Care Quality Commission

Inspection Evidence Table

Dr WA Cotter + Dr JCJM Bohmer -Laubis (1-562029218)

Inspection date: 2 December 2019

Date of data download: 01 December 2019

Overall rating: Good

The practice was previously rated as requires improvement as a result of concerns identified with the monitoring of patients prescribed high-risk medicines and staff training and recruitment procedures. We found at this inspection that the practice had addressed these concerns.

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

Safe Rating: Good

The service was previously rated as requires improvement for providing a service that was safe. This was because not all patients prescribed high risk medicines were being regularly monitored or reviewed in line with legislation and guidelines and not all staff had completed the required training and did not have adequate recruitment checks undertaken prior to employment.

The practice is now rated as good for providing a safe service as all staff whose files we reviewed had completed the necessary required training and had all required recruitment and monitoring checks undertaken. We undertook a review of 17 patients prescribed high risk medicines and found that all patients had the necessary checks and reviews in line with current legislation and guidance. However, we identified some minor concerns related to premises risk management.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. However, some low risk actions from premises related risk assessments had not been taken.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

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

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: 13/4/2019	Y
There was a record of equipment calibration. Date of last calibration: 10/10/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: Last service January 2019	Y
There was a log of fire drills. Date of last drill: June 2019	Y
There was a record of fire alarm checks. Date of last check: Service last undertaken 16 June 2019 and at least fortnightly testing of	Y

the system.	
There was a record of fire training for staff. Date of last training: ad hoc	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: March 2019	Y
Actions from fire risk assessment were identified and completed.	Partial

Explanation of any answers and additional evidence:

At our last inspection we recommended that the practice should hold regular fire drills. At this inspection we saw evidence of a fire drill having been carried out in June 2019. We were told that drills would be completed every six months.

We found that the practice had completed risk assessments related to the premises. However, some low risk actions from the fire risk assessment completed in March 2019 had not been completed. For example, cold smoke seals had not been installed on all doors and appropriate signage had not been placed on the door of the room which contained a water heater.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Disability access audit - March 2019	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019 – no action required.	Y

Explanation of any answers and additional evidence:

The practice had undertaken a legionella risk assessment in March 2019 at the time of the risk assessment water temperature monitoring had been completed which showed that the temperature of one of the hot water outlets was at a temperature at which legionella bacteria could survive. The risk assessment also recommended that the practice clean their water tank, but this had not been done. The practice was undertaking regular water temperature monitoring and water samples were negative for the presence for legionella bacteria.

The practice's disability access audit recommended that the practice consider purchasing automatic doors and installing a visible alarm system. The practice said that they were in the process of getting quotes for the alarm system but that the automatic door would not be possible due to the characteristics of the building. The practice had robust fire procedures and staff were aware of how to ensure those patients who were hard of hearing were evacuated from the premises. Staff told us that there was no bell at either of the entrances to enable patients who needed assistance with the door to alert reception. We were told that they relied on reception staff seeing patients who were outside that needed support to enter the premises or that patients would have to call the practice and ask someone to assist them.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 10 July 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice 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)	0.89	0.83	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)	8.3%	9.9%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	6.91	6.26	5.60	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
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)	3.33	1.73	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
~~If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.~~	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence: At our last inspection we found that the practice was not consistently undertaking regular monitoring of patients prescribed methotrexate which requires patients to submit to regular tests to ensure that it is safe for them to continue to take this medicine. At this inspection we found that the practice had implemented a systems to ensure that patients were not prescribed this medicine until the required monitoring had been completed. We saw that the practice had treated this finding from their last CQC visits as a significant event. In addition to implementing a new system of monitoring, the practice had audited the system to ensure that it was working. We reviewed the records of patients prescribed this medicine and other high-risk medicines and found that monitoring for all patients was up to date. We saw evidence that the practice monitored their antibiotic prescribing and participated in CCG medicines management audits. Audits indicated that the practice was comparable to other practices in respect of their antibiotic prescribing. In respect of their varying prescribing for urinary tract infections; staff at the practice told us that staff were prescribing in this area was high as some clinicians were prescribing twice daily doses in order to improve patient adherence to treatment. However, staff acknowledged that this was not in line with guidance and that relevant guidelines would be reiterated to staff. Prescribing of these medicines had reduced since the previous year.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	11
Number of events that required action:	11
Explanation of any answers and additional evidence:	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Methotrexate prescribing	It was identified on the previous CQC visit that some patients prescribed methotrexate were not having monitoring completed in line with guidance prior to prescribing. The practice changed

	their practice and ensured that all patients had the required blood tests in line with guidance. The practice audited methotrexate prescribing to demonstrate that the system had embedded.
Locum did not follow correct chaperoning procedure	Locum pack updated with information about the practice's chaperoning procedure.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Explanation of any answers and additional evidence:

At our last inspection we recommended that the practice improve the systems in place for reviewing and taking action in response to patient safety alerts. At this inspection we found that a system had been put in place and that alerts were being cascaded and acted upon. In addition, we saw evidence of audits being completed in response to recent safety alerts including the prescribing of sodium valproate in women of childbearing age.

Effective Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
Explanation of any answers and additional evidence:	

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) (NHSBSA)	0.56	0.57	0.74	No statistical variation

Older people Population group rating: Good

Findings
• The practice supported a local residential home. One of the practice's GPs undertook a weekly ward round. • 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. One of the practice nurses acted as a care co-ordinator; reviewing patients with co-morbidities on the practice's admissions avoidance register. These patients were given a bypass number to ensure clinicians were able to

provide a rapid response.

- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions — Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Concerned that their prevalence of diabetes was lower that other practices in the CCG the practice created a register of patients with impaired fasting glucose. The practice had the highest percentage of patients on this register in the CCG.
- Patients with diabetes were sent a copy of their results and given a questionnaire which enabled the practice to better understand the patients' current lifestyle and needs. This improved patient involvement in care planning and decision making about the management of their condition.
- Adults with newly diagnosed cardio-vascular disease were offered statins. The practice had a comparatively low prevalence of CHD which they attributed to their work around disease prevention.
- 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.
- Overweight patients were referred to local weight management services.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	84.6%	81.7%	79.3%	No statistical

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)				variation
Exception rate (number of exceptions).	9.1% (50)	16.3%	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)	87.7%	80.5%	78.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.7% (37)	12.1%	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) (QOF)	89.9%	82.7%	81.3%	Variation (positive)
Exception rate (number of exceptions).	9.6% (53)	14.5%	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) (QOF)	70.6%	74.5%	75.9%	No statistical variation
Exception rate (number of exceptions).	6.4% (32)	8.9%	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) (QOF)	99.4%	90.3%	89.6%	Significant Variation (positive)
Exception rate (number of exceptions).	13.1% (24)	11.8%	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 measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	82.1%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (54)	5.9%	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)	88.0%	89.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	5.2% (10)	6.5%	5.9%	N/A

Any additional evidence or comments

Families, children and young people Population group rating: Good

Findings

- The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators. The practice provided us with unverified data that the figures for the last two quarters showed that the practice has 100% coverage for both primary immunisations and pre-school booster immunisations.
- 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 including coil fittings.
- 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)	158	166	95.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	139	161	86.3%	Below 90% minimum

(01/04/2018 to 31/03/2019) (NHS England)				
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)	140	161	87.0%	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)	137	161	85.1%	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 practice provided unverified data which indicated that the proportion of children who had received their preschool booster immunisation was 100% in both quarter 4 of 2018/19 and quarter 1 of 2019/20. The practice also provided unverified data which showed that coverage of both Meningitis C and MMR was near 100% for both immunisations in both quarters with only one child out of 134 children missing their MMR in quarter 1 of 2019/20.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice believed that their proactive approach to health checks accounted for their low prevalence of CHD (0.5%) among their 30 – 74-year population demographic.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.7%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer	78.7%	76.0%	72.1%	N/A

in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	61.4%	54.7%	57.3%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	59.5%	72.8%	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)	44.4%	53.8%	51.9%	No statistical variation

Any additional evidence or comments

The practice provided evidence from the CCG which showed that although they were below the local and national average, their performance for cervical screening was comparative to other practices locally. The practice told us that they intended to advertise cervical screening in other languages in the waiting areas in an attempt to improve uptake amongst those within their population who did not speak English as a first language.

The practice had audited the proportion of cancer patients who were diagnosed using the two week wait referral pathway between April and September 2019. They found that the proportion of patients with cancer diagnosed using this route had increased to 68.6%. The practice also supplied us with another audit of cancer diagnosis from 2017/18 which showed that 10 out of 80 of the cancers found during this year were breast cancers that were diagnosed through the national screening programme meaning that of the remaining 70 cancers; 50% were picked up through the two week wait referral pathway.

The practice said that they would undertake an audit of patients with cancer to ascertain what action could be taken to improve the proportion of patients diagnosed with cancer have a timely review after diagnosis.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments were available each day and longer appointments were available when needed.
- 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 undertaken an audit focusing on patients at the end of their lives. The practice had increased the proportion of patients able to die in their home between the first and second cycle of the audit.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental

Population group rating: Good

health
(including people with dementia)

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. • The practice hosted a councillor twice a week. • There was a system for following up patients who failed to attend for administration of long-term medication. • When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. • Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. • Patients with poor mental health, including dementia, were referred to appropriate services. Staff at the practice provided a weekly ward round to a residential home which supported patients with dementia.

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) (QOF)	74.4%	85.4%	89.4%	Tending towards variation (negative)
Exception rate (number of exceptions).	14.0% (7)	14.0%	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)	90.9%	90.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	12.0% (6)	12.0%	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)	78.2%	77.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	7.6% (9)	8.0%	6.7%	N/A

Any additional evidence or comments
The practice told us that performance in respect of serious mental illness reviews had declined in

2018/19, having been comparable or above local and national averages in previous years, because the member of staff who led on mental illness was absent at the end of the 2018/19 QOF year and as a result of an increasing workload. The practice told us that the member of staff had since returned to work and that reviews for patients with a serious mental illness were now staggered throughout the year.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554.7	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.2%	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.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

The practice had undertaken 12 reviews of the care they provided including referrals to gynaecology, 2 week wait referrals, sodium valproate and minor surgery outcomes. Two of these reviews were repeated and were two cycle audits. The first audit was of methotrexate monitoring. The first audit indicated that a number of patients had not received timely monitoring in line with current guidelines. The practice improved their systems and, at the time of the second cycle, the practice had completed appropriate and timely monitoring for all patients prescribed this medicine.

The practice had also completed a two-cycle audit on preparations for end of life for patients on palliative care. The first cycle found that 48% of patients were able to pass away in their own home. Staff worked to increase their focus on care planning and carer identification for palliative care patients which had resulted in the percentage of palliative care patient dying in their own home increasing to 68% in the 2019/20 period.

Any additional evidence or comments

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	

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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Explanation of any answers and additional evidence:

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	

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) (QOF)	92.3%	94.4%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (41)	0.9%	0.8%	N/A

Any additional evidence or comments
The practice had a number of areas where exception reporting was higher than local and national averages: For example, the rate of exception reporting for patients with heart failure was 16.5% in 2018/19 compared with 7.1% in the CCG and 8.2% nationally. The practice provided unverified data from 2019/20 which showed that the rate of exception reporting had reduced to 12.5%. The rate of exception reporting for patients with dementia was 12.1% in the practice and 10.5% average across the CCG and 9.6% nationally. Unverified data for 2019/20 indicated that this reduced to 2.5%. The rate of exception reporting for depression was 37.5% compared to 22.1% average across the CCG and 22.5% nationally. Unverified data for 2019/20 indicated that this was now 0%.

The rate of mental health exception reporting was 15.3% in the practice in 2019/20 compared to 12% in the CCG and 10.7% nationally. Unverified data for 2019/20 indicated that this had reduced to 7%.

Consent to care and treatment

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

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

Caring   Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	45
Number of CQC comments received which were positive about the service.	42
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	All but one of the comment cards were highly positive about the are provided by the practice. They said that both clinical and non-clinical staff treated them with kindness and respect, their needs were met, and they believed the standard of clinical care was excellent.
PPG	All PPG members spoken to said that the practice provided an excellent service and that their needs were consistently met.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12050.0	285.0	108.0	37.9%	0.90%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP	92.9%	88.0%	88.9%	No statistical

Indicator	Practice	CCG average	England average	England comparison
patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)				variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	86.2%	85.6%	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)	98.4%	95.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	93.4%	80.6%	82.9%	Tending towards variation (positive)

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

Any additional evidence
The practice had undertaken a review of suggestions received in their suggestion box. We saw that the practice had considered suggestions received.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with seven patients during the inspection. All of them either indicated that clinical staff would involve them with decisions around their care and treatment or did not make any comment in this regard.
CQC comment cards	Comment cards contained personal experiences from patients. Not only did they say that staff would involve them in their decisions but that they would make an effort to accommodate their wishes and individual preferences. Some comments explicitly referred to care being tailored to a patient's individual needs.

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)	97.8%	92.0%	93.4%	Tending towards variation (positive)

Any additional evidence or comments

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

Carers	Narrative
Percentage and number of carers identified.	72
How the practice supported carers (including young carers).	The practice had undertaken an audit of their carers register. Although the practice had increased the number on their list to 93, the audit identified that only 72 of these patients were still acting as carers. Patients identified as

	carers would be entitled to a flu immunisation and directed to local carer support services by both clinical and non-clinical staff.
How the practice supported recently bereaved patients.	The practice sent patients a sympathy card if they had experienced bereavement and there was a leaflet that was provided to patients outlining the locally available support services in addition to local funeral directors and offices to register the 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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence:	

Responsive   Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	7.00 am – 6.00 pm
Tuesday	7.00 am – 6.00 pm
Wednesday	7.00 am – 6.00 pm
Thursday	7.00 am – 6.00 pm
Friday	7.00 am – 7.00 pm
Saturday	8.45 am – 10.45 am
Appointments available:	
Monday	7.30 am – 10.30 am – 3.30 pm – 6.00 pm
Tuesday	7.30 am – 10.30 am – 3.30 pm – 6.00 pm
Wednesday	7.30 am – 10.30 am – 3.30 pm – 6.00 pm
Thursday	7.30 am – 10.30 am – 4.00 pm – 7.00 pm
Friday	7.30 am – 10.30 am – 3.00 pm – 6.00 pm
Saturday	8.45 am – 10.45 am

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12050.0	285.0	108.0	37.9%	0.90%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	95.9%	94.2%	94.5%	No statistical variation

Any additional evidence or comments

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 including appointments with the nurse lead for those on the practice admission avoidance register.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.

People with long-term conditions — Population group rating: Good

Findings

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

Families, children and young people — Population group rating: Good

Findings

- Additional nurse appointments were available outside of working hours for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. We saw evidence of this system in operation.
- All parents or guardians calling with concerns about a child were able to access the daily walk in clinic.

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 practiced held a weekly contraceptive implant clinic.
- The practice provided appointments from 7.30 am Monday to Friday at their walk in service which enabled patients to access a same day appointment provided that they attended the surgery between 7.00 am and 10.30 am. Working age patients could also book appointments on Thursday evening until 7 pm or on a Saturday between 8.45 am and 10.45 am. Pre-bookable appointments were also available to all patients at two locations within the area, as the practice was a member of a GP federation.

People whose circumstances make them vulnerable — Population group rating: Good

Findings

- The practice enabled patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability to join the practice. The practice held a register of patients with a learning disability.
- 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 — Population group rating: Good

(including people with dementia)

Findings
• Patients experiencing poor mental health could access priority appointments at the practice's same day access service. • Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia including those residing a local residential care home. • The practice was aware of support groups within the area and signposted their patients to these accordingly and these services were also advertised in the surgery waiting area.

Timely access to the service

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

National GP Survey results

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

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)	91.8%	N/A	68.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	70.1%	61.4%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	81.9%	60.6%	64.7%	Tending towards 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)	75.5%	68.2%	73.6%	No statistical variation

Any additional evidence or comments

Source	Feedback
Comment cards	All of the comment cards stated that appointments were easily accessible and many of the comments stated that they appreciated the open access surgery available in the morning. Two of the comment cards said that they would like more availability in the afternoon, but both acknowledged that they could get an appointment if needed.
PPG	All of the seven PPG members said there was no difficulty accessing appointments over the phone or in person and some patients said that the online system worked well. All patients spoken to said that they appreciated the open access surgery in the morning.

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.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	

Examples of learning from complaints.

Complaint	Specific action taken
Patient complained about open surgery times	Practice responded and clarified the process for accessing the open surgery.
Patient complaint about use of antibiotic	Practice responded outlining why antibiotic prescribed.

Well-led Rating: Good

The service was previously rated as requires improvement for providing well led services. This was because there was a lack of systems in place to ensure that patients prescribed high risk medicines were monitored or that staff had completed required training or had adequate recruitment checks undertaken prior to employment. The practice is now rated as good for providing well led services. We found that all staff whose files we reviewed had completed the necessary mandatory training and had all required recruitment and monitoring checks undertaken. Systems were also in place to ensure that staff were reviewing and completing the necessary monitoring for patients prescribed high risk medicines.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: There was evidence of a clear leadership structure internally and one of the partners also held leadership positions in external organisations. The practice outlined action taken to support another GP practice as part of the partner's role within the federation. Providing this support had put additional pressure on the practice's leadership which meant that supervision was passed to another practice in September 2019.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Staff had undertaken equality and diversity training.	N
Explanation of any answers and additional evidence: We were told that equality and diversity training did not form part of the practice required training and none of the staff whose filers we reviewed had completed this. However, staff we spoke with had an awareness of equality and diversity and we saw no evidence of discrimination.	

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

Source	Feedback
Staff interviews	We spoke with a range of clinical and non-clinical staff at the practice. All staff reported being happy working at the surgery and that they felt supported in their roles. All staff said that there were good working relationships both between staff within individual teams and positive interaction between staff and management.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	

Managing risks, issues and performance

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

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	

If the practice offered online services:

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

Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
We spoke with seven members of the Patient Participation Group (PPG). The PPG reported being happy with the service provided by the practice and that the open surgery enabled them to access appointments when they required them. PPG members said that staff, including members of the clinical team, were engaged with the PPG and took on board suggestions made by the group; including plans for the practice's refurbishment like having additional toilets and highlighting uneven flooring in the surgery. The PPG had been involved in promoting the E-consult service and were involved in discussion of anonymised complaints and practice performance. The PPG was comprised of a membership of between 10 – 12 people who met every other month.

Any additional evidence

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.	Y

Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement
The practice was focused on continual learning and improvement. For example, the practice participated in various pilot programmes including one involving the use of pharmacists. Due to the success of the pilot the practice now had two pharmacists supporting their work. The pharmacists could prescribe and offer face to face appointments for medication reviews. In addition, they assisted the practice with monitoring of prescribing, reviewing clinical correspondence and supported the practice's anticoagulation clinic. The practice had also upskilled and developed staff including training a member of their non-clinical team to act as a physician administrative assistant. They had supported a receptionist to become a nursing assistant who could provide immunisations and was currently being trained to provide cervical screening. The practice was a training practice. At the time of the inspection the practice had no current GP trainees. We saw that the practice had a comprehensive quality improvement and review systems in place to ensure that they were provided high quality care.

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 practices 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.