

Care Quality Commission

Inspection Evidence Table

Park Practice (1-3666590103)

Inspection date: 22 August 2019

Date of data download: 07 August 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: The recruitment process was undertaken by the provider's central team at City Healthcare Partnership.	

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: 12/09/2018	Yes
There was a record of equipment calibration. Date of last calibration: 06/06/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 22/07/2019	Yes
There was a log of fire drills. Date of last drill: 07/08/2019	Yes
There was a record of fire alarm checks. Date of last check: weekly check done 15/08/2019. Maintenance check done 22/05/2019	Yes
There was a record of fire training for staff. Date of last training: Training was done on-line, and all staff were up to date.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 10/04/2018 due again on 10/04/2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: We saw records from jan 2019 to August 2019 of monthly fire safety checks completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Audit completed 20/08/2019	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 15/08/2019	Yes
Explanation of any answers and additional evidence: A premises security assessment had not been completed by the practice as the health centre was managed by NHS Property Services who took responsibility for security of the building. We saw that there were appropriate arrangements for securing rooms and areas within the practice. A premises audit of the practice environment had been completed on 20 August 2019.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

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

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely	Yes

unwell patient and had been given guidance on identifying such patients.	
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.64	0.87	0.88	Tending towards variation (positive)
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). (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	3.9%	4.6%	8.7%	Variation (positive)
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 (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	5.66	5.60	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) <small>(NHSBSA)</small>	3.90	3.79	2.07	Tending towards variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

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.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: The practice was tending towards negative for the average daily quantity of oral Non-steroidal anti-inflammatory medicines prescribed from 01/10/2018 to 31/03/2019. We discussed this with the practice and the clinical pharmacist was going to review this.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	14
Number of events that required action:	14

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

Event	Specific action taken
<p>Vaccinations were delivered on 12/02/19 at 1:22pm and given by reception to the nurse on duty. On Wednesday 13/02/19 when checking the fridge, the data logger was found to be flashing red, data was downloaded and found to have gone out of range at 1:22pm for 20 minutes. It was also noted the fridge temperatures had not been checked on 12/02/19 and recorded.</p>	<p>Medicines management team informed, fridge was quarantined until confirmation was received from medicines management that the vaccines were still viable. Process was reviewed and amended to ensure that in the absence of the practice nurse the fridge temperatures would be checked. Information regarding receipt of vaccinations and checking fridge temperatures was updated in the locum nurse folder.</p>
<p>Patient received a call from the practice asking if he wanted a vaccination that they had already received. No evidence of this in the vaccination section of the patient record, however consent forms were found.</p>	<p>Patients' record was updated with this vaccination and recall removed. E-mail was sent to administration staff asking that they double check that the vaccinations have been recorded at the time of processing the consent forms. Supervisor discussed the incident with the staff member involved and documentation and record keeping course was to be attended .</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	0.62	0.87	0.77	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients. Patients with more than one long term health condition could have all their issues reviewed at one appointment.
- Multi-disciplinary team meetings were held to discuss the needs of patients nearing the end of their lives.
- 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 relevant patients in this age group.

People with long-term conditions

Population group rating: Good

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.
- The providers central data quality team reviewed the disease registers to identify patients who should be on the register, those that are on the registers that should not be, and those that required annual or more frequent recalls for health checks. These reviews were undertaken by the data quality team in conjunction with the nursing and medical staff.
- Housebound patients were visited by practice nurses for annual long-term condition checks and where they met the criteria, referred to the specialist long term condition nurses within the community nursing team. Some of these patients were currently being monitored via 'Tele-health' (Tele-Health is where a video is used so clinicians can see the patient in their own home).
- Home visits were carried out for medication reviews for all housebound patients and those residing in care homes by the medicine's management team.
- Patients could access the 'evolve' programme which helped enable patients to better manage their long-term conditions.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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.
- 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) <small>(QOF)</small>	68.4%	77.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.2% (22)	16.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.4%	78.5%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.3% (20)	12.0%	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>	83.2%	80.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.2% (24)	15.0%	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>	75.9%	78.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (12)	16.4%	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>	77.7%	88.4%	89.7%	Variation (negative)
Exception rate (number of exceptions).	6.9% (9)	16.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.0%	83.4%	82.6%	Variation (positive)
Exception rate (number of exceptions).	2.9% (16)	5.4%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.0%	87.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (2)	4.2%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) 95% target.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- 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)	61	62	98.4%	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)	48	50	96.0%	Met 95% WHO based target
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)	48	50	96.0%	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)	48	50	96.0%	Met 95% WHO based target

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: Good

Findings
<ul style="list-style-type: none"> The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. A booster vaccination was also offered to patients between the ages of 14 and under 26. Also, the practice contacted by telephone or letter, patients aged 10 and 11 who hadn't previously received 2 MMR vaccinations and offered them the vaccine. 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.

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	83.3%	-		-

49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.0%	70.4%	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)	54.0%	54.7%	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)	58.8%	60.1%	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)	40.0%	46.5%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- All patients with a learning disability were offered an annual health check. The provider had developed a template for learning disability reviews and there was an icon on patients records to assist the central recall team in calling these patients for their reviews.
- 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.

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.
- Patients who did not attend a mental health review were issued with a follow-up appointment within 2 weeks of the missed appointment. If the patient did not attend the second appointment the practice nurse would contact the community psychiatric nurse or duty worker to establish if there was any issue with the patient that would prevent them from attending and offer support to facilitate a review.
- 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. The practice was signed up to provide the enhanced service for dementia. Clinical staff and health care assistants had been trained to undertake 6CIT assessment, (this is a cognitive impairment test). Carers of those diagnosed with dementia were noted on the patient record and the clinical review template had a designated section devoted to establishing if the carer was well or required any support.
- When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training.
- 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) <small>(QOF)</small>	100.0%	87.7%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	23.1% (3)	20.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	88.2%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	38.5% (5)	18.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	25.0%	82.0%	83.0%	Significant Variation (negative)
Exception rate (number of exceptions).	0.0% (0)	9.3%	6.6%	N/A

Any additional evidence or comments

We discussed the figures for 2017/2018 and the percentage of patients with dementia whose care plan had been reviewed within the past 12 months being below the local CCG and England average. We saw unvalidated figures for 2018/2019 which showed that this had increased to 84%.

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)	487.2	533.1	537.5
Overall QOF score (as a percentage of maximum)	87.2%	95.4%	96.2%
Overall QOF exception reporting (all domains)	5.8%	6.8%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
Explanation of any answers and additional evidence:	
<p>QOF performance in in 2017/2018 was below the local CCG and England average in some areas. We discussed this during the inspection and the practice explained that the practice nurse had been on long term sick during this period and this had affected the number of reviews completed. New nurses had been recruited and the provider now had a Central Team who managed the recall process. There was a robust recall procedure for all patients with long term conditions which was managed and overseen by the Data Quality Manager and a well-trained administration team. This team would also be monitoring the exception reporting.</p>	

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

<p>An audit was done to evaluate the number of patients at the practice who were being administered vitamin B12 injections. and see who could be taken off the injections and have them replaced with tablets and/or given advice around eating a better B12 rich diet. This would mean patients were being treated in line with local clinical guidelines and would also free up clinical time in clinics. A total of 137 patients were identified as receiving regular Vitamin B12 injections. Following the audit 73% of patients have been taken off their B12 injection and this has released 404 10-minute clinical appointments over the year. The findings of the audit were shared with the providers' other practices.</p> <p>The audit was repeated after six months and a further seven patients were identified and taken off their B12 injections as they were not medically required.</p>
<p>The practice had done a review of all patients who had had five or more admissions to hospital in a 12-month period. Themes and trends resulting in their admission were identified and the patients were</p>

reviewed by an appropriate clinician face to face or via telephone. Other actions included patients being discussed at the quarterly multi-disciplinary team meeting, 'just in case' medicines being prescribed for patients with respiratory problems and involving the community nursing team to support patients where necessary.

Any additional evidence or comments

We saw that the practice had undertaken several other audits and reviews including; prescribing of medicines for pain, community infections in care homes and record keeping.

Two quality champions roles had been developed in the practice and these staff had undertaken their Bronze and Silver level training to support working to best standards and practice. They would support the practice in developing a clinical audit programme and would be approaching all clinical staff to identify audits they would be undertaking. Non-clinical staff would also be involved in undertaking audits.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

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

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.2%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (11)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	23
Number of CQC comments received which were positive about the service.	17
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC Comments Cards	Patients said staff were kind, helpful, friendly and treated them with respect. They said staff were caring and described the service and care as good and very good.
Patient Questionnaires	We received completed questionnaires from nine patients during the inspection. The feedback was generally positive with patients saying they were treated with respect and staff were helpful and friendly.

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
3950	370	129	34.9%	3.27%

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)	73.1%	84.0%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	73.5%	82.8%	87.4%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	86.4%	92.5%	95.5%	Tending towards variation (negative)
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)	75.0%	74.7%	82.9%	No statistical variation

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

Any additional evidence
The provider had completed its own patient satisfaction survey and the results mirrored the findings of the national GP survey results. An action plan had been developed which would address the areas in the GP survey where indicators were lower than local CCG or national averages.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
CQC comments cards and patient questionnaires	We received 23 comments cards and completed questionnaires from nine patients during the inspection. The feedback was generally positive with patients saying they felt involved in their care and they were listened to.

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)	87.4%	89.2%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 75 patients as carers, this was 2% of the practice list.
How the practice supported carers (including young	The practice included a question about carers in their new patient questionnaire and discussed if patients were carers during routine

carers).	<p>appointments. Information on local carers support services was available and staff were aware of how to signpost patients and their relatives for support.</p> <p>The Carers' Information and Support Service supports families and their carers' in Hull and offered on-site clinics at the practice. Patients could access free advice and support including free stress management courses, befriending support, signposting to other services and a free Assessment of Need.</p>
How the practice supported recently bereaved patients.	Staff contacted patients when they suffered a bereavement to offer support and information was available in the waiting area and on the practice website.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm
Appointments available:	
Monday	8.20am to 10.30am and 1.30pm to 6.40pm
Tuesday	8.20am to 10.30am and 1.30pm to 6.40pm
Wednesday	8.20am to 10.30am and 1.30pm to 6.40pm
Thursday	8.20am to 10.30am and 1.30pm to 6.40pm
Friday	8.20am to 10.30am and 2pm to 4.30pm
The practice offered pre-bookable appointments on Saturday morning between 9.10am and 11.55am	
Patients could also access appointments at the providers' other sites between 8am and 6pm Monday to Friday.	
Appointments were also available through the Primary Care Networks (PCN) improving access service at the providers' sites from 7.30am to 8am and 6.30pm to 8pm Monday to Friday. (A PCN is a group of practices that are working together to improve services at their practices for their local population)	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3950	370	129	34.9%	3.27%

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)	91.7%	91.6%	94.5%	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 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: Good

Findings

- 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.
- The provider's central data quality Team utilised several communication methods to encourage patients to attend for regular health checks. Patients received text invitations and appointment reminders, letters including the addition of a patient questionnaire to capture missing information from their records – for example smoking status, disability, lifestyle information and their first language. The team offered a central booking service and patients were invited to co-morbidity clinics. This enabled patients to have multiple conditions checked at the same appointment thus streamlining the recall procedure and avoiding multiple appointments throughout the year that could be inconvenient for patients.

Families, children and young people

Population group rating: Good

Findings

- Additional GP, practice nurse and health care assistant appointments were available until early morning and in the evening, so children 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.
- The Carers Information Service attended the practice regularly and patients could book into slots through the practice. This supported patients who were socially excluded; required advice about finance, housing and benefits.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm Monday to Friday and on a Saturday morning. Pre-bookable appointments were also available 7.30am to 8am Monday to Friday. Appointments were available on weekends and bank holidays 8am until 1pm.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Telephone consultations were available morning and afternoon with GPs.
- Engage Consult, gave patients the option of obtaining online advice for non-urgent ailments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode 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.
- Same day appointments and longer appointments were offered when required.

- Staff has access to accessible information to support communication with patients, for example easy read leaflets and information in other languages. A hearing loop was available and access to sign language interpreters.
- Practice Managers had done training to enable them to do risk assessments of any patients who present that staff might have identified and have concerns that they were suffering Domestic Abuse, Stalking, Harassment or Honour Based Violence. Appropriate referrals could then be made.
- Support was available at the practice for patients who were socially excluded; required advice about finance, housing and benefits.
- The practice had undertaken an Equality & Delivery Audit for them to assess and meet the requirement of the Equality Act 2010. The service had developed an action plan to meet areas identified within the audit so that it met the needs of those that were homeless, lived in poverty, were long term unemployed, those in stigmatised occupations, those that misused drugs and those isolated geographically or from family or social groups.

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. Same day and longer appointments were offered when required.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	59.7%	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)	58.3%	55.2%	67.4%	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 (01/01/2019 to 31/03/2019)	62.9%	56.1%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	63.6%	66.9%	73.6%	No statistical variation

Any additional evidence or comments

The practice was a member of a Primary Care Network (PCN) and had introduced the 'Improved Access Service' in July 2019 along with other practices in the PCN. Pre-bookable appointments with GPs, advanced nurse practitioners, practice nurses and health care assistants were now also available at one of the practices in the PCN between 8am to 8pm on weekdays and 8am to 1pm on weekends and bank holidays.

Source	Feedback
Comments cards and patient questionnaires	We received 23 comments cards and completed questionnaires from nine patients during the inspection. Feedback was mainly positive with most patients saying they could get an appointment when they needed one and could make appointments with a male or female GP. Seven patients commented that it could be difficult to get an appointment.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example of learning from complaints.

Complaint	Specific action taken
Complaint about failure of a clinician to undertake an adequate assessment and carry out tests to assist in a diagnosis and not seeking GP advice. This resulted in a delayed diagnosis and admission to hospital. An apology was given to the family.	Practice reviewed its procedure for engaging locum staff to ensure they have the relevant skills and knowledge to be able to deal with the wide range of complex conditions they will be presented with within the primary care setting. Specific locum pack for Nurse Practitioners developed holding relevant information with regard to prescribing, referrals and CHCP Policies and Procedures.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The provider monitored staffing levels and continuously looked at succession planning. They were developing the clinical team to reflect national recommendations for developing the primary care workforce.</p> <p>There was a Medical Director for the Provider City Health Practice Limited who provided clinical advice and support to the GPs and other members of the clinical team. They were also the Medical Director for the local Primary Care Network.</p> <p>There was a corporate leadership and management team that supported the practice in a number of areas, for example, human resources, governance and quality monitoring.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a business plan and subsequent action plan outlining how the strategy was to be delivered. The action plan had deadline dates for each action however it was unclear if the actions had been</p>	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:	
The provider promoted the well-being staff for example; staff were given a financial bonus at the end of the financial year in recognition of their hard work and there was a staff and team awards scheme with winners being chosen by a panel of shareholders.	

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

Source	Feedback
Staff interviews and questionnaires	Staff told us the practice team worked very well together and they supported each other. Staff said the GPs and practice manager were very supportive and approachable. Staff felt able to raise any concerns with the GP, practice manager and their team leaders.

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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	

There was a clear Provider management structure in place to support the practice staff. We saw there was a direct line of sight from the primary care management team to the front line which was important for governance.

There was a risk register in place for the City Health Practice Limited practices. The actions identified had deadline dates for each action however it was unclear if the actions had been completed.

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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
There was business plan in place which was easily accessible by all staff and awareness raising was provided when there were any changes.	
Although staff had not had formal training they were aware of what to do in the event of a major incident occurring.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes

Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
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If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
Practice staff and Patient Participation Group (PPG) members attended the Hull PPG groups event where all PPGs were invited to discuss issues and developments in the local area.	
A staff survey was conducted annually, however the results were published for the whole organisation and not at individual practice level.	

Feedback from Patient Participation Group.

Feedback
The provider was in the process of re-organising its Patient Participation Groups (PPG) so there would be one PPG for all the practices in the City Health Care Partnership Federation. The practice manager had continued to communicate with the practice PPG members to share information and gain feedback.

Continuous improvement and innovation

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

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

Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice was involved in the pilot for frailty assessments for older people. A clinical tool was used 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.</p> <p>City Health Practice Limited (CHPL) practices were working to synchronise their long-term condition clinics with medicine reviews.</p> <p>Two quality champions roles had been developed in the practice and these staff had undertaken their Bronze and Silver level training to support working to best standards and practice. They would support the practice in developing a clinical audit programme and would be approaching all clinical staff to identify audits they would be undertaking. Non-clinical staff would also be involved in undertaking audits.</p>	

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 practice's 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.