Care Quality Commission

Inspection Evidence Table

Sunnyhill Healthcare C.I.C (1-520153601)

Inspection date: 11 September 2019

Date of data download: 04 September 2019

.

Overall rating: Inadequate

The practice has been rated inadequate overall because:

- **Systems to support infection prevention and control were lacking.**
- **There was no analysis of significant events, complaints or patient safety that would lead to practice improvements. There was no clear learning form these events.**
- **The practice did not have a system for quality improvements. This included a lack of clinical audit and action planning.**
- **Documentation for meetings and appraisals needed strengthening.**
- **The system for following up children who may be at risk was disjointed.**

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

Safe Rating: Inadequate

We rated the practice as inadequate for providing safe services because:

- **The systems and audits regarding infection prevention and control were lacking. The practice had not maintained the appropriate standard of hygiene. Some areas of the practice were in disrepair which posed a risk for infection prevention and control. There was no evidence of what cleaning had been completed.**
- **The practice had not completed a health and safety or security risk assessment. Shortly following the inspection, we received evidence that a health and safety audit had been carried out.**
- **The management of significant events was lacking with no evidence of learning or actions taken.**
- **There was limited oversight of medicine and safety alerts with no evidence of what actions had been taken in response to these.**
- **Emergency medicines were not accessible, and a risk assessment had not been completed to support the decision not to hold certain medicines.**
- **The recording of staff immunisations needed strengthening.**
- **The system to identify children who may be at risk, for example those who had not**

attended appointments, was disjoined.

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 which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
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
The practice held regular meetings with community teams, including health visitors to discuss safeguarding concerns. We saw evidence that the processes to identify and follow up children who may be at risk, such as those who had not attended appointments or who had missed vaccinations, was disjoined and unclear.	

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 if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y

Explanation of any answers and additional evidence:

The practice had commenced work on collecting staff vaccination and immunisation history however, this work was incomplete. There was no evidence of self-certification of staff. This information was not held in a shared file and not in recruitment records.

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: Oct 2018	Y
There was a record of equipment calibration. Date of last calibration: Oct 2018	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. Date of last check: Sept 2019	Y
There was a log of fire drills. Date of last drill: Sept 2019	Y
There was a record of fire alarm checks. Date of last check: Sept 2019	Y
There was a record of fire training for staff. Date of last training: Ongoing	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 4 Sept 2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice had completed actions from the fire risk assessment that included improving signage for exit routes and clearing walkways.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	N
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	N
Explanation of any answers and additional evidence: At the time of the inspection, a health and safety audit had not been carried out. Shortly following the inspection, we were sent evidence that this had been completed and an action plan with associated timescales had been developed.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Partial
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Explanation of any answers and additional evidence:

Actions arising from the practice infection prevention and control (IPC) audit had been completed, such as adjustments to the flooring however the audit had not identified all the IPC concerns within the practice. For example, the lack of pedal bins and the lack of single use linings for baby change facilities. We also saw evidence of disrepair in the building, including cracked tiling, peeling paintwork and holes in ceiling tiles. These had not been reported in the IPC audit. Shortly after the inspection, the practice provided evidence that they had purchased pedal bins and colour coded mop heads.

The practice used an external cleaning company. A cleaning audit had not been completed by the practice and we saw areas that required a deep clean. The practice was unable to provide evidence that the appropriate cleaning had been completed or that the cleaning agency was compliant with the IPC policy. Shortly after the inspection, we received evidence that a cleaning schedule had been devised with the cleaning company.

The practice was unable to give evidence of cleaning of non-single use equipment such as ear syringing machines or blood pressure monitors. The schedule for cleaning these items was in the IPC policy however, this had not been completed.

At the time of inspection, the practice was unable to provide evidence of a completed legionella risk assessment. Shortly following the inspection, evidence was provided of a risk assessment that had been completed prior to our inspection, for the building where the medical centre was situated however, there was not access to the medical centre at this time and therefore a full assessment was not completed. There was no evidence of actions that had been recommended as being completed. Evidence was also supplied following the inspection of water temperature checks being completed in shared areas of the building by the local authority however, no water temperature checks had been completed.

Risks to patients

There were adequate in systems to assess, monitor and manage risks to patient safety however, emergency medicines were not held in an accessible way.

	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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial
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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: The practice held emergency equipment and medicines however, the medicines were not easily accessible to staff in an emergency. Shortly after the inspection, we received evidence that these medicines had been moved to an accessible area.	

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 and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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 had systems for the appropriate and safe use of medicines, including medicines optimisation however, there was limited oversight of non-medical prescribers.

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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	1.36	0.89	0.87	Variation (negative)
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). (01/07/2018 to 30/06/2019) (NHSBSA)	7.1%	8.7%	8.6%	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 (01/01/2019 to 30/06/2019) (NHSBSA)	6.34	5.97	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	2.74	2.15	2.08	No statistical variation

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.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
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
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

Medicines management	Y/N/Partial
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 appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
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.	Y
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.	N
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

Explanation of any answers and additional evidence:

We reviewed Patient Group Directions (PGD's) that allowed non-prescribers to give vaccinations to groups of patients. These PGDs had not been signed by an appropriate person. Shortly after the inspection, the practice told us this had been rectified however, we did not receive evidence to verify this.

There were ineffective systems in place to audit prescribing, including that of non-medical prescribers. Records of ad-hoc conversations were not detailed and there was no evidence of actions or learning taken.

The practice did not hold all recommended emergency medicines and they were not held in an accessible area.

Track record on safety and lessons learned and improvements made

The practice had some systems in place to 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.	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.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	7
Number of events that required action:	7
Explanation of any answers and additional evidence: The process for monitoring significant events was lacking. Staff were comfortable in raising concerns and these events were recorded however, there was limited evidence that learning was taken from these. There was no mechanism in place to review actions needed. We saw evidence that some significant events were discussed at practice meetings however, it was not a standing agenda item.	

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

Event	Specific action taken
Two letters had become attached together meaning a referral letter was sent to the wrong patient.	Both patients were informed of the incident and apologies given. Staff were reminded to be vigilant with correspondence.
The practice had been subject to an attack by a member of the public.	Staff debriefings were held. CCTV had been installed in the waiting area and keypad locks have been installed on office and reception doors.
An incorrect patient was called into the consultation room as there was two patients with the same name.	Staff were reminded to check patients date of birth prior to commencing a consultation.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Partial
Explanation of any answers and additional evidence: There was limited oversight of safety alerts. The practice maintained a log of safety alerts received however was unable to provide evidence of what actions had been taken in response to these. Records we reviewed showed action had been taken for recent safety alerts, for example, regarding sodium	

valproate.

Effective Rating: Requires Improvement

We rated the practice as requires improvement for providing effective care because:

- **The system for managing children who do not receive immunisations or do not attend appointments needed strengthening.**
- **The system of staff appraisal was informal, and documentation lacked structure and detail.**
- **The practice had not completed any quality improvement activity, such as two-cycle audits. There were no audits of the prescribing practices or consultations of non-medical prescribers.**
- **The practice had not reached public health targets for the number of eligible patients receiving cervical screening.**

These concerns affect all population groups and therefore they have all been rated as requires improvement.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was 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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics	1.53	0.84	0.75	Tending towards variation (negative)

Prescribing	Practice performance	CCG average	England average	England comparison
prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHSBSA)				

Older people

Population group rating: Requires Improvement

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

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions were offered 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice was unable to 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.
- Patients with asthma were offered an asthma management plan.

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)	73.4%	79.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.8% (7)	15.8%	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)	62.2%	76.0%	77.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	6.5% (12)	13.8%	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) (QOF)	69.5%	82.2%	80.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.4% (10)	15.7%	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) (QOF)	79.9%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (9)	8.1%	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) (QOF)	89.7%	90.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.2% (3)	13.9%	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)	79.5%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (12)	5.1%	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)	96.8%	92.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.8% (3)	5.0%	6.7%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. However, the process for managing children who had not attended for vaccination was unstructured. There was no fail-safe systems in place to ensure all children had been recognised.
- The practice had some 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 however, the system for this was unstructured with no fail-safe systems in place.
- 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	68	69	98.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	68	72	94.4%	Met 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	69	72	95.8%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	66	72	91.7%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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.

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)	77.2%	N/A	N/A	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	67.0%	73.2%	69.9%	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)	52.4%	56.3%	54.4%	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)	56.3%	60.9%	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)	50.0%	55.8%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The practice supported a local learning disability home and offered home visits to these patients.
- 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 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. These patients were referred to local recovery services.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

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.
- Same day and longer appointments were offered when required.
- 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. Technology was used to help identify patients at risk of dementia.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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)	81.8%	90.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	4.3% (1)	20.2%	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)	95.5%	91.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.3% (1)	17.1%	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)	76.1%	83.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.1% (1)	8.4%	6.6%	N/A

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	529.2	538.7	537.5
Overall QOF score (as a percentage of maximum)	94.7%	96.4%	96.2%
Overall QOF exception reporting (all domains)	2.7%	6.4%	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.	N
Quality improvement activity was targeted at the areas where there were concerns.	N
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	N

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

- The practice had completed patient searches that were requested from the clinical commissioning group.
- The practice had completed a single cycle audit of patients using high levels of pain relief and had reduced dosages as appropriate.
- The practice had not completed any two-cycle audits. They were unable to provide evidence of quality improvement using clinical audits.

Effective staffing

The practice was not able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. The staff appraisal system needed strengthening.

	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.	N
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.	N/A
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: We saw that the practice had a system of regular appraisals however, documentation of these was lacking. The process was informal and there was limited discussion of learning needs of staff or action plans for developments. The non-medical prescribers had three monthly meetings with the lead GP however, there was no audit of their practice or competency.	

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 and organisations, were involved in assessing, planning and delivering care and treatment.	Y

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.	N/A

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
Patients had access to appropriate health assessments and checks.	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
Explanation of any answers and additional evidence: Patients we spoke to told us that they had received lifestyle advice. Referrals to smoking cessation and weight management programmes were also completed.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.0%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (6)	1.0%	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.	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
Policies for any online services offered were in line with national guidance.	Partial
Explanation of any answers and additional evidence: We saw examples of where consent had been sought appropriately. Staff we spoke to had an understanding of Gillick competence. Gillick competence is concerned with determining a child's capacity to consent. However, the practice policy regarding decision making for those without mental capacity was lacking and did not contain information regarding how to make best interest decisions or refer to independent advocacy services.	

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
Staff displayed understanding and a non-judgemental attitude towards 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.	29
Number of CQC comments received which were positive about the service.	27
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Positive comment cards reported that staff were approachable and helpful. Some comment cards mentioned nursing staff by name stating they were caring and compassionate.
Patient Interviews	Most patients told us that staff showed kindness and respect. We were also given examples of when staff had worked particularly hard to ensure that patients had the right support.

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
4593	320	133	41.6%	2.90%

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 (01/01/2019 to 31/03/2019)	86.1%	87.8%	88.9%	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 (01/01/2019 to 31/03/2019)	86.6%	84.9%	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 (01/01/2019 to 31/03/2019)	91.7%	95.1%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	84.2%	79.3%	82.9%	No statistical variation

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

Any additional evidence
The practice had a suggestion box and told us they reviewed these alongside NHS Friends and Family test scores.

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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
Interviews with patients.	Most patients we spoke with told us they felt involved in their care and any treatments were explained to them in a way they could understand.

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 (01/01/2019 to 31/03/2019)	93.5%	93.1%	93.4%	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.	
Explanation of any answers and additional evidence: The practice had access to interpreting services. Several members of staff were also bilingual.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 53 carers which equated to 1% of their practice population.
How the practice supported carers (including young carers).	The practice had a carers board and resources available in reception.
How the practice supported recently bereaved patients.	Bereaved patients were offered both telephone support and face-to-face visits.

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.	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
Explanation of any answers and additional evidence: There was a private room available that receptionists could use if patients required this.	

Responsive Rating: Requires Improvement

The practice was rated as requires improvement for providing responsive care because:

- **Complaints management was lacking with no evidence of how complaints had been investigated or resolved.**
- **There was no analysis of trends or themes from complaints to enable learning and improvement.**
- **Details of how to escalate concerns to the Parliamentary and Health service Ombudsman was not available to patients.**
- **Patient feedback, such as through the suggestion box, was not analysed for themes to enable service improvements.**

These concerns affect all population groups and therefore they have all been rated as requires improvement.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	7am - 6.30pm
Tuesday	8am – 6.30pm
Wednesday	7.30am -6.30pm
Thursday	8am – 6.30pm
Friday	7am - 6.30pm
Appointments available:	

Monday - Friday	Telephone, face-to-face, on the day and pre-bookable.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4593	320	133	41.6%	2.90%

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 (01/01/2019 to 31/03/2019)	94.6%	94.2%	94.5%	No statistical variation

Older people

Population group rating: Requires Improvement

Findings

- 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 effective care coordination to enable older patients to access appropriate services.
- 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.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- Patients with diabetes were offered joint appointments with diabetic specialist nurses
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- 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

- The practice routinely held appointments after school for children needing care. Due to their proximity to a local school, they ensured they could accommodate walk-in patients.
- We found 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 were lacking. We found no safeguarding concerns however the system was disjoined and there were no fail-safe methods in place to avoid children being missed.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice told us that children were offered priority appointments.
- A midwife attended the practice once a week.

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 had identified that it had a higher than average number of commuters and therefore opened from 7am two mornings a week.
- The practice was aware that it only had a male GP and therefore aimed to have a female healthcare professional available on most days. Chaperones were offered when appropriate.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. This included annual reviews and home visits.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

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

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 (01/01/2019 to 31/03/2019)	86.5%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	86.0%	63.1%	67.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	82.1%	60.2%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	88.0%	70.3%	73.6%	Tending towards variation (positive)

Any additional evidence or comments
The practice was aware of the above average GP patient results regarding access. Patient feedback has shown that patients would value a queuing system on the telephone line. This is being implemented in the next month.

Source	Feedback
Patient Interviews	Patients told us that they could access the practice via the telephone with ease and that there was good appointment availability.

Listening and learning from concerns and complaints

Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	11
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	0
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.	N

Explanation of any answers and additional evidence:

The process for managing complaints was lacking. The practice was unable to evidence what action had been taken in response to complaints received and what learning had been taken. Not all complaints had received a formal written response however, the practice told us that these complaints had been resolved verbally. We also saw evidence of complaints that could have also been managed as significant events. These included complaints regarding missed diagnosis.

The practice did not have oversight of these complaints and there had been no analysis of trends or themes to improve systems or patient safety. We saw evidence of themes within the complaints, including missed diagnosis, care of pregnant woman and compassion of staff however, these had not been identified by the practice.

The complaint policy, patient leaflet and response letters did not contain information of how to escalate concerns to the Parliamentary and Health Service Ombudsman (PHSO).

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay in urgent referral	The practice told us this was verbally resolved, and the referral was sent.
Patient unhappy with support given	Apology letter sent however, no actions or investigation noted.

Well-led Rating: Inadequate

The practice has been rated as requires improvement for providing well-led services because:

- **There was a lack of analysis of significant events, complaints and patient feedback.**
- **There were no action plans in place for service improvement or how to deal with challenges to providing high-quality care.**
- **Some systems were disorganised meaning there was a risk of patient care not being followed up appropriately.**
- **There was no process for organisational audit or risk assessment.**

Leadership capacity and capability

There was compassionate, leadership at all levels however, 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.	N
They had identified the actions necessary to address these challenges.	N
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence: The practice had not formally assessed the challenges to offering good quality care. They were aware that areas of the premises required repair and updating and told us they had been in discussions with the local authority and clinical commissioning groups regarding this however, we were not provided any evidence to support this. Some staff told us they did not feel supported by management teams and did not feel able to raise concerns. Due to limited space at the practice, the practice manager was not always able to be on site.	

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.	Partial
There was a realistic strategy to achieve their priorities.	N
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.	Partial

Progress against delivery of the strategy was monitored.	N
Explanation of any answers and additional evidence: The practice had a clear mission statement and prioritised patient care. Staff were aware of this vision however, the practice had not developed an action plan for improvements or a strategy to ensure this vision was met.	

Culture

The practice had a culture which drove high quality sustainable care however, there was no clear actions following patient feedback.

	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.	Partial
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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Partial
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

Explanation of any answers and additional evidence:

Some staff told us they did not feel able to raise concerns and felt there was no actions when concerns were raised. The practice had a whistleblowing policy in place and advertised the contact details of the freedom to speak up guardian however, some staff told us that they were unable to raise concerns about the management team.

We saw examples of where patients had been informed of things that had gone wrong and given an apology. However, we saw that there was no associated actions, review or evidence of learning shared with the wide practice team.

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

Source	Feedback
Staff interviews	Some staff we spoke to told us that they enjoyed working at the practice and felt supported by the management team. Staff told us that they felt comfortable raising concerns. However, some staff we spoke to told us they did not feel able to raise concerns and felt there was no actions when concerns were raised.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: The practice lacked a strong governance system and had limited oversight of complaints and significant events. Some systems, for example the following up of children who may be at risk, were disjointed and relied on individual clinicians following up patients as they felt appropriate. There was limited risk assessments or audit of practice systems and a lack of formal action planning for required practice improvements.	

Managing risks, issues and performance

The practice had some processes for managing risks, issues and performance however, these were ineffective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	N
There were effective arrangements for identifying, managing and mitigating risks.	N
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.	N
Explanation of any answers and additional evidence: The practice did not have a process of clinical audit or other quality improvement methods to highlight areas that needed improvement. There were limited organisation risk assessments and action planning in place. The practice did not have appropriate infection prevention and control measures in place, including records of cleaning or comprehensive audits. The practice did not maintain a complete record of staff immunisation and vaccination history. The practice did not hold all recommended emergency medicines and there was no risk assessment in place to mitigate this. At the time of inspection, the emergency medicines were not in an accessible area.	

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.	N
Performance information was used to hold staff and management to account.	N
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: As the practice did not conduct any risk assessments or analysis of feedback or significant events, it was unaware of the main challenges to providing good quality care.	

Records we checked showed that clinical information was accurate and reliable. However, organisational risk had not been manged.

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 however, feedback was not formally analysed.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
The practice had an active Patient Participation Group.	Y
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.	N
Explanation of any answers and additional evidence: The practice encouraged patient feedback through a suggestion box and the NHS Friends and Family Test. This feedback was reviewed individually, however not analysed for themes to make practice improvement and shape the service. We reviewed minutes from the Patient Participation Group meetings and these lacked detail as to what was discussed and there were no standing agenda items.	

Feedback from Patient Participation Group.

Feedback
We spoke to two members of the Patient Participation Group (PPG). The PPG met on a bi-monthly basis and discussed events within the practice. The PPG felt that their ideas were listened to and appropriate action was taken. For example, the PPG had been involved in the re-design of the reception area to provide patients with more privacy.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	N

Learning was shared effectively and used to make improvements.	N
Explanation of any answers and additional evidence: The practice was unable to provide evidence of improvements or innovative practice. There was limited evidence of learning shared from complaints, significant events or patient feedback.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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