

Care Quality Commission

Inspection Evidence Table

Golden Valley Practice (1-552770144)

Inspection date: 20 December 2019

Date of data download: 08 January 2020

Overall rating: Good overall rating here

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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: <ul style="list-style-type: none">At the time of our inspection, the practice was at the initial stages of planning the introduction of video consultations.	

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>	0.34	0.53	0.74	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- Older patients received a full assessment of their physical, mental and social needs. Those who were frail and vulnerable received appropriate help and signposting to other services if appropriate. This included an annual clinical review with a medicines review.
- All patients aged over 75 were invited for a health check. Over a 12-month period the practice had provided health checks for over 90% of patients aged over 75.
- The practice carried out home visits when required.
- The practice has been part of a Herefordshire wide scheme to develop and use a revised Do Not Artificially Resuscitate form (DNAR) which better captures patient's information and wishes. This has been approved by the NHS locally.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had 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.
- Patients received medicine reviews at either six or 12 monthly intervals depending on the complexity of their medicines. Reception staff had calling lists which were used to telephone patients to advise that their annual review was due and book an appointment with the practice nurse at a suitable time.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. This included a practice nurse who specialised in Chronic Obstructive Pulmonary Disease (COPD) and asthma.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

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>	76.1%	76.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	4.6% (15)	10.6%	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	83.1%	73.1%	78.1%	No statistical variation

months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) ^(QOF)				
Exception rate (number of exceptions).	4.6% (15)	8.0%	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)	82.6%	77.1%	81.3%	No statistical variation
Exception rate (number of exceptions).	12.8% (42)	13.8%	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)	79.1%	69.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.2% (8)	4.0%	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) ^(QOF)	93.5%	80.8%	89.6%	No statistical variation
Exception rate (number of exceptions).	0.9% (1)	7.6%	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)	80.6%	78.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (35)	3.5%	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)	90.6%	89.3%	91.1%	No statistical variation
Exception rate (number of exceptions).	5.9% (8)	5.9%	5.9%	N/A

Findings

- The practice has a below average number of patients within this population group.
- There were appointments outside of school hours and any child who needed an appointment was seen on the same day.
- A family planning and contraceptive service was available. Two GPs were appropriately trained for this.
- Childhood immunisation uptake rates were below the target percentage of 95% or above. The practice had an action plan in place to address this and reviewed the situation monthly – see any additional evidence and comments below.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation.
- Midwife appointments were available at the practice every week.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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/Hip) (01/04/2018 to 31/03/2019) (NHS England)	29	33	87.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	45	53	84.9%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	45	53	84.9%	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)	45	53	84.9%	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 had an action plan in place to improve the take-up of child immunisations. Unverified data suggested the practice was likely to meet the targets for 2019/20, for example for MMR, the practice

achieved 95%, which was above the national target. The practice had identified some resistance locally to children’s vaccinations and had addressed this in the following ways:

- Distributed an immunisation information leaflet within the local community and through local schools. This highlighted the benefits of immunisations and tackled some of the common perceived concerns that exist.
- A practice nurse has visited all local schools and spoken with staff, children and parents.
- Particularly targeting an identified sector of the local community where resistance to children’s immunisations was strongest.
- Offered separate vaccinations whenever concerns were expressed about children receiving combined treatments (more than one vaccination at the same time). This had improved take-up but spread it over a longer period which also influenced data.
- Every opportunity was taken to discuss children’s vaccinations with relevant patients during each patient interaction.
- The practice monitored this formally at the monthly clinical meetings and also reviewed progress on a weekly basis.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice’s uptake for breast and bowel cancer screening was above the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- The practice offered travel vaccinations and smoking cessation advice.
- The practice has encouraged all patients to register for on-line access.
- Although the practice did not provide a specialist sexual health clinic, appointments were available with GPs and the nursing team. The practice also signposted patients to a specialist service located in Hereford.

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). (31/03/2019 to 30/06/2019) (Public Health England)	80.7%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	69.8%	74.0%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	63.0%	62.1%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	86.2%	77.2%	68.1%	N/A

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) ^(PHE)	47.4%	55.8%	53.8%	No statistical variation
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People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 had access to a wide range of information leaflets with information and contact numbers which were easily accessible in their reception area. The GP and Reception staff printed off and handed out information leaflets to patients.

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 and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Patients with mental health conditions were categorised under the vulnerable person scheme and would be offered a same day appointment to see a GP.
- 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.
- The practice had direct access to a mental health consultant when needed and appointments were held with both the mental consultant and a mental health nurse in the practice.

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)	94.4%	69.0%	89.4%	No statistical variation
Exception rate (number of exceptions).	2.7% (1)	8.6%	12.3%	N/A
The percentage of patients with	91.7%	75.3%	90.2%	No statistical variation

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)				
Exception rate (number of exceptions).	2.7% (1)	7.4%	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)	77.1%	79.2%	83.6%	No statistical variation
Exception rate (number of exceptions).	7.7% (4)	5.9%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554.9	542.1	539.2
Overall QOF score (as a percentage of maximum)	99.3%	97.0%	96.7%
Overall QOF exception reporting (all domains)	3.6%	5.2%	5.9%

	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

- Although below target, children's vaccinations had increased following audit and action planning. Unverified data suggested the practice was likely to meet the targets for 2019/20.
- Following completed clinical audit cycles, the practice had improved its identification of pre-diabetic patients. By November 2019, 78% of these patients had been invited to attend a local lifestyle change intervention programme, compared with 68% during the whole of 2018/19.
- A focus on cervical screening had seen take-up increased to enable the practice to meet the national target.
- The practice extended patient appointments from ten to 15 minutes to provide patients with a less rushed environment and more time to determine their needs.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We examined training records which indicated staff training was fully up to date and a continuous programme of staff training and improvement was in place. The practice had experienced some difficulties with recruitment over the last two years but had worked to address this. Shortly after our inspection, the practice to start re-examining nursing roles to ensure practice nurses and health care assistants carried out the most appropriate tasks to their roles. This was also expected to create additional GP time. There was a constant programme of staff development. At the time of our inspection, a healthcare assistant was training to become a nursing assistant. Additionally, a receptionist had recently trained to become a healthcare assistant. 	

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)	Y
We saw records that showed that all appropriate staff, including those in different teams	Y

and organisations, were involved in assessing, planning and delivering care and treatment.	
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: <ul style="list-style-type: none"> The practice was part of Herefordshire on Record, a system which enabled the practice to share patient records with other medical providers with the appropriate permission of the patient concerned. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had put a plan in place to improve community engagement with men's health and had visited a men's breakfast club, amongst other initiatives to highlight this. 	

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>	95.1%	93.5%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.5% (8)	0.6%	0.8%	N/A

Any additional evidence or comments

All exception reporting was below the Clinical Commissioning Group (CCG) and national averages.

Consent to care and treatment

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

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

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw evidence of clear, decisive leadership and plans were in place to ensure the future development of the practice. This included plans to manage the challenges of recruitment within the local area and those to improve the take-up of children's vaccinations.	

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	Y

them.	
Progress against delivery of the strategy was monitored.	
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw evidence the practice's vision, values and objectives were regularly discussed and reviewed at staff meetings at all levels. This included the challenges being faced as a rural practice. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed and they would be treated fairly. There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary and all professional registrations were up to date. 	

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

Source	Feedback
Staff interviews	Practice management and GPs were highly approachable and open. Nothing was hidden from staff.

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: <ul style="list-style-type: none"> The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within those roles. 	

Managing risks, issues and performance

The practice had clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. A programme of continuous clinical and internal audit was in place and used to monitor quality and to make improvements. Policies and procedures were practice specific and available to staff. They were reviewed annually and staff were informed of any changes. 	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice has had a challenging time over the last 12 months due to GP absences, two through sickness and the departure of a salaried GP. GP recruitment has been difficult, but they have recruited a new salaried GP. During this time the practice was proactive in ensuring patients' needs continued to be met. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Quality and operational information was used to ensure and improve performance.• The practice used performance information which was reported and monitored. Management and staff were held to account. This was linked to staff appraisal and training.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Since our inspection in 2014, the practice had introduced a staff suggestion system. Changes and improvements had been made because of this, including changes to the way reception was organised.	

Feedback from Patient Participation Group.

Feedback

The Patient Participation Group was not contacted on this occasion.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

- The practice undertook medical research and clinical trials of medicines with the National Institute of Health Research. Recent trails have included investigations into the timing of taking blood pressure medication to improve results for patients.
- The practice will be a pilot site for the introduction of on-line consultations within Herefordshire with plans to introduce these during 2020.
- The practice was a finalist in the 2019 Herefordshire GP Practice of the Year awards.
- Due to the practice joining the Primary Care Network, the practice has reviewed its processes and organisation alongside other local GP practices. Best practice information is shared on a regular basis.

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 several 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 considered 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.