Care Quality Commission

Inspection Evidence Table

Botley Medical Centre (1-544081039)

Inspection date: 17 October 2019

Date of data download: **07 October 2019**

Overall rating: Requires Improvement

At this inspection we found further examples of systems intended to maintain safe provision of services to patients that were not operated effectively. The failure to operate such systems effectively placed patients at risk. Therefore, due to the continued failure of systems to identify, assess and mitigate risk and consequent risk to patient safety we have continued to rate the practice requires improvement.

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

Safe Rating: Requires improvement

Patients who were prescribed high risk medicines were at risk because the system in place to monitor safe prescribing was not operated effectively. The practice was, therefore, rated inadequate.

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

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: • The practice had commenced compilation of a vulnerable patients register. • Since the last inspection in March 2019 all safeguarding policies had been stored in one electronic file. Copies of safeguarding contact details were displayed throughout the practice in clinical and staff rooms.	

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: • At our previous inspection in March 2019 we found that not all recruitment checks had been completed and the practice did not have a system in place to determine whether staff were physically and mentally fit to take up employment. At this inspection we reviewed nine staff recruitment files and found all necessary checks had been completed. The practice had also introduced a system of pre-employment health screening.	

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: 27/09/2019	Yes
There was a record of equipment calibration. Date of last calibration: 27/09/2019	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: 17/10/2019	Yes
There was a log of fire drills. Date of last drill: 20/03/2019	Yes
There was a record of fire alarm checks. Date of last check: 09/08/2019	Yes
There was a record of fire training for staff.	Yes

Date of last training: On line training completed throughout the year. This is mandatory staff training within the practice and completion is monitored by management.	
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 16/05/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: • Servicing of fire extinguishers was undertaken on the day of inspection.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 19/06/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19/06/2019	Yes
Explanation of any answers and additional evidence: • The practice was using the environmental safety and risk assessments as a baseline for developing a service wide risk register.	

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: March 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
Explanation of any answers and additional evidence: • The practice had a timetable for undertaking annual audits to reduce the risk of cross infection. Actions identified from the last audit had been completed.	

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 unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: • Arrangements had been made to commence daily staff briefings where safety matters and changes in provision would be discussed with all staff.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented 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.	Partial

The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: • There was a system in place for GPs to review incoming test results in a timely manner and act upon the results when necessary. However, the practice did not have a system in place to monitor and follow up when a patient was asked to attend for a clinical test and did not do so.	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.80	0.75	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	10.3%	10.9%	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)	5.03	5.55	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)	1.30	1.74	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about 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.	No
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:

- Information made available by the practice during inspection indicated the practice system for safe prescribing of high risk medicines was not working effectively. The practice provided incorrect data that identified that tests required to inform safe prescribing of high risk medicines were not always being completed. The report provided by the practice identified 18 patients prescribed one type of disease modifying medicine of whom six (33%) had not received monitoring within the three month schedule set by the practice. Our random sample of two of these patients showed one had not received appropriate monitoring since February 2019 and the second since May 2019. There were also 73 patients prescribed a different disease modifying medicine of whom 22 (30%) had not received monitoring within the three month schedule set by the practice and set out in national guidance. Our random sample of two of these patients showed one had not received appropriate monitoring since April 2019

Medicines management	Y/N/Partial

and the second since May 2019. The practice report also identified 26 patients prescribed a medicine used in the treatment of some long term mental health problems of whom nine (35%) had not received monitoring within the three month schedule set by the practice and contained in national prescribing guidance. Our random sample of two of these patients showed one had not received appropriate monitoring since January 2019 and the second since June 2019. Patients identified as not receiving appropriate tests continued to receive prescriptions for their medicines. Therefore, at the time of inspection information available indicated that patients prescribed high risk medicines were at risk because the tests that were required to inform either continued prescribing or dosage changes were not being carried out. The practice governance processes had not identified that the system to support safe prescribing of high risk medicines was not following guidance issued by the General Medical Council in February 2013.

- The practice produced late data outside of the inspection period which was the accurate data used for managing the recall process to monitor patients prescribed high risk medicines. This data identified that the numbers of patients previously identified at risk was significantly lower than found at inspection. For example, 11 patients from the incorrect report were receiving their monitoring and prescribing from the secondary care sector and were not the responsibility of the practice to monitor. Another nine patients were no longer prescribed the high risk medicine that they previously received monitoring for to maintain prescribing. There were a further 25 patients who had received the appropriate monitoring when the correct report was used to support safe prescribing.
- Leaders at the practice had not recognised that the information used at the time of inspection was not valid. The information submitted outside of the inspection period reduced the numbers of patients previously judged at risk from 65 down to 15. GPs carried out an audit, after the inspection, to ensure these 15 patients were followed up and appropriate monitoring carried out or scheduled as a priority. These actions were not in place during inspection.

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.	Partial
Number of events recorded in last 12 months:	11
Number of events that required action:	11

Explanation of any answers and additional evidence:

- We reviewed copies of minutes of staff meetings where learning from events was discussed.

We found that whilst learning from events was shared it was not always linked to complaints about similar concerns. For example, an urgent referral had not been processed in a timely way and there was a complaint about a similar occurrence.

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

Event	Specific action taken
Patient not referred for an urgent two week wait appointment.	Criteria for two week wait referral reviewed and systems changed to ensure GPs reviewed correspondence from opticians.
Incorrect dose of controlled drug prescribed. Not administered because community staff identified the error.	Double check dose before issuing prescription. All prescribers reminded to be cautious when prescribing controlled drugs.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

Explanation of any answers and additional evidence:

- The practice had adopted the use of a computer system to receive, track and record action arising from safety alerts. The system had improved since the previous inspection in March 2019.
- We saw examples of actions taken on recent alerts for example, regarding sodium valproate and bisacodyl.

Effective Rating: Good

Effective needs assessment, care and treatment

Patients' needs were 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	Yes

addressed.	
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) (01/07/2018 to 30/06/2019) (NHSBSA)	0.49	0.50	0.75	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.
- 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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had reviewed their process for removing patients diagnosed with long term medical conditions from monitoring measures. The number of removals (exceptions) had reduced since March 2019.
- 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial

fibrillation and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	73.1%	79.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.7% (64)	13.8%	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)	58.0%	78.0%	77.7%	Variation (negative)
Exception rate (number of exceptions).	8.3% (55)	10.7%	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)	73.7%	82.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.0% (66)	13.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	98.8%	76.9%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	40.3% (343)	5.6%	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)	90.1%	90.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.7% (31)	11.1%	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)	73.9%	82.8%	82.6%	Variation (negative)
Exception rate (number of exceptions).	5.2% (117)	4.2%	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)	88.4%	90.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.7% (28)	7.8%	6.7%	N/A

Any additional evidence or comments
• The practice was taking part in a local scheme to improve the care of patients diagnosed with diabetes. Data provided by the local CCG showed an improvement in achieving eight specific care targets for patients with type 2 diabetes from 37% in January 2019 to 57% in September 2019 and those with type 1 diabetes improved from 18% to 37% in the same period. • Data showed that the practice focus on reducing exception had been successful in some disease groups. For example, the exception rate for asthma indicators of care had reduced by 30% down to 10% and the exception rate for mental health indicators had reduced by 4%. The practice was continuing with their work to reduce exception rates and were aware that some exception rates had shown little or no change between 2017 and 2018.

Families, children and young people Population group rating: Good

Findings
• The practice has met the minimum 90% target for all four childhood immunisation uptake indicators. • 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)	121	130	93.1%	Met 90% minimum
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)	114	125	91.2%	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	114	125	91.2%	Met 90% minimum

Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)				
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)	115	125	92.0%	Met 90% minimum

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	69.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	70.9%	73.4%	72.1%	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)	60.0%	57.1%	57.3%	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)	64.5%	78.8%	69.3%	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)	55.1%	59.9%	51.9%	No statistical variation

Any additional evidence or comments
• The practice had commenced sending personal reminders to women who had not attended for cervical cancer screening. • The practice was actively taking part in a county wide project to increase uptake of all cancer screening programmes.

People whose circumstances make them vulnerable

Population group rating: Good

Findings
• Same day appointments and longer appointments were offered when required. • All patients with a learning disability were offered an annual health check. • 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.

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. • Same day and longer appointments were offered when required. • 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. • 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)	80.2%	91.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.8% (9)	9.0%	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)	89.6%	89.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (9)	8.1%	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)	71.1%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.6% (15)	5.0%	6.6%	N/A

Any additional evidence or comments
• GPs had commenced a detailed review of exception rates. We noted a reduction in some of the exception rates brought about by the review.

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)	522.2	549.8	537.5
Overall QOF score (as a percentage of maximum)	93.4%	98.4%	96.2%
Overall QOF exception reporting (all domains)	7.3%	5.6%	5.8%

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

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

- The practice reviewed staffing levels resulting increase in clinical sessions.
- Staff had audited the number of lost prescriptions since our inspection in March 2019. The lost prescription rate had fallen by 50% in the last three months with a stronger focus on ensuring prescriptions were produced and made available to patients in a timely manner.
- An audit of patients prescribed a high risk medicine to reduce the risk of blood clots had been undertaken. The practice identified two patients who had not received appropriate monitoring to support continued prescribing and called these patients in for their blood test. The audit also identified an out of range blood result. The patient's records identified an incorrect weight had been entered and this was corrected. The outcome of the audit ensured all patients prescribed this medicine were receiving appropriate monitoring.

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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
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
Explanation of any answers and additional evidence: • Patients at the practice had not had access in the past to social prescribing services. A social prescriber had been appointed to work for three practices, including Botley Medical Centre and it was hoped that this would increase the range of support and advice available to patients in accessing healthy lifestyle advice when they needed it.	

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)	94.3%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (21)	0.7%	0.8%	N/A

Any additional evidence or comments
• The practice had reviewed the way exceptions were made and had put a system in place for GPs to keep exceptions under review for patients with specific diagnoses. Data we reviewed showed that exception rates had reduced for some of the patients with long term conditions.

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 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.	11
Number of CQC comments received which were positive about the service.	10
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients who completed comment cards consistently referred to professional, caring and helpful staff.
NHS UK	Feedback recorded on the NHS UK website was mixed in the last six months. However, three out of six pieces of feedback rated the practice five out of five stars and all three commented about helpful staff who provided a caring service.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,606	266	106	39.8%	0.68%

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)	87.8%	91.6%	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)	87.1%	90.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	97.5%	97.5%	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)	76.7%	85.9%	82.9%	No statistical variation

Any additional evidence or comments
• The feedback from the national GP patient survey had improved in 2019.

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

Any additional evidence
• In response to below average feedback in 2018 regarding patients feeling involved in decisions about their care clinicians reviewed their consulting techniques. Consequently, a survey of a random sample of 38 patients found that all 38 were positive about having sufficient involvement in decisions about their care.

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 for those that required them.	

Source	Feedback
Comment cards	Feedback from comment cards was positive about the way staff communicated to assist patients understand their care and treatment.
Practice survey	The survey of 38 patients carried out by the practice and focused on involvement in care decisions also contained 10 specific references to effective communication by GPs.

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)	89.9%	95.8%	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 held a register of 310 carers. This equated to 1.9% of the registered patient population
How the practice supported carers (including young carers).	The practice identified carers during registration and at later points of contacts in clinical consultation. Carers were provided with information and guidance on where to access support, including access to carers courses, sharing experiences with other local carers, and personal support.
How the practice supported recently bereaved patients.	The practice told us that if a patient had suffered bereavement, contact would be made with them by letter to offer them support.

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

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	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
Explanation of any answers and additional evidence: • Premises improvement works were underway at Botley Medical Centre to provide additional space for consultations with GPs.	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	7am – 7.30pm (Extended hours between 7am and 8am and between 6.30pm and 7.30pm)
Tuesday	7.30am – 6.30pm (Extended hours between 7.30am and 8am)
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm (Extended hours between 7am and 8am and between 6.30pm and 8pm)
Friday	8am – 6.30pm
Appointments available:	
Monday	7am to 7.20pm
Tuesday	7.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	7am to 7.50pm
Friday	8.30am to 6pm

Patients could book appointment up to six weeks in advance. Urgent appointments were available on the day. The local GP federation also provided appointments between 6.30pm and 8.30pm on weekdays. Weekend appointments were also available for patients registered with the practice at

various locations in the area.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15,606	266	106	39.8%	0.68%

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)	97.9%	96.4%	94.5%	Tending towards variation (positive)

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

- Whenever possible, patients with multiple conditions had their needs reviewed in one appointment.
- 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: Good

Findings

- Additional appointments were available between 7am and 8am on two mornings each week for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students) — Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 7am on two mornings each week and from 7.30am on another morning. There were two evening clinics held every week. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.

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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
• Priority appointments were allocated when necessary to those experiencing poor mental health. • Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. • The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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
Explanation of any answers and additional evidence: • The practice took part in a local scheme providing an early home visiting service undertaken by paramedics. GPs reviewed requests for home visits to make a clinical judgement on whether a GP or paramedic visit was most appropriate to the patient's needs.	

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)	74.8%	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)	61.6%	73.2%	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)	57.4%	67.0%	64.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	65.4%	77.4%	73.6%	No statistical variation

Any additional evidence or comments
• The practice had appointed an additional salaried GP and one of the partners had increased the number of sessions they worked at the practice. When the new salaried GP took up their post more appointments would be made available on four days every week.

Source	Feedback
NHS UK	Of the six pieces of patient feedback in the last six months there was one negative comment about being given the wrong appointment time. We noted that the practice responded to all comments on this website and apologised when patients relayed a concern about the service they received.
CQC comment cards	There were 11 comment cards received of which 10 contained positive comments about access to appointments.

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.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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.	Partial
Explanation of any answers and additional evidence: • The practice had not linked the learning from a significant event to that from a complaint about a similar incident. Co-ordination of comparing complaints with significant events to combine learning could be improved.	

Example of learning from complaints.

Complaint	Specific action taken
Patients relative concerned that a diagnosis had not been made in a timely manner.	Reviewed protocols for referrals when potentially serious health problems may arise from symptoms described by patients.

Well-led Rating: Requires improvement

The practice continues to be rated as requires improvement for providing well-led services. Systems to identify, assess and mitigate risks to patient's welfare continued to be operated inconsistently.

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

Explanation of any answers and additional evidence:

- The practice had reviewed the demand for GP appointments against availability and had appointed a salaried GP to work four days each week. A GP partner had also increased their hours to provide increased numbers of appointments. The additional clinical time available each week would also release GP partners to review service provision.
- All of the practice management team were booked to attend a Royal College of General Practitioners two day management development event in November.
- The practice had supported formal management training for the incoming practice manager as part of a succession plan.

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes

Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
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

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

Source	Feedback
Staff interviews	The members of staff we spoke with told us that they felt well supported and received appropriate training to carry out their duties. They also said that partners and managers were available to help them when they sought assistance. Staff were confident to speak up, report concerns and knew how to identify significant events and report them.

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

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	No
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Explanation of any answers and additional evidence:

- Quality assurance processes at the time of inspection did not identify that data produced to support prescribing of high risk medicines was not accurate or that used in the system to safely continue prescribing of such medicines.
- Leaders were unable, at the time of inspection, to assure themselves that the system to monitor safety of prescribing was operated effectively because inaccurate safety reports were produced by the practice.
- Staff used a shared telephone messaging system to alert to any incidents or requirement for urgent staff cover.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Explanation of any answers and additional evidence:

- Leaders available during the inspection period had failed to identify that data extracted from the practice database relating to monitoring of prescribing high risk medicines was not accurate. The data from the practice system, produced in July, and made available at the inspection had not been used since that date.
- Outside of the inspection period the practice provided a correct data set that was used to monitor the safe prescribing of high risk medicines. This information was produced by a

member of staff that used the information contained in the data to monitor safe prescribing. Leaders at the practice were not aware of this data during the inspection and were not able to provide it.
- The practice failed to demonstrate resilience in providing and using data to manage safety. Production of such data was the responsibility of one member of staff and senior leaders did not have access to it to support the evidence provided at inspection. The correct data was not made available to clinical leaders until the inspection period had elapsed.

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:
- The practice met regularly with the CCG and shared learning from reviews of significant events.
- There was evidence of partnership working with other agencies to improve the care and treatment of patients diagnosed with diabetes.

Feedback from Patient Participation Group.

Feedback
• The patient participation group was active in both seeking and responding to patient feedback. We reviewed an extensive action plan arising from the national patient survey. The plan was agreed with the practice. It was prioritised and tracked. For example, the action to improve access to preferred GP was due for completion by November 2019. We noted that the practice had recruited an additional GP and was in the process of changing the appointment system to support this goal.

Continuous improvement and innovation

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

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

Explanation of any answers and additional evidence:

- The practice had researched and planned to introduce group consultations for patients diagnosed with long term medical conditions.
- An allotment project had been started to involve patients with long term mental health conditions and those with other long term medical conditions.

Examples of continuous learning and improvement

- All staff had been involved in the introduction of a new programme of care for patients diagnosed with diabetes.
- The staff team were actively involved in a redesign of the appointment system.
- A new telephone system had been introduced to provide a more timely response to incoming calls.

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.

- 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.

- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.