

Care Quality Commission

Inspection Evidence Table

Denmark Road Medical Centre (1-549180323)

Inspection date: 5 December 2019

Date of data download: 28 November 2019

Overall rating: Good

At our previous inspection in November 2018, the practice was rated requires improvement overall due to shortfalls in governance systems; monitoring of outcomes for patients and staff training provision.

At this inspection we found that new processes were in place and embedded. All the identified concerns had been addressed.

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

Safe

Rating: Good

At the previous inspection in November 2018 the provider was rated as Requires Improvement for delivering safe services because:

- The practice was not following its own policies, for example training guidance and monitoring of repeat prescriptions.
- There was evidence to demonstrate a lack of oversight for the completion of safety alerts.

At this inspection we found that new processes were in place and well embedded. All the identified concerns had been addressed.

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes

Safeguarding	Y/N/Partial
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

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: November 2019	Yes
There was a record of equipment calibration. Date of last calibration: Annually	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: November 2019	Yes
There was a log of fire drills. Date of last drill: 11 July 2019	Yes
There was a record of fire alarm checks. Date of last check: 14 November 2019	Yes
There was a record of fire training for staff. Date of last training: Ongoing	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 28 November 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes

- Arrangements were in place to ensure that regular servicing and checks on installations such as electrical wiring were safe to use.
- Quarterly checks on emergency lighting were carried out. Records showed that the last check was completed on 29 November 2019. A service of the system had been carried out in May 2019, along with servicing of the fire alarm system and fire detection system.
- An inspection of fixed electrical wiring installation was carried out in February 2019.
- A gas safe inspection was carried out on 7 July 2019.

No actions were required as a result of these inspections, however we found shortfalls:

- We saw that fire doors in the upstairs of the premises were wedged open. Doors on the ground floor have closure mechanisms which would operate to close the door in the event of a fire. The practice acted immediately and obtained a quote to have closure mechanisms fitted to doors in the upstairs of the premises.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 6 November 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6 November 2019	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 4 September 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
A legionella risk assessment was carried out on 2 December 2019 and consisted of a full assessment of the water systems at the practice; sampling of water quality; and an audit of risk management procedures, there were no actions needed. A legionella risk assessment was last carried out in January 2015 and recommendations, such as, installing covers on water storage tanks in the loft had been completed.	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes

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) (01/10/2018 to 30/09/2019) (NHS Business Service Authority - NHSBSA)	0.90	0.85	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). (01/10/2018 to 30/09/2019) (NHSBSA)	5.3%	8.3%	8.5%	Tending towards variation (positive)
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 (01/04/2019 to 30/09/2019) (NHSBSA)	5.98	5.69	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	3.13	2.91	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes

Medicines management	Y/N/Partial
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
The practice had improved their system for monitoring prescription stationery; which included logging boxes of prescription stationery when it arrived at the practice and where it was distributed to.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	7 since March 2019
Number of events that required action:	7
We were shown minutes of meetings that demonstrated significant events were a standing agenda item on staff meetings where they were discussed and learning outcomes were shared. The significant events log did not consistently show timescales for when actions were due to be completed and who was responsible for the action.	

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

Event	Specific action taken
<p>In June 2019 there was a delay in accessing translation services for a patient, at short notice. The GP concerned sent a screen message on how to access translation services and was given appropriate advice, but this resulted in appointments running late. Two other GPs were able to see patients whose appointments had been delayed,</p>	<p>As a result of this a laminated notice with all information including country codes and PIN numbers was placed in each clinical room.</p>
<p>In May 2019 the wrong patient was referred to secondary services.</p>	<p>Both patients affected were provided with apologies and the correct patient was referred for further investigation. The practice carried out a review of referral processes and reminded GPs to be more diligent when making referrals</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<p>We saw examples of actions taken on recent alerts for example, regarding a medicine used for epilepsy which is high risk for female patients of child bearing age. The practice managers had oversight to ensure all actions had been actioned and completed.</p>	

Effective

Rating: Good

At the previous inspection in November 2018 the provider was rated as Requires Improvement for delivering effective services because:

- There was evidence of a continued lack of oversight regarding staff training and appraisals.
- There was evidence of a lack of oversight with regards to patient outcomes and Quality Outcomes Framework (QOF) exception reporting in diabetes and hypertension.
- Staff had not completed training, or had not received the required appropriate updates, in safeguarding adults and children, infection prevention and control, fire safety, information governance, equality and diversity, basic life support and Mental Capacity Act (2005) training modules, in line with the practice's own policies.
- Staff appraisals were not consistently completed on a regular basis.

At this inspection we found that new processes were in place. All the identified concerns had been addressed.

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	1.04	0.70	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice attended monthly multi-disciplinary team meetings which were led by a health and social care co-ordinator from the clinical commissioning group. The meetings attendees included social services; community mental health teams; local hospitals; community nurses; and representatives from the voluntary sector. This promoted joined up care and treatment for patients.
- 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 medicine reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. If patients did not respond to three invitations for an annual review, the practice would contact them by text or telephone to encourage uptake. Patients who had booked a review but did not attend were either texted or sent a letter.
- 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	55.8%	82.5%	79.3%	Significant Variation (negative)
Exception rate (number of exceptions).	7.6% (29)	18.6%	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) <small>(QOF)</small>	53.6%	79.0%	78.1%	Significant Variation (negative)
Exception rate (number of exceptions).	13.5% (52)	13.1%	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>	66.2%	82.8%	81.3%	Variation (negative)
Exception rate (number of exceptions).	8.3% (32)	16.6%	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>	80.2%	77.2%	75.9%	No statistical variation
Exception rate (number of exceptions).	4.7% (30)	12.0%	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>	71.0%	90.5%	89.6%	Significant Variation (negative)
Exception rate (number of exceptions).	19.4% (35)	15.3%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading	74.4%	83.6%	83.0%	Variation (negative)

measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	8.9% (94)	5.7%	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) <small>(QOF)</small>	86.0%	90.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	6.6% (8)	6.6%	5.9%	N/A

Any additional evidence or comments

The practice explained that a factor which had resulted in achievements being lower than CCG and England averages had been changes to GP provision within the local area. A nearby GP practice had closed resulting in a high number of patients registering with the practice. In December 2018, the practice temporarily had to close their list to manage the increased demand. The practice said that since the list re-opened they had experienced approximately 100 new patients registering each month. This had impacted on the QOF achievement. At the time of this inspection the practice were working closely with another GP practice nearby to improve sustainability and meet patient need.

Since our previous inspection, the practice had reviewed how they monitored patient outcomes. The recall system was reviewed and strengthened where needed, to include more proactive contact with patients who declined a review or did not attend.

Work had taken place to address the higher exception reporting rates for patients with diabetes. Actions the practice had taken included:

- contacting patients three times when they were due a diabetes review.
- practice nurses contacting patients with results of blood test to provide advice and make any medicine changes.
- providing protected time for practice nurses to get in touch with patients who had not attended for their reviews.

The practice was part of a project within the clinical commissioning group area which shared learning and best practice and had identified patients as part of a diabetes prevention programme and invited them to attend education sessions.

Families, children and young people

Population group rating: Good

Findings

- The GPs worked alongside a midwife from the local hospital to provide maternity care services. Following the 6-week baby checks from a GP, the practice operated in-house childhood immunisations clinics for newborn babies upwards and ensured that all immunisations were given at the appropriate stages and follow up any appointments missed.
- The practice 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.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	129	137	94.2%	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)	112	121	92.6%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	113	121	93.4%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	111	121	91.7%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health

assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- Appointments were available outside working hours and the practice operated as part of improved access to GPs at the local hospital to provide appointments on evenings and weekends.

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)	75.3%	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)	68.6%	75.9%	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)	52.7%	62.4%	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)	37.5%	62.6%	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)	68.4%	51.6%	51.9%	No statistical variation

Any additional evidence or comments

Unverified data provided on the day of the inspection showed that the current uptake for cervical screening was:

- Over 50s -85.1%
- Age 20-50 -78.7%

The practice followed up screening non-attenders and provided prior notification lists to them and assisted where patients wished to defer/decline further screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local care homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.0%	92.6%	89.4%	No statistical variation

Exception rate (number of exceptions).	7.2% (6)	16.3%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	90.0%	89.6%	90.2%	No statistical variation
Exception rate (number of exceptions).	3.6% (3)	14.7%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	91.4%	85.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	9.1% (7)	6.8%	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)	499.2	No Data	539.2
Overall QOF score (as a percentage of maximum)	89.3%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.4%	No Data	No Data

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

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

<p>An audit was carried out in relation to patients with Attention Deficit Hyperactivity Disorder (ADHD) to assess whether they had been formally diagnosed and were receiving appropriate treatment. The first cycle of the audit was carried out in November 2017. Six patients were identified as potentially having ADHD. None of these six patients had been referred on to secondary care for a formal assessment.</p> <p>The practice reviewed and discussed the results and decided to actively screen for ADHD for patients who may have been missed. Initial screening was achieved by obtaining a history and the use of a specific questionnaire.</p> <p>The second cycle of the audit was carried out in November 2019. 18 patients were identified as</p>

potentially having ADHD and were referred to secondary care. A total of 12 out of the 18 had received a formal diagnosis of ADHD and were started on appropriate care and treatment.

Any additional evidence or comments

Responsibility for QOF monitoring is now shared among seven GPs, rather than two.
The protocol for hypertension had been reviewed and improved to improve identification.

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.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none"> The practice had a structured induction programme for all new staff, which was organised into three sessions. Areas covered included organisational structure; practice charter and mission statement; and code of conduct. The practice used an online training system which enabled them to track training undertaken and required effectively. Records confirmed that all staff at the practice were up to date with training requirements deemed necessary by the practice. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 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
There were a variety of leaflets available and information on the TV screen in the waiting room on health promotion and support services available for patients. For example: contact details and information on 'self-help, not self-harm' aimed at children and families, and credit card sized information on sexual health services for young adults.	

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>	93.7%	94.9%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.9% (17)	1.3%	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
Staff were able to describe best interests' decisions and gathered information on whether there were persons with power of attorney in place for patients, but it was not consistently recorded what type of power of attorney was in place.	

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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	16
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS Website (previously NHS Choices)	There were four positive reviews of the service provided and one negative comment, since our previous inspection in November 2018. The negative comment related to a patient not being referred promptly to another service. The four positive comments made used words such as: calm and courteous manner; wonderful gentle humour; and care and time, when describing staff behaviours.
Comments cards	All comment cards received were positive about how patients were treated with kindness, respect and compassion by staff.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,849	380	133	35.0%	1.35%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time	97.0%	91.5%	88.9%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
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)				
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)	93.8%	90.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	98.9%	96.5%	95.5%	Tending towards variation (positive)
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)	96.7%	87.4%	82.9%	Variation (positive)

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

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients and observation on the day of the inspection visit.	<p>Patients told us that staff were aware of their needs and treated them with kindness and respect.</p> <p>We saw staff greeting patients in a friendly manner and addressing them by name, and ensuring they were informed about any delays.</p>
Comment cards	Comments included that staff were kind, reassuring, polite and helpful.

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)	94.9%	95.1%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 71 patients who were also carers, this represented 0.7% of the practice population.
How the practice supported carers (including young carers).	The practice had an identified lead for carers and in the past 12 months had increased their hours to improve identification of carers. Leaflets were available in the waiting room which signposted carers to local support services and there was information on the practice's website.
How the practice supported recently bereaved patients.	The practice confirmed that GPs would contact the families of recently bereaved patients to offer support. A follow up appointment was also available if required and GPs offered referrals for recently bereaved patients to support services or charities, such as Cruse bereavement care. The practice confirmed all staff receive an informal message using the practice's electronic patient software programme, notifying all staff of a patient's death.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	7:45 am To 6:30pm
Tuesday	7:45 am To 7:30pm
Wednesday	7:45 am To 6:30pm
Thursday	7:45 am To 6:30pm
Friday	7:45 am To 6:30pm
Appointments were available during the times the practice was open. The practice website had information on which GP was working and when, and days and times of clinics offered.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9,849	380	133	35.0%	1.35%

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)	98.3%	95.5%	94.5%	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

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

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments in the mornings and evenings. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

Population group rating: Good

People whose circumstances make them vulnerable

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.

- Patients with vulnerability, whether long or short term, were discussed at practice multi-disciplinary team meetings. Various services, including the voluntary sector attended to provide links out in the community for assistance such as befriending and support to resume hobbies. There were also church led support services provided a scheme called 'Faithworks.' There was no obligation for patients to attend the church to access this support.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

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

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)	99.4%	N/A	68.3%	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
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)	98.0%	75.6%	67.4%	Significant Variation (positive)
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)	95.4%	71.1%	64.7%	Significant Variation (positive)
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)	93.3%	79.5%	73.6%	Variation (positive)

Source	Feedback
NHS website (Previously NHS Choices)	Comments made by respondents were positive about getting an appointment easily and quickly.
Comment cards	Comments included that appointments were always available, and patients could be seen at short notice.

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.	11
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	11
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
We reviewed five complaints received by the practice. All concerns were appropriately investigated, and improvements made where needed. If needed an apology was given. We noted that response letters did not consistently include details of other organisations; such as the Parliamentary Health Service Ombudsman, for complainants to refer concerns if they were not satisfied with the practice response. Staff said that a complaint leaflet was sent out with responses to complaints which had these details on.	

Example(s) of learning from complaints.

Complaint	Specific action taken
<p>In November 2018 a relative of a patient filed a complaint regarding the care that the practice had provided.</p> <p>The complainant considered that there was insufficient involvement from the practice and the patient should have been placed into residential care.</p> <p>The practice had undertaken several home visits and deemed that the patient had capacity to make their own decisions. The complainant was not satisfied with the practice's response and referred the matter to NHS England (NHSE) in February 2019.</p>	<ul style="list-style-type: none"> • NHSE reviewed the complaint processes and responses from the practice. They deemed that the patient had capacity to make her own decisions and was reluctant to leave her home. The practice had managed all episodes of ill-health and referred on as necessary. • NHSE recommended that a named practitioner in charge of care would have been more of a help in co-ordinating services. This has since been actioned by the practice for patients with complex needs.
<p>A GP list revision had taken place for back office administrative work to manage the increase in patient numbers. A patient had noticed when logging online that their usual GP had changed. The patient was not happy that this had occurred without being notified.</p>	<ul style="list-style-type: none"> • The practice wrote a full letter of apology and provided an explanation. They explained that no patients were notified as all patients were able to request to see a particular GP. • The practice acknowledged that this situation could have been managed better. • Action also included the GP's publishing an update to patients with the current changes in general practice and remind patients they are were able to choose a GP to see.

Well-led

Rating: Good

At the previous inspection in November 2018 the provider was rated as requires Improvement for delivering effective services because:

Systems and processes were not fully established and operated effectively, for example:

- The practice was not following its own policies, for example training guidance and monitoring of repeat prescriptions.
- There was evidence of a continued lack of oversight regarding staff training and appraisals.
- There was evidence of a lack of oversight for the completion of safety alerts.
- There was evidence of a lack of oversight with regards to patient outcomes and Quality Outcome Framework (QOF) exception reporting in diabetes and hypertension.

At this inspection we found that new processes were in place. All the identified concerns had been addressed.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Partial
<ul style="list-style-type: none">• There was a significant impact on service provision during late 2018 and early 2019, when the patients' list increased due to a nearby GP practice closing. This had impacted on formalising plans for developing the service provision, in order to meet patients' needs.	

- Since our previous inspection in November 2018 the practice had started to review staff skill mix and were in the process of developing staff skills. For example, in care navigation to signpost patients to appropriate services. They had made changes to the management structure in the past 12 months and had recruited an additional practice manager.
- The registered manager said that the creation of the Primary Care Network (PCN) and providing management support to a nearby practice aimed to assist in maintaining and developing services for patients, as there would be more opportunities for cross site working by clinicians; sharing best practice; and use of extra rooms to facilitate face to face appointments with patients.
- Monitoring of the strategy was predominantly carried out by the PCN once a structure had been fully developed. In addition, the practice had improved their monitoring of the service provided. This was confirmed by meeting minutes.

Culture

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

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

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

Source	Feedback
Staff interviews	All staff we spoke with during the inspection visit were positive about working at the practice. They considered they were kept informed of planned changes and were able to influence how the service provision developed.

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
<ul style="list-style-type: none">The practice had an organisational chart which showed clear line management arrangements.There were a range of meeting, which included clinical meetings; multi-disciplinary meetings; reception meetings; and whole practice meetings.All staff had an annual appraisal and regular one to one supervision sessions throughout the year.The practice had identified leads for areas such as safeguarding and infection control and ensured that staff were suitably trained and competent to carry out their roles.The local clinical commissioning group carried out a data protection practice visit on 18 November 2019 to audit information governance systems at the practice. A recommendation to update policies and procedures to ensure they reflected current GDPR guidance was completed.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

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

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
Comments from the practice's own patient survey for 2019/20 included that staff were supportive and understanding, that patients would recommend the practice; and it was an excellent practice.	

Feedback from Patient Participation Group.

Feedback
Minutes from patient participation group meetings demonstrated that the group were involved in discussion about service provision and were able to comment on plans. Themes from complaints and significant events were also shared at these meetings.

Continuous improvement and innovation

There were of 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
<ul style="list-style-type: none">Incidents and complaints were used to drive improvement. The practice had an ethos that negative feedback was essential for continually improving.The practice was a training practice for GPs and medical students.	

Examples of continuous learning and improvement

- The practice promoted multi-disciplinary working and had health coaches, advanced nurse practitioners and an advance paramedic practitioner.
- The practice was also working closely with the Primary Care Network to develop services that met the needs of patients within the community.

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.