

# Care Quality Commission

## Inspection Evidence Table

### Wimbledon Medical Practice (1-6989164183)

Inspection date: 29 October 2019

Date of data download: 28 October 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

## Safe Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y <sup>1</sup>
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y <sup>2</sup>
Staff who acted as chaperones were trained for their role.	Y

There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> <li>1. We checked a sample of 5 training records during the inspection. Not all staff had completed the training recommended by intercollegiate guidance for their roles. <ul style="list-style-type: none"> <li>• Two GPs had not completed level three training in safeguarding vulnerable adults, in line with recently updated guidance. The GPs completed the training during the inspection.</li> <li>• The guidance on training for staff in keeping children safe from abuse was revised in January 2019, increasing the levels recommended for all non-clinical staff to level 2. The practice told us that it would increase the levels of staff when training was next renewed.</li> </ul> </li> <li>2. The practice had requested Disclosure and Barring Service (DBS) for all staff. One check (for a relatively newly recruited GP) had not yet been completed. The practice had a signed disclaimer from the GP that they knew of no issues that would appear on a DBS check. All staff had been asked to sign to say that they would inform the practice if they knew of anything, after the DBS check was completed, that would appear on a future DBS check.</li> </ol>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence that identity documents had been checked (because staff had NHS ID cards). However, the practice had not kept copies of the documents and recorded the date of check, as required by the Immigration, Asylum and Nationality Act 2006.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person.	Y
Date of last inspection/test:	22/03/2019

There was a record of equipment calibration. Date of last calibration:	Y 19/06/2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y 09/09/2019
There was a log of fire drills. Date of last drill:	Y 08/10/2019
There was a record of fire alarm checks. Date of last check:	Y 17/10/2019
There was a record of fire training for staff. Date of last training:	Y November 2019
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y January 2019
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y December 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y August 2019
Explanation of any answers and additional evidence: In addition to whole building risk assessments carried out by the practice and by the building management team, the practice had carried out risk assessments on particular subjects, including lone working, blocked escape access, pushchair storage and deliveries to the first floor without a lift.	

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	External 10/10/2019 Internal 27/02/2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	

## Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:  The test results system was not documented. There had been an incident where test results had not been reviewed in a timely way, when a GP was on annual leave, after which the system was tightened up.	

## Appropriate and safe use of medicines

**The practice had systems for the appropriate and safe use of medicines, including medicines optimisation, although they were not all fully documented.**

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) <small>(NHS Business Service Authority - NHSBSA)</small>	0.84	0.72	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	11.3%	10.7%	8.6%	No statistical variation

antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)				
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)	5.67	5.86	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)	1.35	1.18	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A

The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We checked a sample of high risk medicine prescribing. Most records showed appropriate monitoring had been completed. There were two instances where a high risk medicine had been prescribed without blood monitoring results being available. We heard that risk assessments had been completed, including of factors surrounding the person's care, the length of time that they had been stable on the medicine and the risk of not prescribing, but this risk assessment was not recorded.</p>	

### Track record on safety and lessons learned and improvements made

#### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	14
Number of events that required action:	14
<p>Explanation of any answers and additional evidence:</p> <p>We heard of one event (an instance where the system for ensuring that test results were reviewed in the requesting GP's absence failed) that could have benefitted from being reviewed as significant event, but was not.</p>	

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

Event	Specific action taken
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Death as result of sepsis following an infection	The practice reviewed the event to learn what could have been done better. All staff received training on how patients might present with sepsis and what actions to take if sepsis was suspected. The relatives received support. After the event was publicised in the local press, a number of people attended the practice concerned about contact with the person who died. This was recorded as a second significant event. The practice discussed what action to take, and offered all those who had had contact and who had symptoms a swab. Patients who tested positive were given treatment with antibiotics.
Work on trees outside the premises by the building management team resulted in a branch breaking through a window.	Although the window was not in a room used by the practice, it was reviewed as a significant event because the practice was open and patients or staff could have been injured if the branch had broken through a different window. The practice had not been made aware of the work before it started. The practice reminded the building management team of the need to be informed of such activities so that the risks could be assessed. The significant event review documented the risk assessment the practice would do, and the actions they would take to protect staff and patients (regardless of whether the practice were informed in advance).

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was no log of safety alerts reviewed and actions taken. We saw examples of actions taken on recent alerts for example, regarding sodium valproate, but the actions were not very well recorded. The practice told us that they would review the system for future alerts.</p>	



## Effective

## Rating: Requires improvement

We have rated the practice as requires improvement because many of the indicators on the Quality and Outcomes Framework (QOF) were statistically significantly below average.

The practice was registered with CQC in June 2019, after the end of the last QOF year. The results were carried over from the predecessor practice. Practice staff told us about the action the practice was taking to improve and we saw evidence that results had improved in the six months of the current QOF year, although results were generally not, so far, in line with average.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was generally delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. The practice was below average for carrying out both of the long-term conditions reviews that CQC considers: for asthma and COPD. Practice staff told us about the action the practice was taking to improve and we saw evidence that results had improved in the six months of the current QOF year, although results were generally not, so far, in line with average.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Partial <sup>1</sup>
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Partial <sup>2</sup>
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:  <ol style="list-style-type: none"><li>1. There were informal systems to keep staff up-to-date with guidance, but these were not documented or discussed as a standing item in clinical meetings.</li><li>2. The Quality and Outcomes Framework (QOF) measures how well practices do in reviewing patients with different long-term conditions. The practice was below average for carrying out both of the long-term conditions reviews that CQC considers: for asthma and COPD. The practice was registered with CQC after the</li></ol>	

end of the 2018/19 QOF year, but the results were carried over from the predecessor practice. Practice staff told us about the action the practice was taking to improve and we saw evidence that results had improved in the six months of the current QOF year, although results were not, so far, in line with average.

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) <small>(NHSBSA)</small>	0.80	0.51	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: Requires improvement**

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- However, uptake of annual reviews by patients of long-term conditions was below average. The practice was also below average for a number of outcome measures, for example, the percentage of patients with diabetes and well-controlled cholesterol.
- The practice was registered with CQC in June 2019, after the end of the 2018/19 QOF year, but the results were carried over from the predecessor practice. Practice staff told us about the action the practice was taking to improve and we saw evidence that results had improved in the six months of the current QOF year, although results were generally not, so far, in line with average.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial

fibrillation and hypertension. We also saw evidence that the practice had been working to increase the number of patients who had been diagnosed with a long-term condition, but not coded correctly on the clinical system, so that these patients could be offered reviews and monitoring. For example, the number of patients coded as having hypertension increased from 690 to 770 patients.

- The practice told us that some of the patients who had been identified as having a long-term condition had not received the recommended care and treatment by the predecessor practice for a number of years, and that some had poorly managed symptoms and were resistant to changes in their care, so improvement would take some time. The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions. Staff had been specific responsibilities to follow up patients who did not respond to invitations to reviews and the practice used a new text messaging system to send invitations. Patients who did not attend received small quantities of their prescription medicines until their care had been reviewed.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	69.4%	74.8%	79.3%	Tending towards variation (negative)
Exception rate (number of exceptions).	1.6% (4)	10.1%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	60.5%	71.4%	78.1%	Variation (negative)
Exception rate (number of exceptions).	2.4% (6)	8.6%	9.4%	N/A
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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	61.9%	75.6%	81.3%	Significant Variation (negative)
Exception rate (number of exceptions).	4.0% (10)	10.8%	12.7%	N/A
Any additional evidence or comments:				

- The indicators for diabetes changed for the Quality and Outcomes Framework 2019/2020. The indicator for HbA1c changed to be HbA1c is 58 mmol/mol or less. The practice showed us unvalidated data that showed an achievement of 59% between April 2019 and October 2019.
- The indicator for blood pressure for patients with diabetes has not changed. The practice showed us unvalidated data that showed an achievement of 73% between April 2019 and October 2019.

Other long-term conditions	Practice 2018/19	CCG average	England average	England comparison	Unvalidated data for: April – October 2019
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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	43.3%	73.7%	75.9%	Significant Variation (negative)	58%
Exception rate (number of exceptions).	1.3% (4)	2.6%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	20.9%	88.6%	89.6%	Significant Variation (negative)	59%
Exception rate (number of exceptions).	1.1% (1)	6.1%	11.2%	N/A	0% (0)

#### Any additional evidence or comments

The practice was registered with CQC in June 2019, after the end of the last QOF year. The results were carried over from the predecessor practice. Practice staff told us about the action the practice was taking to improve and we saw unvalidated evidence that results had improved in the six months of the current QOF year, although results were not, so far, in line with average.

Indicator	Practice	CCG average	England average	England comparison	Unvalidated data for: April – October 2019
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	72.5%	78.2%	83.0%	Variation (negative)	80%
Exception rate (number of exceptions).	1.3% (9)	3.4%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	76.1%	88.2%	91.1%	Variation (negative)	81%
Exception rate (number of exceptions).	2.9% (2)	6.2%	5.9%	N/A	

## 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 has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators.
- 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.
- 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)	122	128	95.3%	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)	97	107	90.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	98	107	91.6%	Met 90% minimum
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)	98	107	91.6%	Met 90% minimum

## Working age people (including those recently retired and students)

## Population group rating: Requires improvement

### Findings

- 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.
- The practice had not met the 80% target for cervical cancer screening. Staff members had been given specific responsibility to invite patients for screening and the practice was using new text messaging software to send invitations. We saw evidence that the uptake of cervical screening had increased, although not yet to in line with the target.
- 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)	64.5%	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)	71.3%	67.7%	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)	55.3%	48.6%	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)	82.6%	71.7%	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)	34.5%	50.2%	51.9%	No statistical variation

## 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.
- 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:  
Requires  
improvement**

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. However, uptake of reviews and care planning by people experiencing poor mental health was below average.
- The practice was registered with CQC in June 2019, after the end of the 2018/19 QOF year, but the results were carried over from the predecessor practice. Practice staff told us about the action the practice was taking to improve and we saw evidence that results had improved considerably in the six months of the current QOF year, although results were not all, so far, in line with average.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison	Unvalidated data for: April – October 2019
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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	24.6%	86.0%	89.4%	Significant Variation (negative)	81%

Exception rate (number of exceptions).	1.6% (1)	8.2%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	34.4%	85.4%	90.2%	Significant Variation (negative)	62%
Exception rate (number of exceptions).	1.6% (1)	6.5%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	19.6%	79.7%	83.6%	Significant Variation (negative)	85%
Exception rate (number of exceptions).	5.6% (3)	3.8%	6.7%	N/A	

### Monitoring care and treatment

**The practice had a 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)	371.2	520.9	537.5
Overall QOF score (as a percentage of maximum)	66.4%	93.2%	96.2%
Overall QOF exception reporting (all domains)	2.7%	5.0%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
<b>Any additional evidence or comments</b>	
Reviews of reviewed unplanned admissions and readmissions were carried out informally.	

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

The practice reviewed referrals every week.
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Quality improvement activity had been focused on improving the recorded prevalence of long-term conditions and improving the number of patients receiving reviews and having well controlled symptoms.

There had been two complete audits: on cervical screening and antibiotics. The antibiotic audit showed that between the first and second cycles the percentage of prescriptions in line with guidance increased from 57% to 75%, and the number of prescriptions as a whole fell. A number of one cycle audits had been carried out in 2019, including on the prescribing of lithium and warfarin, and on treatment for gout.

## 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The practice did not carry out appraisals for salaried GPs, and relied on the national system of GP appraisal.	

## 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 (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Partial
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice continued to support patients to stop smoking, although this was no longer funded (when the service was centralised).	
Explanation of any answers and additional evidence: In 2018/19 the practice was below average for reviews of patients with asthma and COPD and for recording patients smoking status and the alcohol consumption of patients with poor mental health. We saw evidence that there had been improvement April – October 2019, but not yet to the level of the most recently published national averages.	

Smoking Indicator	Practice	CCG average	England average	England comparison	Invalidated data for: April – October 2019
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 (01/04/2018 to 31/03/2019) (QOF)	89.0%	93.6%	95.0%	Variation (negative)	84%
Exception rate (number of exceptions).	0.5% (6)	0.6%	0.8%	N/A	

### Consent to care and treatment

**The practice obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	N/A
Explanation of any answers and additional evidence:	

## Caring

**Rating: Good**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence:	

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

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9467.0	318.0	95.0	29.9%	1.00%

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)	87.1%	84.7%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general	83.3%	83.2%	87.4%	No statistical variation

practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)				
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)	96.7%	93.4%	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)	89.7%	81.0%	82.9%	No statistical variation

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

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Practice staff told us how they adapted their communication to meet the needs of patients. There were no easy read/pictorial materials, staff told us that they spent extra time communicating verbally.	

Source	Feedback
Feedback from patients.	Patients told us that they generally felt well cared for.

### 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	93.2%	90.2%	93.4%	No statistical variation

decisions about their care and treatment (01/01/2019 to 31/03/2019)				
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	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	N
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	49
How the practice supported carers (including young carers).	The practice offered flu jabs and informal support, including signposting to support services.
How the practice supported recently bereaved patients.	The practice contacted recently bereaved patients and had information available about support services.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

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

## 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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	N
Explanation of any answers and additional evidence: At the time of the inspection, the practice was meeting the information and communication needs that had been identified opportunistically, but was not asking patients on registration whether they had any information or communication needs. Shortly after the inspection, the practice updated its registration form to ask patients to self-identify any information or communication needs.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	7.00am to 8am and 8.30am to 6pm
Tuesday	8.30am to 6pm

Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm and 6.30pm to 8pm
Friday	7.00am to 8am and 8.30am to 5.30pm

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9467.0	318.0	95.0	29.9%	1.00%

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)	96.6%	93.2%	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.
- The practice cared for patients in a nursing home and in sheltered accommodation. A GP visited the nursing home once a week. A non-clinical staff member visited the sheltered accommodation regularly to support the residents with requests for medicines, with signposting to other services and booking home visits (where necessary).
- We contacted staff at the nursing home and sheltered accommodation to ask for feedback. Staff at both told us that the practice was responsive, helpful and provided very good care for the residents.

### People with long-term conditions

**Population group rating: Good**

#### Findings

- 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 nurse appointments were available until 8pm on a Thursday 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.
- 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.
- Appointments were available before 8am on Monday and Friday and until 8pm on a Thursday.
- 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 on Saturday and Sunday.
- The practice website had a number of health assessment forms available for patients to complete, e.g. travel risk, smoking status, asthma review. Through the website, patients were invited to send questions to Reception or to the Practice. The form stated that is not to be used for urgent queries and patients had to tick a box to confirm they understand that the response will be within two working days. Patients could also use the website to request fit notes, find a self-certification form, request referrals and track referrals.

## **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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence:	

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)	77.4%	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)	76.7%	68.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with	72.3%	67.3%	64.7%	No statistical variation

their GP practice appointment times (01/01/2019 to 31/03/2019)				
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)	83.2%	74.0%	73.6%	No statistical variation

Source	Feedback
NHS Choices	There were 8 reviews: three mention rude/unfriendly reception staff. One was unhappy with the amount of locum doctors (which the practice told us had been necessary until a full clinical staff was recruited). All of the reviews had been responded to. Two of the reviews had been logged and investigated as complaints by the practice, leading to discussions with staff about customer service.

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care, but final responses did not have the information that was required.**

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1
Explanation of any answers and additional evidence:  Not all of the final responses to complaints we reviewed had details of the NHS Ombudsman, for patients to contact if they remained dissatisfied. Shortly after the inspection we were sent a new template to ensure that final responses all had full details in future.	

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice fax machine broke, patient did not receive their medicine	The practice had contacted nearby pharmacies, but the patient received their medicines from a pharmacy further away that the practice had not contacted. The practice apologised to the patient and concluded that in future staff needed to extend the area of pharmacies contacted.

## 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:  There was a single lead GP, who was the lead for almost all of the governance processes. The GP planned to delegate some responsibilities to salaried staff now a full team was in place. There was succession planning in place for non-clinical staff.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

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**Culture**

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice’s speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	No
The practice had access to a Freedom to Speak Up Guardian.	No
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:  At the time of the inspection, the practice whistleblowing policy did not have details of an external contact for staff who wished to contact someone outside the practice. Shortly after the inspection we were sent an updated policy, which did have these details.	

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

Source	Feedback
Staff	Staff told us they were happy to work at the practice and felt well-supported.

**Governance arrangements**

**There were clear responsibilities, roles and systems of accountability to support good governance and management.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

**Managing risks, issues and performance**

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	

**Appropriate and accurate information**

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y

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

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	N/A
Explanation of any answers and additional evidence:	

### Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
The representative from the Patient Participation Group (PPG) told us that the practice had worked with the group on developments for the new practice, and particularly the new premises. The group was made up of members from the PPG of the predecessor practice. The practice was recruiting for new members, with a question on the registration form and an advert on the practice website.

## 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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

### Examples of continuous learning and improvement

The practice was focussing on the areas that had been identified for improvement, particularly the indicators of patient care measured by the Quality and Outcomes Framework. These were showing improvement.

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.