feedback and the most common themes were related to difficulty in accessing appointments and attitude of reception staff.</p> <p>In response to the NHS Choices comments and patient survey feedback, the practice had focused on improving patient access to the service and staff customer services training. The practice had taken action to improve access for patients which included employing a Clinical Pharmacist who provided medication reviews, long term conditions reviews and medication audits which has helped to reduce the GP workload and facilitated more time for GPs to provide clinical care for patients.</p>

#### 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.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y

There was evidence that complaints were used to drive continuous improvement.	Y
<ul style="list-style-type: none"> <li>All staff had received training on Conflict Resolution and the reception team had also undertaken Customer Services training.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was contacted by practice to inform prescription was ready for collection but on arrival it had not been processed.	As a result of this complaint, receptionist were instructed they must check the clinical system and the prescription box before responding to a patient and the clinician should communicate via screen message or task to alert reception to keep them updated of any changes in the processing of prescriptions.
Patient complained they had been asked to provide a second urine sample as the original sample had missed the last collection at the practice.	As a result of this complaint, the practice made changes to the current 'Samples Handling Protocol.' The complaint was discussed with the reception team, nurse and Health Care Assistant to ensure staff are clear of their message to patients when handing samples in.



## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels. Leaders could 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

### 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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<ul style="list-style-type: none"><li>The practice had a development plan which was reviewed regularly. The practice had identified plans for the future, and merger opportunities were currently being explored.</li><li>The practice had a clear vision to provide high quality patient centred care in a safe, effective and supportive environment in order to achieve the highest standards of care and patient satisfaction.</li></ul>	

### 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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y

There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<ul style="list-style-type: none"> <li>• Staff told us there was an open culture and team work throughout the practice.</li> <li>• Our review of staff personnel files identified that staff retention at the practice was high.</li> </ul>	

## Governance arrangements

### There were 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<ul style="list-style-type: none"> <li>• There was a clear system in place for investigating, reviewing and learning from complaints and significant events. The practice manager monitored actions identified to ensure that they had been completed and reviewed.</li> <li>• All staff were aware of the staff members who had been nominated for lead roles within the practice.</li> <li>• There were a range of both clinical and administrative policies. These were easily accessible for all staff and supported the delivery of good quality and sustainable care. There was a system in place to review and update policies as required. The practice manager had also been part of a project with a group of local practice managers to develop safe policies and protocols for the Barnet GP Federation. The practice manager had also organised a 'Policy of the week' system in which a practice policy was selected and circulated to all staff to read and staff were required to inform the practice manager they had read and understood this policy.</li> <li>• Communication was effective and organised through daily handover meetings as well as structured, minuted meetings.</li> </ul>	

## Managing risks, issues and performance

### There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y

There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<ul style="list-style-type: none"> <li>There was a comprehensive understanding of the performance at the practice. The lead GP, practice manager and practice nurses had a monthly, minuted, meeting to discuss Quality and Outcomes Framework (QOF) performance. The practice also benchmarked their performance against three local GP practices.</li> <li>The practice had an audit programme in place which included regular medication audits, prescribing audits and two-week wait referral audits.</li> <li>The practice carried out various risk assessments including 'Brexit', fire and health and safety risk assessments.</li> <li>The practice had a business continuity plan in place which was easily accessible and detailed the procedure for staff to follow in the event of an emergency.</li> </ul>	

### 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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

### 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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the	Y

needs of the population.	
<ul style="list-style-type: none"> <li>The practice manager and GPs were involved in the wider engagement in the local health system such as the Barnet GP Federation, the Barnet care Closer to Home Integrated Network (CHIN) and the Clinical Commissioning Group (CCG).</li> <li>The practice worked with the PPG to look at ways they could improve patients experience and the PPG were requested to agree the questions asked as part of the practice patient surveys.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>The practice had an active an engaged Patient Participation Group (PPG) who met four times a year. The PPG had produced a memorandum of understanding and selected a chair for their meetings. As well as practice meetings, the PPG had been involved in pan Barnet PPG meetings where they had the opportunity to share information, identify areas of good practice and discuss general patient issues for the population of Barnet.</li> </ul>

## 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.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
<ul style="list-style-type: none"> <li>The practice team was forward thinking and looked to build on the improvements already made within the practice.</li> <li>Staff told us training was supported and encouraged. All staff received individual training opportunities which were discussed at their appraisals.</li> <li>We reviewed minutes of the last PPG meeting in which the practice expressed an interest in taking part in a new pilot programme for online consultations. The PPG were informed they would be sent a brief questionnaire for their input regarding this proposed pilot.</li> </ul>

### 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> 1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.