

Care Quality Commission

Inspection Evidence Table

Picton Green Family Practice (1-547225172)

Inspection date: 11 December 2019

Date of data download: 10 December 2019

Overall rating: Good

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

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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
Explanation of any answers and additional evidence:	

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) (01/10/2018 to 30/09/2019) (NHSBSA)	2.33	1.04	0.74	Variation (negative)

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.
- Home visits were offered for patients who could not attend the practice.
- Most of the patients who were prescribed hypnotics had been taking these medicines for many years and were receiving support to reduce their use. GPs were not doing any new long-term prescribing of these drugs and we saw examples of weekly prescribing in place.

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. However, the practice informed us that a significant proportion of patients did not attend these reviews.
- The practice was proactively working on improving attendance of annual health checks and medicine reviews. Work was ongoing with educating the practice population and they had held health events at the practice in addition to providing information in a range of languages. Discussions about the importance of these checks also took place with patients. There was a lower than national and CCG average exception rate which indicated that they continued to encourage patient attendance.
- 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. Multidisciplinary meetings and shared access to patient records supported this.

- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- 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) (QOF)	59.9%	79.0%	79.3%	Variation (negative)
Exception rate (number of exceptions).	3.4% (6)	13.5%	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) (QOF)	57.7%	78.4%	78.1%	Variation (negative)
Exception rate (number of exceptions).	5.6% (10)	10.0%	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) (QOF)	67.6%	83.5%	81.3%	Variation (negative)
Exception rate (number of exceptions).	4.5% (8)	12.3%	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) (QOF)	73.0%	74.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.3% (2)	9.2%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a	91.9%	88.6%	89.6%	No statistical variation

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) (QOF)				
Exception rate (number of exceptions).	8.6% (7)	9.3%	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)	71.8%	82.8%	83.0%	Variation (negative)
Exception rate (number of exceptions).	3.9% (11)	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)	76.0%	90.5%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.8% (1)	6.0%	5.9%	N/A

Any additional evidence or comments

Although some of the data shows negative variations there was very low exception reporting. The provider was continuing work to improve their attendance rates for reviews and was aware that exception reporting may improve figures however worked towards ensuring all patients had ample opportunity to attend.

The provider was proactively working to encourage patients to attend health reviews by providing information by written invitations, telephone calls and opportunistically when they attended the practice.

Families, children and young people

Population group rating: Good

Findings

- The practice had not met the minimum 90% target for all four childhood immunisation uptake indicators. However, the provider told us that the patient population group was difficult to engage to attend and so the practice was working in various ways to try to improve.
- The practice contacted the parents or guardians of children due to have childhood immunisations by telephone and in writing. They also participated in an initiative to improve attendance which involved home visits and providing information translated into relevant languages.
- 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 ensured that when appointments were requested with concerns about a child under

five years old they were seen the same day.

- 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- Young people were referred to local services for sexual health and contraception.

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)	45	58	77.6%	Below 80% uptake
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)	49	62	79.0%	Below 80% uptake
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)	51	62	82.3%	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)	52	62	83.9%	Below 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>

Any additional evidence or comments

The provider was participating in an initiative to increase education and awareness of the importance of immunisations with the local community. This involved following up non-attendance with home visits and provision of suitable information. The practice was also referring those patients who had not attended within their cohort to a community team to follow up.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The cervical cancer screening uptake was below the 80% coverage target. The practice was participating in initiatives to improve this at the time of the inspection.
- 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.
- The practice offered an extended hours service on a Tuesday evening until 8pm.
- Telephone appointments were available which assisted patients who were unable to attend the practice.

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). (31/03/2019 to 30/06/2019) (Public Health England)	57.8%	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)	46.7%	63.2%	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)	47.1%	50.1%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	71.4%	75.1%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	50.0%	47.4%	53.8%	No statistical variation

Any additional evidence or comments

The practice had plans to continue working towards improving uptake of cancer screening and reviews of patients diagnosed with cancer. However, there were no formal action plans in place.

To address the low number of attendance for cervical cancer screening the provider was monitoring attendance, using alerts on the patient record system, telephoning and writing to patients who had not attended, providing opportunistic screening and information in relevant languages.

The provider had participated in initiatives to promote breast screening awareness. The practice participated in a workshop to increase uptake which led to an initiative to assist patients with transport to attend screening at a secondary care site.

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: **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.
- 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
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	87.5%	88.8%	89.4%	No statistical variation

31/03/2019) (QOF)				
Exception rate (number of exceptions).	13.0% (6)	8.8%	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)	88.4%	87.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	6.5% (3)	6.6%	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)	100.0%	83.1%	83.6%	Variation (positive)
Exception rate (number of exceptions).	0.0% (0)	6.8%	6.7%	N/A

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)	467.6	No Data	539.2
Overall QOF score (as a percentage of maximum)	83.7%	No Data	96.4%
Overall QOF exception reporting (all domains)	4.2%	No Data	No Data

	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

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

<p>The practice had participated in administrative and clinical audits.</p> <p>Administrative audits included a consultation review that showed not all diagnosis' were read coded appropriately in patient records. Action was taken to ensure clinicians were aware of the importance of coding. A re-audit showed that within 12 months this had been fully addressed.</p> <p>The practice conducted an audit focussed on childhood immunisations uptake. Work was conducted to focus on encouraging patient attendance and update the patient list.</p>

<p>Audits of medicines prescribed to female patients of child-bearing age and audits of high-risk medicines were ongoing to ensure appropriate prescribing.</p> <p>The practice took part in an audit to identify and support patients at the end of their lives. Following this, a reception staff member took a lead role in providing regular support to these patients and liaising with clinical staff to ensure they received the care they required.</p> <p>An audit was conducted to ensure that timely appointments were received for patients who had been referred through the two week wait cancer referral pathway.</p>
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Any additional evidence or comments

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
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
Explanation of any answers and additional evidence:	

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)	Y

(QOF)	
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
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.	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:	

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) (QOF)	93.7%	94.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.1% (6)	0.9%	0.8%	N/A

Any additional evidence or comments

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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
Explanation of any answers and additional evidence:	

Well-led

Rating: Requires Improvement

The rating has moved from good to requires improvement because:

- There was no clear action plan for improving patient outcomes.

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:	
The partners had introduced a number of changes to meet patient needs and increase capacity including recruitment of an advanced nurse practitioner.	
All staff told us that as the GP was on site at all times they were always accessible and were supportive.	

Vision and strategy

The practice had a clear vision but it was not supported by a credible strategy to provide high quality sustainable care.

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Partial
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 a strategy that was part of their business plan. This outlined the focus for the next three years with interim measurements for progress and included improving performance on the Quality Outcomes Framework (QOF), staffing review and developing online services. However there was not a clear and specific action plan in place for addressing this.	

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.	N
The practice had access to a Freedom to Speak Up Guardian.	N
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
The provider was unaware of the role of the Freedom to Speak Up Guardian at the time of the inspection and the contact details were not included in the Whistleblowing policy for staff to access. The clinical commissioning group (CCG) did not provide this role at the time of the inspection and this was therefore	

unavailable for the practice. However, the information about the role and access to a national freedom to speak guardian was also absent from the policy.

We reviewed the system to manage complaints and found that appropriate investigations and action took place when patients raised concerns. However, we saw that this information was not always fully detailed in the complaints log and there was a lack of analysis with trends for complaints. We could therefore not be assured that there was full oversight with regards to the management of this system.

We saw examples where staff showed understanding of the duty of candour, were open and honest with patients and timely communications and apologies given where required. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

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

Source	Feedback
Staff interviews and observations	<ul style="list-style-type: none"> • Staff told us they felt comfortable to raise any concerns, were encouraged to do so and felt that action would be taken effectively. • Staff told us they felt valued. • Staff showed that patients were the focus of the service and that person-centred care was provided. • We saw positive communications between staff of all levels.

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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider did not have a clear and documented system to monitor, review and show progress against performance against targets for improving patient outcomes.</p> <p>We saw that all staff were clear of their roles and responsibilities which were outlined in their recruitment files and that training and appraisals supported them to deliver.</p> <p>All policies and procedures were reviewed by the practice manager annually and updated when required.</p>	

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Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. However, we saw that one system was not robust.

	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.	Partial
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: We reviewed a range of risk assessments in place to ensure the safety of patients and staff . There were systems to ensure that staffing levels were meeting patient demand. Systems were in place to receive and respond to patient safety alerts, significant events and complaints.	

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:	

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:	
The practice held monthly meetings with the entire practice team and protected time for training and development sessions. Staff told us their views were reflected and changes had taken place because of their suggestions to improve the service for patients.	

Feedback from Patient Participation Group.

Feedback
We met with five members of the patient participation group (PPG). The group met four times per year with meetings attended by the practice manager. They told us they were informed of changes to the practice and asked for their ideas to improve.

Any additional evidence
The practice participated in the NHS Friends and Family Test (FFT). We saw that for October and November 2019 100% of patients were likely or extremely likely to recommend the service.
As part of the inspection CQC provided comment cards for patients to complete and provide feedback about the service. Twenty-three comment cards were completed. Twenty-one were positive including comments about helpful staff and feeling valued. Two mixed comments highlighted appointments being an issue at times.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	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 had taken part in health awareness events with partner organisations to try to improve attendance for cancer screening and vaccinations.

Following review of feedback from patients the practice provided appointments with the advanced nurse practitioner (ANP) during extended hours on a Tuesday evening as it had been identified that appointments outside of school and core working hours were sought after.

The practice was part of a Primary Care Network (PCN) and was sharing information across the group to improve services for patients.

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.