

## Inspection Evidence Table

**Dr Santokh Singh Matharu (1-517644646)**

**Inspection date:** 11 December 2019

**Date of data download:** 6 December 2019

### Overall rating: Good

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

#### Effective

#### Rating: Good

**Effective needs assessment, care and treatment**

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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:	
The clinical system incorporated links to up to date clinical guidance to prompt clinicians during consultations.	
We heard of examples where staff had responded appropriately when a patient's condition deteriorated suddenly.	
Staff had received training in recognising 'red flag' signs, including signs of sepsis.	

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>	0.51	0.60	0.75	No statistical variation

## Older people

## Population group rating: Good

### Findings

- Patients with moderate or severe frailty factors were monitored and annual frailty reviews were carried out. At the time of our inspection, 57 patients had been added to the practice frailty register. Staff were able to refer to other services, including the falls team if risk factors escalated.
- The lead GP reviewed all discharge letters, and made contact with older patients upon their return home, to ensure their needs were being appropriately met.
- Annual medicines reviews were carried out for older people. The lead GP received support from the Primary Care Network (PCN) pharmacist in completing these.
- Staff demonstrated their awareness of the specific needs of older people, adopting a personalised approach with which included consideration of social, emotional and spiritual needs as well as physical needs.
- 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 an annual review. Multiple conditions could be accommodated in the same appointment. Reception staff had access to guidance in relation to the length of appointment required for each type of condition.
- Staff carrying out the reviews received appropriate training and regular updates.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice promoted self-help techniques to help patients manage their condition. They were provided with written information giving useful information and signposting to additional support services within the community.
- The practice had systems in place to identify commonly undiagnosed conditions, including diabetes, atrial fibrillation and hypertension.
- Statins were offered to patients identified at risk of cardiovascular disease.
- Patients with hypertension received appropriate monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs. At the time of our visit two such patients had been provided with rescue packs.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	86.0%	78.2%	79.3%	No statistical variation
Exception rate (number of exceptions).	23.2% (26)	15.4%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) (QOF)	81.8%	77.4%	78.1%	No statistical variation
Exception rate (number of exceptions).	1.8% (2)	9.9%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.7%	79.6%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.1% (8)	15.0%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	84.3%	75.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.9% (2)	7.3%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	96.6%	90.1%	89.6%	No statistical variation
Exception rate (number of exceptions).	12.1% (4)	10.1%	11.2%	N/A
The practice was aware that their exception reporting rate in relation to some outcome measures for diabetic patients were above average. They told us their patient group did not always appreciate the value of regular reviews and failed to attend appointments. They were addressing this by putting on additional diabetic clinics to try to improve attendance.				

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	83.3%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (11)	4.6%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) (QOF)	84.2%	92.2%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	8.6%	5.9%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Immunisation uptake for two year old children was below the 90% World Health Organisation (WHO) target. We reviewed the data and found that, of 12 eligible children, 10 had been appropriately immunised. We reviewed the records for the two outstanding children, and saw that in both cases parents had declined the immunisations in question. This was documented in their care records.
- We saw evidence that practice staff made contact to the parents of children who were not brought to their immunisation appointments.
- We reviewed minutes from meetings and saw there were systems in place to follow up on children who had failed to attend secondary care or other appointments, to establish the well-being of the child. Although formal meetings with health visitors were not held, regular communication was carried out in relation to oversight of the needs of children and families.
- The lead GP liaised with the midwife in relation to newly pregnant women. Any patients taking long-term medicines were appropriately managed.
- The practice provided access to contraception including injectable and oral contraception. Those patients requiring alternative contraceptive measures, and young people, were able to access sexual health services from treatment centres in the city centre.

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)	20	22	90.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	10	12	83.3%	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)	10	12	83.3%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	10	12	83.3%	Below 90% minimum

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

#### Any additional evidence or comments

The two children in the two year age group who had not received the immunisations recommended had opted to decline these immunisations. This was documented appropriately in the patient record.

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

Population group rating: Good

#### Findings

- The practice had small numbers of students registered on the practice list. Those requesting the meningitis vaccine were able to access it at the practice.
- The practice offered NHS checks for patients aged 40 to 74. Any identified risk factors or abnormalities were addressed as appropriate. We saw figures which showed that in the previous year 25% of patients invited had accessed the review.
- Online services were available. At the time of our inspection 33% of patients had registered for this service.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	72.3%	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)	62.3%	68.1%	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)	49.0%	55.6%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	100.0%	63.8%	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)	16.7%	50.8%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice was aware that their cervical screening uptake was below the national target of 80%. The issue was being looked at across the Primary Care Network (PCN) of which they were part. In addition, the practice was offering access to additional nurse clinics, carried out by a female nurse. Patients were encouraged opportunistically to attend this clinic.

#### People whose circumstances make them vulnerable

#### Population group rating: Good

#### Findings

- A range of appointment options were available, including same day appointments. Provision for longer appointments was made when required.
- Patients with a learning disability were offered an annual health check. At the time of our inspection, 11 patients were on their learning disabled register. On the day of our visit, nine of the 11 reviews had been completed.
- Regular palliative care meetings were held in line with Gold Standard Framework (GSF) standards. These were attended by palliative care nurses, district nurses as well other staff involved in care for the patient concerned. The practice made use of the electronic palliative care co-ordination system (EPACCS) to share information with out of hours services.
- The practice had a system for vaccinating patients with an underlying medical condition according

to the recommended schedule.

- The practice had access to additional support services to support those patients with substance misuse problems. The practice had access to a social prescribing service through their PCN, and specialist support services were also available in the local area.

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

**Population group rating: Good**

**Findings**

- The practice took account of physical factors associated with mental health difficulties.
- Staff were able to refer to support services locally which included access to smoking cessation services.
- The practice accommodated same day appointments for patients with mental health problems.
- The practice had arrangements to administer long-term medication when required. Regular liaison with mental health services, including psychiatrists, helped co-ordinate care for these patients.
- Crisis team support was available when patients presented at the practice who were found to be at risk of self-harm or suicide.
- Patients at risk of dementia were offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.



Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	90.4%	89.4%	Variation (positive)
Exception rate (number of exceptions).	10.0% (2)	10.6%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	100.0%	90.6%	90.2%	Variation (positive)
Exception rate (number of exceptions).	10.0% (2)	9.1%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.7%	84.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.3%	6.7%	N/A

### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.1	555.6	539.2
Overall QOF score (as a percentage of maximum)	99.8%	96.5%	96.4%
Overall QOF exception reporting (all domains)	6.5%	No Data	No Data

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a 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

The practice had undertaken an audit to establish whether patients being treated for impaired thyroid function had been monitored in accordance with NICE recommendations. A small number of patients were found to not have been appropriately reviewed, and systems were put in place to rectify this. A further review was planned in six months to confirm ongoing compliance with recommendations. Additional medicines management audits had been carried out, with the support of the pharmacist, for example, those patients with identified cardiovascular risk factors not being prescribed statins had been identified and their updated needs addressed.

#### **Any additional evidence or comments**

The practice manager had carried out quality improvement activity in relation to processes for oversight of QOF performance. Monthly reports were run to identify outstanding measures and patients contacted to discuss their needs. In addition, all practice policies had been reviewed and regular review dates had been set. We also saw that policies were updated in line with updated guidance or internal incidents.

## 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.	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.	N/A
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.	Partial
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>Due to the small number of staff employed in the practice, the practice manager engaged one on one with all staff on a daily basis.</p> <p>At the time of our visit, two members of staff were overdue their appraisal. Following our feedback, the practice undertook to complete these.</p> <p>There were systems in place to verify the qualifications and professional registration of staff carrying our sessional work in the practice.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (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: Patients were provided with written guidance in relation to managing their own health to optimise their health outcomes.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	99.4%	95.4%	95.0%	Variation (positive)
Exception rate (number of exceptions).	1.1% (5)	0.8%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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
Explanation of any answers and additional evidence:  The clinical system prompted staff to indicate that consent had been obtained for some procedures, for example vaccinations and immunisations and cervical screening. Written consent for more invasive procedures such as minor surgery was obtained.  Staff we spoke with demonstrated their understanding of appropriate actions when dealing with patients who were minors, or those who lacked capacity.	

## Well-led

**Rating: Good**

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership in the practice**

	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.	No
Explanation of any answers and additional evidence:  The practice had recently completed an extension to their premises, which provided access to additional clinical and staff accommodation. The practice intended to host additional services, such as local 'physio first' services. They also anticipated acting as a meeting venue for their local Primary Care Network (PCN).  The lead GP had not formalised succession planning arrangements, but told us this was in the process of being looked at.	

### Vision and strategy

**The practice had a mission statement to provide the best possible health care to patients of all ages in an accessible environment**

	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:  There were plans in place to increase the role of the patient participation group (PPG) in the practice. A PCN wide PPG was being considered to enable views and ideas to be shared.	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>A disciplinary policy was in place which provided staff with details of expectations of their role and arrangements for dealing with behaviours inconsistent with these. A reciprocal arrangement was in place with local practices to provide support to the practice should disciplinary issues arise.</p> <p>Staff had access to occupational health services. We saw that staff immunisation status had been reviewed.</p> <p>The practice whistleblowing policy included information about their Freedom to Speak Up Guardian, however, contact details were not included for staff. Following our feedback, the practice told us they would include these details.</p>	

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

Source	Feedback
Staff member	Feel part of the Beech Tree family. Love working here.
Staff member	Feel supported.

## 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

## 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 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:  A 'Quick Start' programme had recently been completed, which had included the review and updating of all practice policies. Systems were in place to ensure regular updates were included following receipt of new guidance, or internal incidents or issues which arose.	

## 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
Explanation of any answers and additional evidence:  We saw minutes from meetings which demonstrated that performance information was routinely reviewed and evaluated, with adjustments made to plans as necessary to improve performance outcome measures.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's	Yes

Office.	
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 took an active role in their primary care network to plan and deliver care to improve outcomes for their patient group. The practice supported an active PPG and had plans to increase the role of the PPG to support patient engagement. Staff received birthday cards, and a Christmas party was arranged for staff, paid for by the GP.	

Feedback from Patient Participation Group.

Feedback
PPG member reported active engagement with the PPG by both practice manager and GP. We were told the practice listened to suggestions and tried new things. For example, a 'sit and wait' clinic had been trialled, but discontinued as it was not found to be effective.

## 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
Explanation of any answers and additional evidence:  We heard of examples where systems had been changed and improved, for example, processes in relation to vaccine refrigerator monitoring systems and blank prescription monitoring arrangements.  The practice nurse was being supported to complete nurse practitioner training. The practice was supporting an apprentice at the time of our visit who described a nurturing and supportive environment.	

## Examples of continuous learning and improvement

The practice was seeking to host additional services from their new extension, for example 'physio first' services. They were planning to participate in a local scheme aimed at healthy weight management for children – the 'HENRY' scheme.

We heard of examples where the practice adopted new processes in response to learning events, for example, in relation to the management of hypertension.

## 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.