

# Care Quality Commission

## Inspection Evidence Table

### Concord Medical Centre (1-565782363)

Inspection date: 19 September 2019

Date of data download: 18 September 2019

## Overall rating: Good

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

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• There were monthly safeguarding meetings where patients at risk were discussed.</li><li>• Children who did not attend for appointments were routinely followed up to establish the reasons and take action where necessary.</li><li>• Staff demonstrated awareness of potential harm, for example, it was evident staff appropriately</li></ul>	

<b>Safeguarding</b>	<b>Y/N/Partial</b>
discussed female genital mutilation with a parent.	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All staff who were permanently employed had the required checks undertaken prior to starting employment. However, a locum member of staff who was used by the practice did not have a record of their immunisation status and training completed. In addition, there was no information on indemnity in place for a locum member of staff, the practice gave assurances that this would be actioned.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 15 May 2019	Y
There was a record of equipment calibration. Date of last calibration: 15 May 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: 1 October 2018	Y
There was a log of fire drills. Date of last drill: 14 September 2019	Y
There was a record of fire alarm checks. Date of last check: weekly	Y
There was a record of fire training for staff. Date of last training: ongoing	Partial
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: July 2018	Y
Actions from fire risk assessment were identified and completed.	Y

Explanation of any answers and additional evidence:

- All staff have received training that was deemed necessary by the practice, However, training records showed that there was no evidence to demonstrate that a locum member of staff had received fire safety training. Another member of staff who was due to retire had also not received a fire safety update in the last 12 months, as required by the practice.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: September 2018- due to be reviewed September 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2018- due to be reviewed September 2020	Y

## 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:	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

## Risks to patients

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

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

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice used a work load tool to assess capacity and demand. They used data from call log and AskMy GP, their online consultation service, to anticipate patients need and increased staffing numbers during busy times, for example, having more clinicians available on Monday mornings.</li> </ul>	

## 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

## 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)	0.66	0.78	0.87	Tending towards variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	9.0%	9.0%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.88	5.22	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)	1.23	2.08	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
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/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	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>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was a protocol in place for managing repeat prescriptions, to ensure that appropriate tests had been carried out prior to re-authorising.</li> <li>• Processes were also in place for high risk medicines, to ensure all necessary tests had been carried out prior to these being prescribed. However, we found that some patients had not had blood tests every six months in line with best practice, for example patients on amiodarone. Following the inspection, the practice informed us these patients were no longer prescribed the medicine. Invitations had been sent out by the practice for all patients concerned to attend for necessary blood tests.</li> <li>• Systems in place to encourage patients to attend for necessary blood tests, included not issuing a new prescription until the tests had been carried out.</li> </ul> <p>We looked at eight patient group directions (PGDs) in detail, out of a total of 21. We found there were shortfalls on the eight we looked at, which included:</p> <ul style="list-style-type: none"> <li>• Some PGDs had been authorised by a designated member of staff prior to staff who would be using the PGDs had signed.</li> <li>• Some PGDs were signed but there was no authorisation date entered.</li> <li>• All PGDs had entries made post authorisation, instead of staff being individually authorised to use the PGD.</li> </ul> <p>Immediate action was taken on the day of the inspection to rectify PGDs and the practice said that this would be kept under review to ensure it did not occur again.</p>	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	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:	16
Number of events that required action:	16
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Significant events were discussed in designated meetings and recorded on GP Team net, which is a system to store documents to enable viewing by all staff and other GP practices on the same system.</li> <li>When needed an explanation and full apologies were given to patients.</li> </ul>	

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

Event	Specific action taken
A patient had an abnormal electrocardiogram (ECG) which was reviewed by a duty GP, as the requesting GP who would have reviewed the ECG, had to go on an urgent visit. A test was done to exclude heart attack with a plan to do further tests if the patient had any further symptoms. However, four weeks after this incident the patient collapsed with a cardiac arrest.	<ul style="list-style-type: none"> <li>The incident was discussed in a clinical meeting in April 2019 where it was determined that an abnormal ECG would not necessarily be a rationale for particular course of action.</li> <li>The clinicians looked at what went well and what could be improved. As a result, the process was improved to assist with continuity and completeness of care.</li> <li>Changes were agreed, which included requesting the patient's GP to review an ECG, even if this was reviewed by the duty GP. The rationale for this was that the referring GP would have more knowledge of the patients' medical history.</li> </ul>

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, regarding sodium valproate. The practice carried out a search of their patients and invited them in to discuss whether they wished to become pregnant; change the medicine for an alternative one; or review contraceptive needs.	



## Effective

## Rating: Good

The practice was previously rated as Outstanding for providing Effective services. We inspected the provision of Effective services against the current Key Lines of Enquiry and found the practice to be characteristic of good for providing Effective services. The change from an Outstanding to a Good rating does not reflect a negative change in quality.

### 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
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: <ul style="list-style-type: none"> <li>The practice used Arden's templates on their computer system for care and treatment and these were linked to current guidance.</li> <li>The clinical call room set up facilitated staff being able to consult with clinicians about complex issues.</li> <li>A GP was based in reception daily and they had fewer booked patients, so were able to assist with the pharmacy electronic prescription service; and provide additional support for practice nurses and other health professionals.</li> </ul>	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics	0.32	0.68	0.75	Variation (positive)



Prescribing	Practice performance	CCG average	England average	England comparison
prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>				

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- 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.
- The practice proactively checked patients over 75 years of age who were not on a disease register to identify whether care and treatment was necessary.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	80.5%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	21.8% (165)	20.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	73.2%	78.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.2% (77)	14.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	79.8%	83.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.8% (112)	16.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	68.3%	75.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	14.0% (120)	12.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.5%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	19.9% (41)	14.7%	11.5%	N/A



Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.7%	82.3%	82.6%	Variation (negative)
Exception rate (number of exceptions).	6.2% (117)	6.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.3%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (2)	6.3%	6.7%	N/A

#### Any additional evidence or comments

The practice only excepted patients with long term conditions when it was clinically necessary to do so. A practice nurse focused on respiratory patients. Figures for 2018/19 showed the exception reporting rate for COPD was 8.1% and for asthma was 6.8%, which was an improvement on the previous year's data.

Exception reporting rates for diabetes indicators for 2018/19 were still above 10%. However, a healthcare assistant had been trained to undertake foot checks and alerts were placed on patients records to increase the number of patients having foot checks/reviews when they attended the practice.

Daily administration 'huddles' were held to monitor disease pathways, which included QOF monitoring and reviews of patients.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates for one of four indicators was above the World Health Organisation (WHO) target, and for three of four indicators met the 90% minimum.
- 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. GP visits schools to give talks.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice	Comparison
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			%	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)	177	183	96.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	149	159	93.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	149	159	93.7%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	149	159	93.7%	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>

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

Population group rating: Good

### Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to	74.8%	N/A	N/A	Below 80% target

49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.1%	70.6%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.3%	56.5%	54.4%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	57.1%	71.7%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	57.1%	53.9%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice had taken action to improve cervical screening uptake. They had identified that patients who did not attend for screening were unable to make appointments during working hours and subsequently did not attend. Therefore, the practice introduced early morning and evening appointments specifically for cervical screening and saw an increase in patient uptake of this screening. Published data for end of year 2018/19 showed that the overall achievement was 78%.
- An alert was placed on patient records to ensure that cervical screening was covered when patients attended for contraception checks.

#### 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 and had shared care with other services for patients on drug withdrawal programs.
- The practice reviewed young patients at local residential homes.
- The practice had access to a clinical pharmacist to carry out medicine reviews.
- The practice were aware of transgender patients and offered appropriate health checks and

support.

Some patients lived in safe houses and the practice had special arrangements in place to contact these patients.

## 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 medicines.
- 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 awareness training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	81.5%	93.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	16.9% (11)	21.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	70.9%	91.4%	90.0%	Variation (negative)
Exception rate (number of exceptions).	15.4% (10)	17.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	71.4%	82.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (2)	6.7%	6.6%	N/A



### Any additional evidence or comments

- Published QOF data for 2018/19 shows that exception reporting for 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 was 17.5%. Exception reporting for patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 14.3%. Exception reporting for recording alcohol consumption had risen to 28.6%. The practice had a mental health nurse, but it was not clear how they were going to improve the indicators for this area.
- The practice had a dedicated mental health nurse who provided care and treatment for the most complex patients. The practice process was to send three letters to patients, but there were no further specific interventions for patient with a mental health condition, for example home visits.

### Monitoring care and treatment

**The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	529.7	545.4	537.5
Overall QOF score (as a percentage of maximum)	94.8%	97.6%	96.2%
Overall QOF exception reporting (all domains)	6.1%	7.4%	5.8%

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

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

The practice ran leg ulcer clinics twice a week and reviewed data for the period September 2018 to April 2019 to assess whether doppler tests had been carried out within two weeks of a patient first attending the clinic, in line with current best practice.

They found:

- A total of 98 patients had been seen; 56 had received a doppler test, but none of these were within the two-week timeframe.

A new Doppler device was trialled which enabled the test to be carried out whilst a patient was dressed and did not have to rest prior to the test, making this more accessible for patients.

A re-audit was undertaken for the period April 2019 to August 2019, during which a total of 38 patients were seen.

Of these:

- 32 patients were tested within two weeks
- Two patients were on holiday and could not be tested within the two-week timeframe
- Four patients were tested within four weeks.

This demonstrated safer practice in line with guidance.

## 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
Explanation of any answers and additional evidence: There was a programme of staff training in place which was monitored. However, we found that one member of staff who was due to retire had not done the training as deemed necessary by the practice.	

## 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)	Y

We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## 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: <ul style="list-style-type: none"> <li>The practice coordinated monthly health walks to promote healthier living for patients.</li> <li>Text messages were used to signpost patients to support and relevant information. For example, when pregnant women had their baby a message was sent to congratulate them on the birth and signposting to information about physical issues women may experience after giving birth. Also, if new mother was feeling low they were advised to let the practice or health visitor know.</li> </ul>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.2%	94.0%	95.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.5% (15)	1.2%	0.8%	N/A

### Any additional evidence or comments

One of the practice nurses was focussing on respiratory care, which included chronic obstructive pulmonary disease (COPD). The practice nurse was proactively following up patients to improve recording of smoking status with a focus of improving support for these patients where needed.

## 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

## Caring

## Rating: Good

The practice was previously rated as Outstanding for providing Caring services. We inspected the provision of Caring services against the current Key Lines of Enquiry and found the practice to be characteristic of good for providing Caring services. The change from an Outstanding to a Good rating does not reflect a negative change in quality.

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	15
Number of CQC comments received which were positive about the service.	14
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Comments included that staff were caring, respectful, friendly and helpful.
Comment cards	Comments that were mixed related to the practice sending out written information when following up patients who needed monitoring of their condition. Patients considered it was impersonal and would have like more face to face input from clinicians to support them.
Interviews with patients	Patients said staff were caring and kind and supported them when needed.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14628	269	115	42.8%	0.79%

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)	85.7%	90.9%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	85.0%	89.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	94.2%	96.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	79.7%	85.3%	82.9%	No statistical variation

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

### Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients said they were involved in decisions about their care and the practice took time to ensure they understood their care and treatment.

### 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)	91.8%	95.2%	93.4%	No statistical variation

	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.	On request



Information about support groups was available on the practice website.	Y
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Carers	Narrative
Percentage and number of carers identified.	The practice had identified 400 patients who were also carers, this included 12 young carers, this represented approximately 3% of the practice population.
How the practice supported carers (including young carers).	Carers were offered a carers assessment by a local carers support centre. Assistance was given to arrangement appointments at a time convenient to the carer. When needed the practice arranged for the cared for patients' medicines to be delivered to their home, to support the patient who was the carer. Carers were encouraged to join the fortnightly health walk, which also provided a social opportunity to reduce isolation.
How the practice supported recently bereaved patients.	The practice sends condolence cards to bereaved patients and will contact them if needed to establish if any additional support was needed.

## Privacy and dignity

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

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

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

The practice was previously rated as outstanding for providing responsive services. We inspected the provision of responsive services against the current Key Lines of Enquiry and found the practice to have the characteristics of good for providing responsive services. The change from an outstanding to a good rating does not reflect a negative change in quality.

### 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
Explanation of any answers and additional evidence: Guidance was available for staff related to call handling, this included answering calls with a warm greeting and the importance of listening. The 'cloud' based phone system provided real time activity and data was visible across the practice, so when there were peaks in demand, staff who were not manning the telephones could go on line to handle calls.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am-7.30pm
Tuesday	7.30am-6.30pm
Wednesday	7.30am-6.30pm
Thursday	7.30am-6.30pm
Friday	8.30am -6.30pm
Saturday	8.30am-12.30am (pre-bookable routine only)
Telephone lines are open Monday to Friday from 8am to 6.30pm	
Types of appointments available:	
<ul style="list-style-type: none"> <li>• Same day</li> <li>• Pre-bookable/routine</li> <li>• Evening or weekend</li> <li>• AskmyGP- online service can book, request an email response, a telephone call, a video consultation or face to face appointment.</li> </ul>	

- Nurse urgent care- minor illness clinic

All patient requests for appointments were captured using the practice telephone and online systems. All patients were offered a consultation either on the telephone or face to face within 24 hours on average. The practice reported consistent positive feedback from patients regarding this system. Data they had collated over the past 11 months supported this.

Specialist clinics were separate to this appointment system.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14628	269	115	42.8%	0.79%

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)	91.6%	95.5%	94.5%	No statistical variation

#### Older people

#### Population group rating: Good

##### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.

#### People with long-term conditions

#### Population group rating: Good

##### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- On line consultations and extended hours appointments were available.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## **People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

### **Findings**

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

## Timely access to the service

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

National GP Survey results

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

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)	47.1%	N/A	68.3%	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)	60.4%	68.9%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	53.8%	64.4%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	65.4%	76.3%	73.6%	No statistical variation

#### Any additional evidence or comments

- In response to negative comments on NHS Choices, the system for contacting the practice had been improved since our previous inspection. Patients were able to either telephone the practice or request appointments and consultations online. Additional staff handled calls during peak times to improve patient experience in getting through to the practice.
- The preferred method of contact was noted at the time of a request for an appointment and figures collated by the practice showed that more patients are seen face to face than those that have requested this; latest figures showed that 90% of patients have a consultation with their preferred clinician.

Source	Feedback
Practice feedback	<ul style="list-style-type: none"> <li>• The practice monitored the Friends and Family Test and also asked for</li> </ul>

	<p>feedback from patients when they used they telephoned or used online services. Feedback collected by the practice showed that patients were positive about this system.</p> <ul style="list-style-type: none"> <li>• CQC comment cards were positive about contact with the practice.</li> </ul>
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## 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.	12
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained they heard a confidential conversation between a GP and another member of staff.	A full apology was given to the patient and the GP reminded about confidentiality.

## Well-led

## Rating: Good

The practice was previously rated as outstanding for providing Well-led services. We inspected the provision of well-led services against the current key lines of enquiry and found the practice to be characteristic of good for providing well-led services. The change from an outstanding to a good rating does not reflect a negative change in quality.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels. Leaders were able to demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	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: Minutes of GP partners meetings demonstrated plans were in place for succession planning and ongoing improvements to service provision. For example, recruiting more GPs; five practice nurses being trained to undertake cervical screening; and provision of an infusion room, to give intravenous medicines in the community.	

### 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: <ul style="list-style-type: none"><li>The practice had a range of meetings, such as GP communication meetings; quality meetings and all represented meetings; where issues and learning were shared. Minutes of meetings and staff confirmed there were effective communication channels in place. Actions resulting from significant events or complaints were allocated to relevant staff, monitored; and closed when completed.</li></ul>	



- The practice was accredited with the Royal College of General Practitioners quality practice award in 2008 and reaccruited in January 2015 to March 2020. This was awarded in recognition of how they continuously improved patient quality care and outcomes and had demonstrated good practice and organisational and clinical excellence in their practice.

## Culture

**The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support 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

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

Source	Feedback
Staff interviews	All staff said they were supported to develop and were able to raise any issues with managers, if necessary. They considered that there was effective teamwork and they were kept up to date with any changes.

## 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

## 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.	
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

If the practice offered online services:

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

Feedback from Patient Participation Group.

Feedback
We met with two members of the patient participation group who said that they were encouraged to comment on the running of the practice. They said changes had been made as a result of their feedback, such as introducing health walks for patients wanting to improve their lifestyle by increased activity.

## 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

## Examples of continuous learning and improvement

The practice continued:

- To host a hub service for the community oncology service that treated up to 20 patients per day.
- To offer bone density (DEXA) scans on site for patients
- To build on the quality improvement tool 'Productive General practice' and identify opportunities for a more broadly skill mixed team, model is reflected in latest GP contract and workforce plan for the PCN. The practice held an open evening for paramedics with a view to offer placements, in July 2019 which led to requests for employment.
- To provide physiotherapy and mental health services in their team and have one of the lowest rates for referral to specialist mental health services in the CCG area.

The local Healthwatch visited the practice in March 2019 to assess provision for patients with learning disabilities. Changes made as a result of visit, included all practice leaflets being made available in easy read format. Signage was improved in the building and positioned at a suitable level for someone in a wheelchair.

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.