

Care Quality Commission

Inspection Evidence Table

Dr Indervir Dhandee (1-510295169)

Inspection date: 28th October 2019

Date of data download: 22 October 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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The provider told us that staff had undertaken safeguarding training using an online system. However, the provider could not evidence the training on the day of the inspection for all staff because they were experiencing technical issues accessing the training certificates. We gave the provider 48 hours to submit evidence of the training which we received within the specified	

Safeguarding	Y/N/Partial
<p>timeframe.</p> <ul style="list-style-type: none"> During our visit we were unable to see evidence of meetings between the practice and health visitors to safeguard vulnerable children. There was no specific register of vulnerable patients that was proactively monitored and reviewed. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> On the day of the inspection, we found some gaps in recruitment paperwork. However, the evidence was provided to us shortly after the inspection. 	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: Last Done: 26/10/2018. Due: 21/11/2019	Y
There was a record of equipment calibration. Date of last calibration: 23/10/2019	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: 03/2019	Y
There was a log of fire drills. Date of last drill: 22/10/2019	Y
There was a record of fire alarm checks. Date of last check: 22/10/2019	Y
There was a record of fire training for staff.	Partial
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 06/09/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider told us that staff had undertaken fire training using an online system. However, the provider could not evidence the training on the day of the inspection for all staff because they were experiencing technical issues accessing the training certificates. We gave the provider 48 hours to submit evidence of the training which we received in the specified timeframe. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 14/06/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 15/08/2019	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had conducted health and safety assessments through an external company and had carried out actions recommended from this. 	

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: 10/07/2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The provider told us that staff had undertaken infection prevention and control training using an online system however the provider could not evidence the training on the day of the inspection for all staff because they were experiencing technical issues accessing the training certificates. We gave the provider 48 hours to submit evidence of the training which we received within the specified timeframe.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Partial
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.	Partial
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:	

- During our inspection, we found that staff were not trained in sepsis awareness and the practice were unable to provide evidence of this on the day. This was actioned promptly by the provider following the inspection using their online training system and evidence was provided to support this.
- When speaking with reception staff on the day we were not reassured that staff would be able to identify suspected sepsis symptoms. There was no literature at the reception area to prompt or assist the staff in identification of the symptoms.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had completed the integration the General Data Protection Regulation (GDPR) toolkit for the protection of patient data. • We saw evidence of staff using their smart cards to access patient files. Desktops were password protected and staff removed their smart cards when away from their workstations. 	

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)	0.87	0.72	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	9.0%	7.8%	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)	4.29	5.67	5.63	Variation (positive)
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)	0.69	1.07	2.08	Significant Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	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.	Partial
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"> During our inspection, we established a total of 38 patients were taking high risk medicines. Of these patients we audited five records across a range of high-risk medicines and found no concerns with the systems or clinical decisions made. We found several outdated paper prescription scripts which when investigated were not found to have caused patient harm. The provider conducted an internal investigation promptly into this following our visit and the practice told us they had since introduced additional measures to ensure the monitoring of paper prescription scripts was maintained. 	

Track record on safety and lessons learned and improvements made

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	23
Number of events that required action:	23
Explanation of any answers and additional evidence: The practice provided evidence of a significant events log. There had been 23 incidents recorded since 16/11/2018. Each entry on the log detailed the nature of the incident and the action taken by the practice to prevent recurrence.	

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

Event	Specific action taken
Urgent prescription done in the wrong patient record.	Reminder to staff to double check the patient record when prescribing.
Hospital discharge summary with medicine details brought in by a patient was not logged on the clinical system.	Notification sent to staff to ensure all letters brought in by patients were logged.

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: <ul style="list-style-type: none"> The practice had conducted an audit of patients taking sodium valproate of child bearing age and found eight patients. Suitable action was taken where applicable and evidence of this was seen on the day of the inspection. Clinical meeting minutes we reviewed showed safety alerts were routinely discussed and complied with. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence: The practice referenced and used a wide variety of evidence-based guidance in their clinical decision making. There were clear systems in place to ensure that care of patients was conducted effectively through computer-based systems. There was also a clear meeting structure with staff and multi-disciplinary teams associated with the practice to ensure clinical updates were communicated and effective care was provided for patients. The practice was able to demonstrate effective referral systems and effective communication with secondary care.	

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>	0.66	0.63	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.
- The practice told us they were one of the highest achievers in the CCG in terms of care plans completed due to the large elderly population.

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>	65.8%	76.1%	78.8%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.0% (21)	7.6%	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>	50.1%	76.5%	77.7%	Significant Variation (negative)
Exception rate (number of exceptions).	6.2% (26)	7.8%	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>	76.1%	77.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.5% (23)	7.9%	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>	71.2%	77.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (3)	3.0%	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>	91.5%	91.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.6% (10)	8.7%	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) (QOF)	78.9%	82.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.6% (21)	3.7%	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) (QOF)	73.8%	88.7%	90.0%	Variation (negative)
Exception rate (number of exceptions).	2.4% (2)	4.7%	6.7%	N/A

Any additional evidence or comments

- We discussed with the practice the diabetes indicator showing significant negative variation. They told us this was because a large proportion of patients were based in nursing homes where there were observed clinical risks associated with bringing blood pressure down to lower levels as this would increase falls risk in this patient group.
- The practice conducted diabetic reviews which were co-ordinated by the lead GP. The practice also ran diabetic clinics and had introduced a diabetic specialist nurse to assist with the management of this condition.
- The practice score for atrial fibrillation management had improve slightly for 2018/19 to 75.6% with exception reporting reducing to 1.1% which remains below the local and national averages. However, we saw unverified data which showed the practice had improved to 79%.
- The practice provided evidence of a system and clinical responsibility for the ongoing review of patients suffering from long term conditions. This was divided up by medical condition and frequency was clearly outlined for each group and the clinical tests conducted to ensure safety.

Families, children and young people

Population group rating: Requires Improvement

Findings

- We rated the practice as requires improvement for this population group because they had not met the minimum 90% target for four of four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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)	84	96	87.5%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	68	85	80.0%	Below 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)	72	85	84.7%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	71	85	83.5%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:

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

Any additional evidence or comments

- During our inspection we observed that the practice had a system in place for contacting their practice population regarding childhood immunisations. The practice held an incomplete vaccines telephone register and these patients were contacted monthly through SMS text messaging. This register also held DNA's and overdue appointments.
- Following the inspection, the practice was able to provide evidence of unverified data showing an improvement in childhood immunisations in the first two quarters of 2019.
- When we asked what challenges, the practice faced in this area of care, they expressed that despite their best efforts, areas of the practice population did not engage due to religious beliefs, moving away or simply not engaging with them.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health

assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Young people could access services for sexual health and contraception.
- The practice could refer on to secondary care services for family planning and full sexual transmitted disease screening.

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)	65.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.1%	67.0%	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)	44.0%	45.7%	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)	50.0%	66.1%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	63.2%	48.5%	51.9%	No statistical variation

Any additional evidence or comments

- The practice provided unverified data of their QOF achievement for cervical screening which had increased to 94% in 2018/19. This has yet to be verified through our data sources.
- During our visit, the practice showed evidence of their smear testing over the past three years. The practice identified 980 smear tests being completed with 23 returning as 'inadequate' giving a percentage of 2.3% inadequate smears over the past three years.
- It was noted in addition that 10 out of 390 smear tests were deemed 'inadequate' had occurred in the last year giving a percentage of 2.5%.

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 demonstrated that they had a system to identify people who misused substances.
- The practice reviewed patients at local nursing and residential homes. The practice made visits three times a week to two nursing homes and had provided support to them through a difficult period. The practice had also conducted weekly visits with one residential home and one independent living care facility in the local area.

**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.
- 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)	70.2%	89.8%	89.5%	Variation (negative)
Exception rate (number of exceptions).	2.1% (1)	10.1%	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)	72.3%	93.1%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.1% (1)	6.0%	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)	72.9%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (3)	8.2%	6.6%	N/A

Any additional evidence or comments

- QOF data for 2018/19 for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months has improved to 93.9% and is now in line with local and national averages.
- QOF data for 2018/19 for the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months has improved to 89.5% and is now slightly above local and national averages.
- QOF data for 2018/19 for 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 has improved to 77.6%. Although, it remains below the local and national averages.

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)	502.4	540.3	537.5
Overall QOF score (as a percentage of maximum)	89.9%	96.6%	96.2%
Overall QOF exception reporting (all domains)	4.8%	5.3%	5.8%

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

<ul style="list-style-type: none"> • The practice provided evidence of a structured audit process which has been used to identify 'at risk' patients which linked to specific long-term conditions and provide effective monitoring of the practice population. Once identified through this process, coding was then conducted to ensure that patients identified were monitored more effectively. The practice felt that through this process they had optimised medication reviews and established who within their practice population required additional support. They expressed that their medicine management audits were typically targeted by the local clinical commissioning group annually. • The practice had completed in the past two years: <ul style="list-style-type: none"> - A two week wait referral audit which covered 18 cases and whether they had met the criteria for the cancer referral pathway. The practice scored 100%. - A cancer diagnosis audit which covered 21 patients and identified how patients were typically diagnosed with cancer as part of a proposed patient development pathway. This found cancer diagnosis was found in a variety of locations if no clear predominant location. - An out of hours electrocardiogram audit to trial the service in primary care. The audit covered 45 patients and identified delays beyond the ten-day target due to patient's choice of appointments. - A mental health screening audit across the practice population covering 49 patients through their age, condition and medical management. The audit goal was to provide a better overview of the practice population. - A high-risk drug monitoring audit which covered 31 patients and discovered a coding problem due to medication being commenced in a hospital setting rather than through the GP practice.
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Any additional evidence or comments
<ul style="list-style-type: none"> • An anticoagulant audit which considered the benefits of changing patients from warfarin to direct oral anticoagulants (DOAC's) was performed in 2017. • A home visit audit had also been performed in 2016 which consolidated practice policy surrounding telephone triage and its effectiveness.

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: <ul style="list-style-type: none"> On the day of the inspection, we reviewed six staff training records and found gaps in a number of areas such as safeguarding, infection prevention and control and fire safety. We raised this with the provider who promptly obtained this information for us following the inspection. 	

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	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We found that the practice had a good meeting structure which encouraged input from the multi-disciplinary team. 	

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"> The practice had systems in place to promote and support their patient population. Social prescribing roles has been communicated by the lead GP as an upcoming improvement to the service through the primary care network, however some staff we spoke with were not fully aware of this yet. 	

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>	93.1%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (6)	0.8%	0.8%	N/A

Any additional evidence or comments

- We reviewed QOF data for this indicator for 2018/19 and it has improved to 95% in line with local and national averages.

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">On the day of the inspection, we observed clinical records where consent was clearly documented and obtained.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	13
Number of CQC comments received which were positive about the service.	11
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients reported that the service provided was of a high standard. Staff were always kind and helpful and their needs were met.
Comment cards	From the mixed feedback we received patients said it was sometimes difficult to get a routine appointment in a timely way.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6022.0	411.0	112.0	27.3%	1.86%

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)	81.6%	83.5%	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)	81.7%	81.0%	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)	91.0%	92.1%	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)	80.5%	77.8%	82.9%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> During our visit, the practice spoke about feedback from their patient participation group (PPG) which they had actioned. This included enquires for a disabled bay in their car park which the management have approached the council regarding, chairs ordered for the waiting room with arm rests and reducing the number of leaflets in the waiting area and transferring this information onto their television screen in the same location.

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

Source	Feedback
Interviews with patients.	Patients we spoke to told us that they were always treated with kindness and respect. They said that medical conditions were explained to them in a way they understood, and their opinions were listened to in relation to the treatment options available.

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)	90.8%	89.0%	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.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	44. (27 Last year) (0.7% of the practice population)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice had this as a question on their registration form. The practice sent SMS text messages to potential carers within their practice population. The practice had a carers board which was updated by the carer's association. We observed that this board was quite hidden away from the eyeline of patients walking through the corridor where it was situated and recommended that its position be reviewed.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> If indicated the GP would refer the patient to local counselling services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was able to demonstrate how privacy and dignity was maintained in their clinical environments. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Saturday	8am – 12pm
Appointments available:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Saturday	8am -12pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6022.0	411.0	112.0	27.3%	1.86%

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)	93.4%	91.2%	94.5%	No statistical variation

Any additional evidence or comments

- The practice told us that their appointment model was 70% on the day booking slots while 30% of their available appointments could be booked up to six weeks in advance. The practice told us that this was to reduce their Do Not Attend (DNA) appointments which were reported as high.
- The practice also outlined that all appointments were confirmed using their SMS text messaging service.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice was the main GP for three nursing homes with the lead GP providing care and treatment to residents three times a week as part of an enhanced service (including Saturday visits).
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

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

coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available Saturday mornings 8am to 12pm for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open 8am to 12pm on Saturdays with appointments available with a GP or nurse practitioner and early evening appointments until 6.30pm daily.
- Pre-bookable appointments were also available through the local Hub services weekday evenings 6.30pm to 8pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients with a learning disability. The practice provided care and treatment for patients for over 40 patients with a learning disability who were residents of an independent care facility.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.
- 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.
- The practice provided care and treatment for approximately 60 patients with dementia at a local residential home. the lead GP providing care and treatment to residents three times a week as part of the enhanced service (including Saturday visits).

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)	92.1%	N/A	68.3%	Variation (positive)
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)	68.5%	65.0%	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)	60.2%	64.3%	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)	70.6%	69.7%	73.6%	No statistical variation

Source	Feedback
For example, NHS Choices	NHS Choices – 3.5 out of 5 stars based on 23 reviews. Most recent feedback from the last two years has been positive with no negative reviews. Small comments regarding process for emergency appointments triaging but otherwise all reviews praise staff and are positive.

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.	18
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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
Explanation of any answers and additional evidence: The practice provided evidence of a complaints log. There had been 18 complaints logged since 6/11/18. Each entry on the log detailed the nature of the complaint and the action taken by the practice to prevent recurrence.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained that the GP was late and did not apologise for this and also the reception staff were not polite when dealing with the patient.	Reception staff were provided with extra training and the GPs were asked to apologise to patients at the beginning of consultations if they are late and to explain to the patient the reasons why.
A patient complained that they were not prescribed enough pain relief medicine for a chronic condition.	The GP wrote to the patient to explain the reason due to contraindications and the practice gave the GPs instructions to ensure it is explained better to patients why some treatments cannot be provided.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice identified that supporting the nursing homes had been a real challenge for the practice and continues to remain so. They also identified the deprivation factor of the local area which caused engagement to be difficult in certain circumstances.	

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">The primary concern of the practice was to provide a good service to all of their patients. Through our conversations with staff during our visit, it was felt that this vision was embraced by staff.The practice had systems in place to provide monitoring of progress against their strategy goals.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had implemented training for their reception team following feedback from the patient population. This had been deemed a success. The practice had maintained a complaints log and had been proactive in addressing concerns raised. 	

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

Source	Feedback
Staff interviews	Staff reported a positive culture at the practice. They told us that they were supported by the leaders and management and worked as part of a team to deliver the services objectives.

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.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had external companies that had been enlisted to cover duties such as health and safety risk assessments and cleaning of the premises.• Audits had been performed and seen during our visit that were focused on reducing clinical risk and the practice was fully engaged with the local CCG in relation to safety initiatives.	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• While some performance data was found to be below the local and national averages, the staff and management demonstrated a commitment to improve upon these areas. This was shown through action plans and audits to establish what may be causing the performance issues and how they could change their systems and processes to improve.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had relaunched their PPG and were motivated to work alongside them to improve.• Staff views were welcomed by management and there was an open-door policy to how the service can be improved.• The practice held a complaints log and actions associated with complaints made.	

Feedback from Patient Participation Group.

Feedback
We spoke with one member of the Patient Participation Group who was happy with the practice and expressed that he felt the group were being listened too despite still being new in terms of its development. The member had a plan for how the group may develop and has expressed that the GP principal is enthusiastic about supporting them.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice carried out audits which were linked with maintaining safety and improving efficiency.• Staff at the practice were given opportunities to gain new skills and to attend courses to aid their professional development.• Meetings were conducted in a structured manner to aid learning from events at the practice.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

Glossary of terms used in the data.

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