

Care Quality Commission

Inspection Evidence Table

Cambridge Medical Group 1-549891557

Inspection date: 9 October 2019

Date of data download: 24 September 2019

Overall rating: Good

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

Safe

Rating: Good

On 10 December 2018 the practice was rated inadequate in the safe domain because systems and processes were not sufficiently implemented to keep patients safe. The practice did not have systems to safely recruit staff, identify health and safety risks and could not demonstrate that the learning from significant events had been shared with practice staff.

At this inspection we found that considerable improvements had been made.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y

Safeguarding	Y/N/Partial
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the previous inspection we found that</p> <ul style="list-style-type: none"> • There was a safeguarding lead clinician named in the safeguarding policy, a deputy lead and a named administration lead. • We saw that safeguarding policies had been updated in March 2019. • The practice had produced safeguarding leaflets for patients regarding what is abuse and how to report it. The leaflets describe the types of abuse and how to recognise it in adults and children. • We saw evidence of regular safeguarding meetings within the practice. • The practice introduced a system of 'chaperone of the day', the name of the member of staff who was chaperoning is displayed on the daily practice timetable. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	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>At the last inspection we saw that not all staff had been recruited safely. At this inspection we looked at the files of three members of staff employed in the last year and found that all checks were undertaken in accordance with the practice recruitment policy.</p>	

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: November 2018	Y
There was a record of equipment calibration. Date of last calibration: January 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: March 2019	Y
There was a log of fire drills. Date of last drill: February 2019	Y
There was a record of fire alarm checks. Date of last check: 22 May 2019	Y
There was a record of fire training for staff. Date of last training: March 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 23 May 2019	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28 May 2019	Y
Explanation of any answers and additional evidence: The premises risk assessment had been completed and there was regular health and safety checks in place.	

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: March 2019	Y
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: We saw the practice had addressed issues previously raised such as improving the storage cupboard used for cleaning implements and other storage areas. The infection prevention and control (IPC) audit had been completed. The IPC nurse had also commenced monthly hand wash audits and regular monitoring. The damage to the flooring in the treatment room previously identified where the minor operations took place, had been replaced. The practice had introduced an IPC quiz to check the knowledge of staff this indicated when new or further training was required.	

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	Y

impact on safety.	
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Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: The practice had introduced a protocol to ensure there was daily oversight of test results. In the absence of the GP or nurse who ordered the test, the on-call GP would check and action at the end of the day. The practice manager monitored this process.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	1.15	1.11	0.87	Tending towards variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	10.1%	10.1%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	6.32	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)	1.56	3.32	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.	P
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.	Y
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	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	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 data-bbox="57 1169 807 1207">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1261 1509 1335">Audits of urinary tract infections and antibiotic prescribing showed that GPs were appropriately prescribing as per guidelines.</p> <p data-bbox="57 1388 1509 1462">We saw that the monitoring of patients' health in relation to the use of medicines including high risk medicines was regularly audited by the practice.</p> <p data-bbox="57 1561 1509 1668">Blank prescription received into the practice were not logged, they were however checked and monitored throughout the practice. On the day of the inspection the practice reviewed and amended their policy to include this initial check.</p> <p data-bbox="57 1677 983 1715">The practice does not have any controlled drugs on the premises</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong and have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	41
Number of events that required action:	41
Explanation of any answers and additional evidence: The practice provided documented evidence of a number of significant events that had been identified, documented, discussed and managed since the previous inspection. The learning and dissemination relating to significant events was shared with staff. All staff leads were invited to the significant event meetings.	

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

Event	Specific action taken
A new patient taking regular medicines was not reviewed on registration.	The practice implemented a new policy to ensure all patients' taking multiple medicines had an appointment with the GP for a review on registering with the practice.
GP forget to ensure a two-week rule request was actioned.	The practice developed a new policy to ensure that patients did not leave the practice until an appointment was made. The practice manager audited the process to ensure the policy was being followed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: We saw examples of actions taken on recent alerts for example, fluoxetine.	

Effective

Rating: Good

Effective needs assessment, care and treatment

At the inspection on 10 December 2018 the practice was rated as requires improvement because there was limited monitoring of the outcomes of care and treatment. Some performance data was significantly below local and national averages and the practice could not demonstrate that sufficient staff training was taking place.

At this inspection we saw considerable improvements were evident when we returned regarding staff training and the internal monitoring of practice's performance. However, we rated the practice as requires improvement in one population group due to the low cancer diagnosis and uptake of cervical smears.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: The practice had introduced the use of a clinical decision and support tool (Arden's). It provided clinicians with easy access to evidence-based resources, promoted best practice, prescribing and patient safety. The practice had introduced care navigators. The care navigator role gives non-clinical staff the skills to help patients navigate the care system and access the right support at the right time.	

Prescribing	Practice performance	CCG average	England average	England comparison
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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)	0.58	1.01	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 had introduced a dedicated phone line for the house bound and those aged over 90.
- The practice followed up on older patients discharged from hospital. It ensured that their care plan 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.
- 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 demonstrated how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for risk of stroke 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.7%	81.8%	79.3%	No statistical variation
Exception rate (number of exceptions).	18.5% (67)	15.9%	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>	78.2%	78.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	15.2% (55)	12.2%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.5%	83.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	14.9% (54)	14.5%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	71.2%	75.1%	75.9%	No statistical variation
Exception rate (number of exceptions).	9.6% (43)	12.0%	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>	87.4%	87.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	9.6% (16)	15.5%	11.2%	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 (01/04/2018 to 31/03/2019) (QOF)	85.0%	84.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.9% (47)	4.8%	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)	88.9%	91.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	4.1% (5)	4.3%	5.9%	N/A

Any additional evidence or comments

Following the last inspection in December 2018 the practice reviewed the QOF results and looked at the possible causes for the poor results. The practice identified coding issues and a heavy usage of GP locums. Following this the practice introduced a GP and nurse lead for QOF. Staff were also provided with coding training. The practice decided to stop using GP locums, and have not used locums for the past six months.

The practice staff proactively undertook opportunistic reviews of long-term conditions.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the WHO based national target of 95% (the recommended standard for achieving immunity) for the four childhood immunisation uptake indicators given at aged two. The clinical staff were aware of this and were proactively promoting immunisation and working with other organisations to promote this.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.

- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	59	64	92.2%	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)	72	79	91.1%	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)	71	79	89.9%	Below 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)	72	79	91.1%	Met 90% minimum

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

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Any additional evidence or comments
The practice was proactively promoting child immunisations.

Working age people (including those recently retired and students)

Population group rating: requires improvement

Findings
<ul style="list-style-type: none"> The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice offered early morning and late evening appointments. 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)	72.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.2%	70.9%	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)	57.3%	53.6%	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)	36.7%	62.7%	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)	52.6%	50.3%	51.9%	No statistical variation

Any additional evidence or comments

The practice was offering opportunistic screening and using a range of initiatives to promote uptake of cervical cancer screening.

There was a display in the reception area promoting cervical screening, offering patients a range of initiatives to access screening at a time that suited them. They also encouraged patients to bring a buddy if it helped them.

The NHS, local councils and businesses had got together to introduce a new scheme called 'Screen Stars', where local businesses and hair salons were offering discounts following screening. They ranged from hair, beauty treatments, fitness classes, restaurants and shopping.

Reception and administration staff wore a pink tea shirt with logos promoting cervical smear.

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 considered 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.
- The practice reviewed young patients at local residential homes.

**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.
- 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.
- 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 (01/04/2018 to 31/03/2019) (QOF)	97.6%	90.3%	89.4%	No statistical variation
Exception rate (number of exceptions).	22.6% (12)	15.1%	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) (QOF)	95.3%	90.8%	90.2%	No statistical variation
Exception rate (number of exceptions).	18.9% (10)	11.6%	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) (QOF)	89.8%	84.5%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.8% (3)	9.2%	6.7%	N/A

Any additional evidence or comments

The practice told us they were using opportunistic screening and follow up calls to encourage patients to attend for screening.

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)	464.6	522.1	537.5
Overall QOF score (as a percentage of maximum)	83.1%	93.4%	96.2%
Overall QOF exception reporting (all domains)	6.3%	7.3%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used	Y

information about care and treatment to make improvements.	
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

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

The practice had developed an audit plan of fifteen audits up until February 2020. Five of the audits had now been completed.

The provider carried out an audit of prescribing in urinary tract infections to check if the practice was following national guidelines and improve prescribing. This was reviewed regularly, and it showed a marked improvement with 100% of prescribing following the National Institute for Health and Care Excellence (NICE) guidance.

The practice had undertaken an audit to look at the prescribing of Vitamin B to check they were following NICE guidance. The practice identified 12 patients with an alcohol disorder and no other associated condition who were taking vitamin B and a further three patients where vitamin B was indicated. The patients with alcohol disorders had their vitamin B stopped. Following the audits, the practice introduced:

- Face to face patient assessment.
- Detailed history and examination before prescribing Vit B compound strong.
- Clear documentation of the indication for prescribing Vit B strong.
- Detailed review of patient's ongoing needs.
- Involvement of the practice pharmacist in the management of this patient group.

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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had introduced late morning clinical meetings to allow discussion and support for GPs and nurses.</p> <p>The practice had commenced informal review of the nurse practitioner consultation and prescribing. Following the inspection, the practice had decided to make this a formal process.</p>	

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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or	Y

organisations were involved.	
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that a Palliative Care consultant had attended a recent meeting to assist the practice in providing the best care for palliative care patients.</p> <p>Following analysis of a recent significant event the practice has introduced a policy to ensure requests by palliative care patients for a home visits were always actioned.</p>	

Helping patients to live healthier lives

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

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

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	99.9%	95.9%	95.0%	Significant Variation (positive)
Exception rate (number of exceptions).	1.0% (16)	0.8%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Requires improvement

Kindness, respect and compassion

On the 10 December 2018 we rated the practice as requires improvement for providing caring services because the national GP survey results showed that patients said that last time they had a general practice appointment the clinician was not good at listening to them. The rating remains unchanged from this inspection due to some below average results in the national GP survey

	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: We saw the practice had compiled a carers support pack which was given to carers. The information provided useful information of support available in the practice and across the town.	

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	8
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	4

Source	Feedback
CQC Comment cards	Patients told us they thought the practice had improved, they were able to access appointments, they felt listened to. They described the care as good and excellent. We also received four comments that told us some patients felt the service was poor, there were long waits for appointments with named GPs of between three to four weeks
Patient questionnaires	We received ten completed questionnaires. Some patients described the practice as excellent and vastly improved. Patients also commented on long waits for appointments between three to four weeks but commented that same day appointments were available.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6487.0	303.0	109.0	36.0%	1.68%

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)	73.7%	89.8%	88.9%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	72.8%	89.0%	87.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	87.8%	95.3%	95.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	53.1%	83.3%	82.9%	Significant Variation (negative)

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

Any additional evidence
The practice had undertaken a patient satisfaction audit with the help of the patient participation group (PPG).

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
We saw a range of information available in the practice and easy read material available.	

Source	Feedback
Interviews with patients.	Most patients told us they felt that the practice was continuing to improve.

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)	89.7%	92.5%	93.4%	No statistical variation

Any additional evidence or comments
The practice had undertaken a short patient survey to assess if patients thought the practice was

improving.

Since the last inspection the practice has not used GP locums and had increased the number of GP s and administration staff.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	N
<p>Explanation of any answers and additional evidence:</p> <p>Following the last inspection, the practice had purchased an information screen to display practice and health promotion information.</p> <p>The practice has a 'Self-Help Centre' link on their web site, this linked to health promotion guides.</p>	

Carers	Narrative
Percentage and number of carers identified.	133. carers had been identified this was 2 % of the practice population.
How the practice supported carers (including young carers).	Seasonal influenza vaccines were offered, and carers were signposted to organisations that would be helpful. Carers were provided with an information pack to assist them. The youngest carer identified was 25 years old.
How the practice supported recently bereaved patients.	A telephone call was made to the bereaved person by their named GP.

Privacy and dignity

The practice respected always respect patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Following comments received at the previous inspection the practice has placed a sign asking patients to stand back from the reception desk to allow confidentiality to the person in front of them.</p>	

If the practice offered online services:

	Y/N/Partial
Patients were informed, and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

Responsive

Rating: Good

On the 10 December 2018 we rated the practice as inadequate for providing responsive services because:

- The national GP patient survey results showed that patients were not always able to access care and treatment in a timely way.
- The practice could not show that learning from complaints was shared with all staff.

At this inspection we found improvements were evidenced. The nation patient survey results remain poor however the practice has acted to address these poor results and patient indicated on the day of inspection that they had seen some improvement in the service provided to them.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available:	
Monday	Drs appts 8.10am to 4.10pm. Nurse appts 7.30am to 5.30pm
Tuesday	Drs appts 8.10am to 4.10pm Nurse appts 7.30am to 5.30pm
Wednesday	Drs appts 8.10am to 4.10pm Nurse appts 7.30am to 5.30pm
Thursday	Drs appts 8.10am to 4.10pm Nurse appts 7.30am to 5.30pm
Friday	Drs appts 8.10am to 4.10pm Nurse appts 7.30 am to 5.30 pm

Extended hours appointments	Monday, Tuesday and Thursday 7.30 am to 8 am Wednesday :7.20 am to 8 am and 6.30 pm to 8 pm
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National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6487.0	303.0	109.0	36.0%	1.68%

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)	91.4%	94.7%	94.5%	No statistical variation

Any additional evidence or comments

The practice had undertaken a patient satisfaction audit with the help of the patient participation group (PPG). The practice asked six questions, below are an example of some of the issues raised and the action from the practice:

- 45% of patients reported that it was not very easy to get an appointment. Action: The practice employed another nurse practitioner. However, at the time of the inspection the second nurse practitioner was leaving. The practice told us they have a practice nurse commencing in November.
- 55% of patients reported that it was not very easy to get through to the practice on the telephone. Action: The practice added an additional member of staff from 08:00 until 09:30 to answer early morning calls. To improve access further for vulnerable patients an additional telephone line for housebound patients, patients over 90 years of age and care home patients was created.

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, 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

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- 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 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.
- Parents with concerns regarding children under the age of 10 could access appointments on the same day where needed.

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 offered a range of early and late opening during the 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.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. A longer appointment was given so that the patient could have all their needs met at one time.

**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 necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had introduced a process to audit home visits. The GPs and nurse practitioner undertook home visits. One of the nurse practitioners has recently left the practice and the GPs were now undertaking all home visits.</p> <p>The nation patient survey results remain poor however the practice has acted to address these poor results and patient indicated on the day of inspection that they had seen some improvement in the service provided to them.</p>	

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)	34.4%	N/A	68.3%	Significant Variation (negative)
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)	40.7%	66.5%	67.4%	Variation (negative)
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)	34.3%	66.3%	64.7%	Variation (negative)
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)	54.4%	74.0%	73.6%	Variation (negative)

Source	Feedback
For example, NHS Choices	During the past year there has been three comments left on NHS choices web site. The star rating goes from one to five stars. Since March when the one-star rating was left the rating has steadily improved. The comments recognised the previous problems and stated the service was improving.

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.	10
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	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: Information regarding complaints and outcomes was shared with all clinicians. There was some evidence showing improvements had been made following the outcome of complaints.	

Example(s) of learning from complaints.

Complaint	Specific action taken
End of life patient seen by GP and two days later seen by Out of hours service and prescribed antibiotics. Two days later requested a home visit and it was declined by the practice.	Following this incident, the practice had implemented a policy to ensure that all palliative care patients requesting a home visit were seen at home by the GP.
Patient unable to get through to the practice to cancel an appointment	The practice had reviewed the telephone systems, increased the number of staff answering calls and establishing dedicated lines for vulnerable patients.

Well-led

Rating: Good

On 10 December 2018 the practice was rated Inadequate in the Well Led domain because arrangements for identifying, monitoring, recording and managing risks, and patient safety were not effectively managed. The practice's overall governance systems were weak. The practice leaders did not demonstrate awareness of the potential safety issues within the practice.

At this inspection we found that significant improvements had been made regarding the leadership and governance at the practice,

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

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: The practice had developed a strategy and vision which the staff were aware of.	

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.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff interviewed said they were able to raise concerns and their concerns were listened to. Staff told us they were aware of the whistle blowing procedure.</p> <p>The number of meetings had been increased at departmental and practice level. The practice had also employed an administrative team leader.</p>	

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

Source	Feedback
Staff interviews	Staff told us they enjoyed working at the practice and felt supported by the managers. Two members of staff told us that they had postponed their retirement from the practice because the practice had changed and improved over the last year.

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:

Systems in the practice were now regularly reviewed and there were processes in place to ensure this was ongoing. Staff were clear about their roles and responsibilities.

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

Appropriate and accurate information

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

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
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: Since the last inspection the practice had formed a PPG group which had eight members who were keen to support the practice to develop and improve services.	

Feedback from Patient Participation Group.

Feedback
We spoke with a representative of the PPG which had been formed since the last inspection. The group had met regularly and had worked with the practice to address the issues raised across the practice. They had been involved with patient and staff surveys. There was a dedicated information board in the practice and the group were proactive and enthusiastic in improving the service.

Any additional evidence

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: We saw an improvement in the approach to continuous learning and development with an annual training plan, access to on- line training and educational events.	

Examples of continuous learning and improvement

The practice had created a culture of continuous learning, review and development.

One of the GPs had completed further training to become a GP trainer and the practice is planning to establish the practice as a training practice in the future.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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