

# Care Quality Commission

## Inspection Evidence Table

### Friarsgate Practice (1-541075254)

Inspection date: 24 October 2019

Date of data download: 21 October 2019

## Overall rating: Good

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

### 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: To ensure clinicians were kept up to date with current evidence-based practice, the practice organised regular educational sessions on hot topics to support clinicians' ongoing knowledge. The practice held weekly clinical meetings at the Friarsgate Practice site to discuss ongoing cases and a daily morning 'huddle' was held at both sites which all clinical staff could access for support.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.76	0.64	0.75	No statistical variation

## Older people

## Population group rating: Good

### Findings

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

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.

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) <small>(QOF)</small>	85.2%	78.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	24.1% (183)	15.7%	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) <small>(QOF)</small>	80.1%	77.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	19.9% (151)	12.8%	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) <small>(QOF)</small>	78.0%	81.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.3% (131)	16.0%	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) <small>(QOF)</small>	75.2%	75.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (18)	11.5%	7.6%	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) <small>(QOF)</small>	91.8%	90.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.4% (4)	15.2%	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	81.7%	81.7%	82.6%	No statistical variation

measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	5.8% (159)	5.1%	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>	87.1%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.0% (15)	6.2%	6.7%	N/A

### Any additional evidence or comments

The practice provided us with its Quality and Outcome Framework indicator achievements for 2018/19 submission in March 2019, which included exception reporting data relating to those patients with diabetes. In relation to:

- The percentage of patients with diabetes, on the register, who had been exception reported for the indicator relating to the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months the practice demonstrated an increased exception rate from 24% to 25%.
- The percentage of patients with diabetes, on the register, who had been exception reported for the indicator relating to the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less, the practice demonstrated an exception rate of 19% (previously 19%).
- The percentage of patients with diabetes, on the register, who had been exception reported for the indicator relating to the last measured total cholesterol (measured within the preceding 12 months) of 5 mmol/l or less, the practice demonstrated an exception rate of 14% (previously 17%).

Evidence seen during the inspection, showed that exception reporting was clinically appropriate, but because of its exception reporting rate performance, the practice had made changes to its diabetes care in June 2019 in the following ways:

- The practice now had an identified diabetic nurse lead who had completed specialist training to take on the role and was in the process of reviewing the entire practice's diabetic care programme.
- All diabetic reviews and associated blood test results were being reviewed by the diabetic nurse lead and actioned appropriately. This was to reduce the workload on GPs and ensure continuity of care for patients in line with the national diabetic expectations.
- Regular searches were being run to identify patients with blood test or cholesterol results that were outside of national guidelines and patients were being contacted to ensure diagnosis and appropriate care plans were confirmed and in place.

The exception reporting rate for other long-term conditions was in line with or lower than local and national averages. To encourage attendance for annual reviews the practice had a dedicated administrator run monthly searches to monitor the attendance of patients for their annual reviews. If a patient had not attended for their annual review after three invite letters, then the patient was flagged to a practice nurse who contacted the patient by telephone. If required, the GP sent a formal letter explaining the need for an annual review, and subsequent restrictions on medicines or prescriptions were implemented until the patient attended for their review.

## Families, children and young people

Population group rating: **Good**

### Findings

- The practice had met the WHO based national target of 95% (the recommended standard for

achieving herd immunity) for one of four childhood immunisation uptake indicators. The practice has met the minimum 90% target for the three remaining childhood immunisation uptake indicators.

- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	249	261	95.4%	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)	235	252	93.3%	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)	236	252	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)	234	252	92.9%	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 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	76.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.3%	76.8%	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)	68.3%	64.7%	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)	80.9%	74.7%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	42.9%	54.0%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice provided (unverified) data to demonstrate that as of June 2019, its cervical screening uptake figures was an average of 76.7%. Via the practice's electronic patient record system, a snapshot review on the day of inspection showed the practice had achieved:

- 78% uptake for those women aged 25 to 49 years;
- 88% uptake for those women aged 50 to 64 years.

The practice told us those eligible for a cervical screening could access appointments online, via the practice's new telephone automation system and through the local GP federation extended access service hub. Eligible patients were reminded of their cervical screening if they attended for other appointments and opportunistic appointments were available for them.

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

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.8%	87.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	16.6% (32)	13.0%	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)	94.6%	88.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	13.0% (25)	11.7%	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)	80.2%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (14)	6.6%	6.6%	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)	559.0	538.3	537.5
Overall QOF score (as a percentage of maximum)	100.0%	-	96.2%
Overall QOF exception reporting (all domains)	6.0%	5.4%	5.8%

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

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

<p>The practice had sourced an external company to undertake reviews of its diabetic care programme. For example:</p> <ul style="list-style-type: none"> <li>A review of the practice's pen-needle prescribing performance from October 2019 looked at how the practice was prescribing pen-needles for insulin injections in line with the practice-specified formulary. Data showed that out of 804 patients identified as on the diabetic register, 221 patients were identified for a pen needle review. Of those 221 patients, 150 were using pen needles and were on the practice formulary product. The remaining 71 patients were either non-formulary or not using a pen needle product. Of those 71 patients, 48 patients were then changed to a practice-specified pen needle and a further 12 were initiated onto a practice-specified pen needle, as it was indicated to be most appropriate treatment for those patients.</li> </ul>
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### Any additional evidence or comments

The same external company had also been contracted by the practice to provide data performance dashboards on diabetes, asthma and chronic obstructive pulmonary disease (COPD) so the practice was able to look at any areas that needed improvement.

### Effective staffing

**The practice was able to demonstrate staff had the skills, knowledge and experience to carry out their roles but full oversight of GP training was not fully embedded.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us it had a new programme of clinical supervision in place to support its non-medical prescribers moving forward. The practice told us that this had not always been the case, but these staff, such as the nurse practitioners and the practice's paramedic, were always able to access clinical support and were regularly involved in clinical discussions. However, as the nurse practitioner team was about to lose an experienced member of staff, the practice had decided to ensure its new team were appropriately supervised in a more formal capacity with an identified GP mentor.</p> <p>The practice told us it used an online training provider for all its of online training modules and it provided a copy of its training log. Following review of the training log, we found the following:</p> <ul style="list-style-type: none"> <li>The training log did not contain any information relating to the GPs working at the practice. The practice told us all GPs at the practice maintained their own training records using an external website. Automatic emails from that external website, once training as well as appraisals had been completed, were sent to the practice as evidence of completion. We saw an example of one such profile for the lead GP. The GP's safeguarding module had expired but he told us he</li> </ul>	

was in the process of arranging an appropriate face to face session with the local clinical commissioning group for early 2020.

- Five practice nurses had not yet completed safeguarding children level 3 or safeguarding adults' level 3 training in line with the practice's safeguarding policies. Four practice nurses had not yet completed training for Deprivation of Liberty Safeguards. The practice told us it was making arrangements for all of its nurses to undertake these training modules in due course. Since inspection, the practice has confirmed safeguarding training modules have been booked for its practice nurses in February and April 2020. Staff we spoke to during the inspection were knowledgeable in these areas.

## Coordinating care and treatment

### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: We saw evidence of 'health pods' in the waiting room at Friarsgate Practice. The pods were equipped with a self-service blood pressure machine, a weight & height scale and health promotion information. Patients	

received a receipt with the results of their blood pressure or weight, height and body mass index which could then be used to update their medical records if they passed the information to a clinician or a receptionist.

We were told the practice was involved in a local park run programme and had implemented a walking group. Anecdotal feedback provided by the practice suggested some patients no longer required certain types of medicines since regularly participating in the park run and walking groups.

Through the local GP federation, the practice had access to a Proactive Care Team nurse. The role of the Proactive Care Team nurse was to visit patients referred to them by the practice. Visits took place in the patient's own home, and advice on lifestyle, healthy choices and signposting to additional services was provided.

The practice told us it had accessed training for all its reception staff to become care navigators and had adopted a care navigation model throughout the practice. (Care navigation is about providing patients with a co-ordinated person-centred care and support).

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) <small>(QOF)</small>	92.0%	94.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (21)	-	0.8%	N/A

### Consent to care and treatment

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

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

# Responsive

# Rating: Outstanding

We have rated the practice outstanding for providing responsive services because:

- Patients could access the right care at the right time. The practice had proactively introduced new systems, processes and types of appointment to ensure access to care took account of people's individual needs including those with urgent clinical needs as well as routine needs.

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs to ensure flexibility, choice and continuity of care.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice had been proactive and innovative in its approach to meeting the needs of its patient population. For example: <ul style="list-style-type: none"><li>• The practice had identified and implemented new systems and processes throughout the practice to increase routine GP appointment availability. By doing so, the practice was able to consistently offer routine GP appointments within a maximum of three to four working-day time period to all patients.</li><li>• By recruiting a chiropractor and running a MSK pilot, the practice had responded to an increased demand for musculoskeletal (MSK) care and treatment. The pilot had since been turned into a full service run by the practice and the practice was looking to develop it further.</li><li>• By recruiting a paramedic to carry out all its home visits, the practice was able to provide vulnerable patients with a quicker response for a home visit to meet their needs, with the aim of reducing the number of avoidable admissions for those patients by providing earlier access to medical care.</li><li>• The practice had worked with its Primary Care Network to reassign all local care and nursing homes to a designated practice to ensure residents and staff at the homes received consistent care and a single point of access for support and treatment.</li><li>• The practice used its social media page to offer health promotion information to patients, such as raising the public's awareness of not giving children certain types of medicine when they have chicken pox.</li></ul>	

Practice Opening Times	
Day	Time
Opening times at Friarsgate Practice site:	
Monday	8.00am-6.30pm
Tuesday	8.00am-6.30pm
Wednesday	8.00am-6.30pm
Thursday	8.00am-6.30pm
Friday	8.00am-6.30pm
Opening times at Badgers Farm Surgery site:	
Monday	8.00am-6.30pm
Tuesday	8.00am-6.30pm
Wednesday	8.00am-6.30pm
Thursday	8.00am-6.30pm
Friday	8.00am-6.30pm

**Any additional evidence or comments**

The practice offered extended hours until 8.00pm on Mondays, Tuesdays and Thursdays. In addition, the practice told us pre-bookable appointments were also available to all patients via extended access service hubs, in Andover and Winchester. The extended access service in Winchester was located at the practice's additional site at Badgers Farm Surgery but run by a separate provider. Appointments were available Monday to Friday 5.00pm until 8.30pm, Saturdays 8.00am to 4.00pm and Sundays 8am until 12noon.

Information about out of hours care was available on the practice's website.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
24,360	262.0	117.0	44.7%	0.48%

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)	95.4%	-	94.5%	No statistical variation

### Older people

### Population group rating: Outstanding

**Findings**

We rated this population group as outstanding as the practice had used innovative approaches to provide support for these patients. For example:

- All patients had a named GP who supported them in whatever setting they lived.
- Via its Primary Care Network (PCN), which the practice was the lead practice for, the practice had

rearranged its responsibilities for the local care homes. The PCN had agreed to share the 12 local care homes equally amongst them, meaning staff and residents at the care homes only needed to contact one practice for support, care and treatment. The practices in the PCN now had four care homes each to support, rather than having residents from 12 possible homes registered with them.

- The practice confirmed the alignment of the care homes was done in consultation with the care home staff, the residents and their families, as for some, it meant leaving a practice they had been a patient at for many years. The consultation included personal letters and information presentations to residents in the care homes to inform them of the intended change. The practice confirmed, with us, patients were given the option to not change their GP or practice and were given the opportunity to receive more information if a resident indicated they were unsure of what to do.
- 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 had reviewed need and recruited a paramedic in July 2019 to undertake home visits Monday to Friday for acute and routine visits for all non-palliative patients. The practice had identified the paramedic was visiting eight patients a day on average and was seeing patients within two hours of a visit request. Previously patients were waiting a minimum of four hours for a GP to visit. Patients received a 40-minute appointment with the paramedic while a GP had been able to offer 10 to 15-minute appointments. Should the paramedic identify the patient needed to see a GP they were referred to the duty GP for the practice. As a result of the paramedic being involved, the practice felt at least two unnecessary admissions to hospital were being avoided each day but that had not yet been substantiated by a formal data collection exercise.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term conditions

## Population group rating: Outstanding

### Findings

We rated this population group as outstanding as the practice had used innovative approaches to provide support for these patients. For example:

- 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.
- The practice had employed a musculoskeletal (MSK) chiropractor in response to a national review which estimated 20% of the national population reported MSK complaints to GPs every year. The practice's MSK chiropractor offered 20-minute appointments to patients, two days a week, which meant they had the capacity to see 25 patients each day. Following an initial pilot in 2018, the practice identified that a total of 232 patients were seen, and this had increased to 387 patients by the end of January 2019.
- Data collected by the practice showed that of those patients seen initially approximately 61% of patients were discharged with self-management advice only, approximately 15% were discharged with a prescription, approximately 12% were referred for further investigation, approximately 13%

were referred to secondary care, such as the local hospital, and approximately 17% returned for a follow up session.

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

### **Population group rating: Outstanding**

#### **Findings**

We rated this population group as outstanding as the practice had used innovative approaches to provide support for these patients. For example:

- Additional nurse appointments were available until 6.30pm Monday to Friday for school age children so could attend an appointment outside of school hours.
- 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.
- Aware of its demographic, the practice used its social media pages to offer health promotion information and advice. One example was related to chicken pox and not giving children ibuprofen medicine due its anti-inflammatory nature which reacts the chicken pox and could make the pox go deeper into the skin tissue. A review of the post reported 55,697 people had been reached, 1,391 people had reacted, 111 people had commented on the post and 980 people had shared the post, which demonstrated important health information was being shared.

### **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.
- Both sites at the practice were open until 6.30pm Monday to Friday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available every weekday evening until 8.30pm, Saturdays 8.00am until 4.00pm and Sundays 8.00am until 12noon.

### **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.**

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

**National GP Survey results**

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)	72.3%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	67.9%	72.5%	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)	64.1%	-	64.7%	No statistical variation
The percentage of respondents to the GP	78.9%	-	73.6%	No statistical variation



Indicator	Practice	CCG average	England average	England comparison
patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)				

### Any additional evidence or comments

The practice told us it wanted patients to have ready access to routine appointments. The practice had decided to make changes to how it was organised to improve appointment availability for all patients. In addition, a review of the workload for GPs was undertaken and led to new processes being implemented to free up GP availability for routine appointment specifically, such as:

- Employing a paramedic to undertake almost all home visits,
- A specially trained nurse had taken on the entire diabetic care programme for the practice,
- A voice recognition software to support GP referrals had been implemented so that all referrals were completed within 48hours;
- The practice nursing team had taken over contraceptive clinics, mental health reviews and sexual health clinics.
- A research nurse had been recruited to take on the research work for the practice.
- The local nursing homes had been divided equally amongst the three practices in the local Primary Care Network. This had resulted in a reduction in the time a GP spent visiting individual nursing homes on a weekly basis and more GP appointment availability at the practice.
- A workflow optimisation project had reportedly reduced GP administrative duties by approximately 75%.
- The recruitment of an in-house chiropractor who offered 75 appointments a week had freed up GP time.
- The duty triage system was led by advanced nurse practitioners with a GP in supervisory role.
- A clinical pharmacist was undertaking most of the practice's medicines reviews and monitoring for high-risk medicines had been re-directed to be an administrative task, so that routine appointments were no longer used for this.

The practice told us these changes had caused an accumulative effect on its waiting time for routine GP appointments, resulting in patients waiting a maximum of three to four working days. On the day of inspection, Thursday 24 October 2019, we checked appointment availability, and we found:

- The next routine GP appointment was Tuesday 29 October 2019 at 1.10pm at Friarsgate Practice site, or Wednesday 30 October 2019 at 9.00am at Badgers Farm Surgery site.
- The next nurse appointment for a diabetic review was on Friday 25 October 2019 at 2.20pm. We were told this appointment would be given to a patient who had already had their pre-diabetic review blood test completed, otherwise further appointments were available on Wednesday 30 October 2019 or Monday 11 November 2019.
- The next nurse appointment for a wound dressing was available later in the day at Friarsgate Practice, or on Wednesday 30 October at Badgers Farm.
- The next nurse appointment for an asthma review was Tuesday 29 October 2019, or, for an under 16-year-old, Thursday 31 October.

The practice told us it had implemented a new telephone system in 2018 to support patients in accessing the most appropriate options at their first point of contact. The telephone system included an automated

system which featured options for patients to choose. The new system allowed for more care navigation to take place and supported patients to proactively choose the most appropriate care and treatment for their needs. The new telephone system also allowed more staff to access it if call demand increased. For example, the practice aimed for all calls to be answered within four minutes; a call monitoring screen was maintained and if it appeared calls would breach the specified time limit, extra resources, i.e. additional staff, could be accessed and clinical staff were able to dial in from their desk when they were available to pick up the increased number of calls.

<b>CQC comments cards</b>	
Total comments cards received.	39
Number of CQC comments received which were positive about the service.	34
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

<b>Source</b>	<b>Feedback</b>
Comment cards	<p>Positive comments from patients stated they felt listened to and were involved in the decisions about their care. Patients did not feel rushed and stated appointments were easily accessible at both sites. Staff members were named individually by patients for providing exemplary care, support and advice.</p> <p>Mixed comments from patients referred to some clinicians not appearing interested in their concerns, an occasional long wait for an appointment with their preferred GP and a lack of extended access appointments for those who work during normal opening hours.</p>
NHS Choices	Comments left by patients on the NHS Choices website referred to being impressed by a three day wait for a non-urgent appointment and being told it was the normal waiting time for a routine appointment. Staff were described as supportive and caring. Appointments were easy to access, and the telephone system was easy to use.

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

<b>Complaints</b>	
Number of complaints received in the last year.	9
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

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Delayed diagnosis	The practice raised the complaint as a significant event. To promote further awareness of the delayed diagnosis the practice arranged for a consultant to attend the practice and provide an educational training session for all clinicians to supplement their clinical knowledge moving forward. The practice apologised.
Access to flu vaccine	The practice contacted secondary care specialists to confirm patient's eligibility to have flu vaccine under school contract. Letter to family contained an apology and information about eligibility for flu vaccines.

Any additional evidence or comments
<p>We saw the practice maintained a 'concerns' log as well as a complaints log. We asked the practice to clarify what it considered to be a complaint and what was considered a concern and were told all complaints and concerns were discussed with management members and any relevant clinicians on the day the feedback was received. The categorisation of a complaint versus a concern was only made once the patient who had provided the feedback was consulted and confirmed if they wanted their feedback to be formally dealt with as a complaint or raised as a concern. The practice's response to both was the same, it was the documentation of how the feedback was received that was different. The practice had documented, investigated and addressed 16 concerns raised by patients since April 2019. Examples of concerns raised by patients included:</p> <ul style="list-style-type: none"> <li>• A delay in accessing travel immunisations due to incorrect email address at the practice being used.</li> <li>• A relative's report of rude behaviour from a clinician.</li> <li>• A patient's report of not being informed of GP's recent retirement.</li> </ul>

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes

There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>The leadership, governance and culture of the practice was used to drive and improve the delivery of high-quality person-centred care with compassionate, inclusive and effective leadership at all levels. Leaders at the practice met regularly for strategic planning purposes to ensure the practice was sustainable. The practice had taken the decision to plan its services based on a higher number of patients that it has, thereby ensuring the practice was appropriately staffed and resourced to support patients in a timely manner. For example, waits for routine appointments were kept to a maximum of three or four days.</p> <p>Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. The leaders of the practice confirmed one challenge that had been addressed was the amount of administrative duties that GPs were having to complete. Following a month's review of documents sent to GPs, reviewed in February 2019, the practice found the combined total of documents being sent to GPs for review or action was up to approximately 1,430. The leaders instigated a workflow optimisation project which identified which documents needed a GP review and those that did not, and could instead be actioned by a dedicated administrator. Because of the project, the leaders told us the GPs had seen a 75% decrease in their incoming documents, thereby freeing up more time to be available for appointments with patients.</p>	

## Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <p>The practice had reviewed and planned its delivery of care which had involved a review of current and future demand both in the short and long term, consideration of the best methods to meet demand and the structure of the assets and staff to best meet that demand.</p> <p>The practice was the lead practice of the local Primary Care Network and was working with other local practices to achieve a sustainable and resilient service for the local wider community in the face of growing demand.</p> <p>The strategy and supporting objectives were challenging and innovative, while remaining achievable. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership.</p>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes

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

Source	Feedback
Staff interviews	<p>Staff told us they were happy and proud to work at the practice. Staff reported that managers, GPs and leaders were open, honest and approachable. Staff said they were able to raise concerns as required and were confident any concerns raised would be appropriately addressed.</p> <p>Feedback collected on the day from the practice's nursing team reported the loss of setting up and tidying up time for the nurses. Patients were booked for appointments with nurses from 8am until 5.50pm, and practice nurses confirmed they generally worked 8am to 6pm.</p> <p>Staff based at Badger Farm Surgery site told us they were not able to attend or contribute to practice meetings as they were held during the lunch hour at the Friarsgate Practice site. Instead they relied on receiving minutes from meetings to know what is happening and they were also able to discuss any events or concerns with managers as required.</p>

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: Regular monthly practice meetings were held. Agendas and minutes of meetings demonstrated that the	

leadership took a structured and detailed approach to achieving its aims and objectives and ensuring patient safety and staff welfare through effective systems and processes.

### 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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

Explanation of any answers and additional evidence:

We were told all clinicians attended the weekly practice meetings at the Friarsgate Practice site which was the forum at which significant events analysis, complaints, concerns, compliments, new policies and procedures were discussed. Also, feedback from courses attended and clinical cases were reviewed. The partners of the practice held a weekly meeting to discuss clinical cases while a quarterly practice-wide meeting was held to cascade information and give all staff an opportunity to discuss ideas and raise concerns.

The practice was aware that Quality and Outcome Framework indicators, and especially its exception reporting data, for diabetic patients was not fully in line with local and national averages so it had revised its entire diabetic care programme in an attempt to improve this.

The practice used the local Clinical Commissioning Group's (CCG) significant event reporting system, Datix, to report all significant events. The practice reviewed and discussed significant events with all clinical staff every three months. Significant events, as well as complaints, concerns and patient and staff surveys, were learnt from and used to improve services at the practice.

The practice provided a copy of its monitoring system relating to alerts received from Patient Safety and the Medicines and Healthcare products Regulatory Agency (MHRA). It demonstrated appropriate oversight of the recording and actioning of MHRA alerts and other safety alerts received by the practice.

We saw evidence of comprehensive risk assessments for both sites: For example, a fire risk assessment for the Friarsgate Practice site had been completed on 14 February 2019, while the Badger Farm site was assessed on 5 September 2019. A health and safety risk assessment had been completed by an external contractor in July 2019, and the practice was due to receive a legionella inspection on 31 October 2019 to ensure full compliance.

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

If the practice offered online services:

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

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

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

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

Explanation of any answers and additional evidence:  
 The practice had carried out a staff survey in October 2019. The practice told us it had demonstrated a rise in staff morale for all staff compared to a previous survey. In October 2019, staff morale, excluding those who were partners or management, on a scale of one to 100%, was 69.5%, with a 98% completion rate from all staff. Other findings from the staff survey showed that approximately 50% of staff either disagreed or neither agreed or disagreed with the statement regarding excellent communication between management and staff.

We saw evidence of various communication channels across staff groups. Examples included structured, documented meetings, as a practice and via individual teams at the practice, group emails and monthly staff newsletters.

Via the Primary Care Network (PCN), the practice had come to an agreement with the local nursing homes to share the homes and their residents amongst the practices. Friarsgate Practice now visited four allocated nursing homes with their associated residents, which was a reduction from the previous 12

homes it had patients living in. The practice told us it felt this was a more efficient way of working and allowed the nursing homes to have one practice to contact for any of its patients.

Feedback from Patient Participation Group.

### Feedback

We received feedback from members of the practice's patient participation group (PPG) following the inspection. We were told the practice was friendly, engaging and accommodating of the PPG. The PPG confirmed it felt more listened to by the practice since 2018 and suggestions by the PPG were carefully considered.

The PPG confirmed it had supported the practice through patient surveys, through production of newsletters and through the implementation of a Waiting Area Volunteer Experience (WAVE). The WAVE initiative meant a member of the PPG or other volunteers visited the practice once a week and promoted the services of the practice to patients as they arrived or departed the practice.

The PPG told us it had led on the production of large type leaflets following comments from patients spoken to during a WAVE session at the practice. The PPG has also had input into the practice's telephone system, by suggesting 'tweaks' to make it more user-friendly and allowing patients better accessibility to cancel appointments, thereby reducing the number of 'did not attend' (DNA) appointments.

The PPG told us that although they are not directly involved in responding to complaints or learning from incidents that occur at the practice, they confirmed the practice dealt with both sensibly and sympathetically.

### 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.	Yes
Learning was shared effectively and used to make improvements.	Yes

### Examples of continuous learning and improvement

- As a member of the local GP federation, the practice was able to provide appointments to its patients for additional services, such as cardiology, phlebotomy, liver fibroscan, proactive care and improved GP access. Many of these services were carried out at other local practices but the proactive care team was based within the practice itself.
- As a training practice, the practice told us it was constantly aware of new developments in national guidance and students were encouraged to question clinicians about their practices.
- Following the success of its MSK pilot, the practice had plans to expand the service including building relationships with the local university's physiotherapy department to offer student placement, research opportunities and training of future MSK practitioners.
- The practice had installed foot sinks in its treatment room following a successful project at another local practice which had demonstrated improved healing rates for patients with leg wounds. The practice manager, a practice nurse and the healthcare assistant had visited the local practice to



learn more about the use of foot sinks and the practice has had theirs installed for six months.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

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

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