

Care Quality Commission

Inspection Evidence Table

The Westwood Surgery (1-7960243806)

Inspection date: 20 December 2019

Date of data download: 16 December 2019

Overall rating: Good

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

Safe

Rating: Requires improvement

We have rated the practice as requires improvement for providing safe services because:

- There was a lack of valid authorisation for nurses working to Patient Group Directions
- There were arrangements in place for the maintenance of safe premises. The required actions identified in risk assessments had been followed up with the premises landlords to get these resolved.
- The practice maintained records of staff training on topics that supported their provision of safety systems and processes.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
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).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
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: 2 December 2019 (Both sites)	Yes
There was a record of equipment calibration. Date of last calibration: Pickford Surgery site – 12 September 2019 Westwood Surgery site - 18 October 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 3 December 2019 (Both sites)	Yes
There was a log of fire drills. Date of last drill: 5 November 2019 (Both sites)	Yes
There was a record of fire alarm checks. Date of last check: 5 November 2019 (Both sites)	Yes
There was a record of fire training for staff. Date of last training: Staff had completed online training on various dates throughout the	Partial ¹

year.	
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: April 2019 (Both sites)	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: 1. Staff training report showed that 12 members of staff were overdue their fire safety training.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: various	Yes ²
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: various	Yes
Explanation of any answers and additional evidence: 2. The provider had arranged for contractors to complete assessments: premises asbestos survey (3 December 2019) and Disability Discrimination Act Audit / Disabled Access Audit (April 2019). The provider informed us that the actions identified in risk assessments had been followed up with the premises landlords. The required actions identified in risk assessments had been followed up with the premises landlords to get these resolved.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: Pickford Surgery site – 23 May 2019 Westwood Surgery site – 23 May 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial ³
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Partial ⁴
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	
3. Some medicines recommended for treating medical emergencies were not stocked at either of the	

practice sites, and there was formal risk assessment providing a rationale for their decision not to stock these items. However, all the anaphylactic medicines were stocked.

4. The practice clinical team were in the process of completing sepsis training. However the clinical team had access to assessment tools to guide them in consultations with patients with presumed sepsis and other clinical emergencies.

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, the practice did not always ensure staff had appropriate authorisations to administer medicines.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial ⁵
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Not applicable
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	
5. There was a lack of valid authorisation for nurses working to Patient Group Directions. The authorised prescriber's signature predated the names on the list.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	23
Number of events that required action:	23
Explanation of any answers and additional evidence:	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Delay in a urine sample being checked	<ul style="list-style-type: none"> The delay was noticed The sample was sent to the laboratory for confirmation of the result The investigation of the incident found the procedure needed review. The sampling procedure was reviewed and an improved sampling procedure was put in place
Delay in patient treatment as a two week wait referral was not completed by a private consultant.	<ul style="list-style-type: none"> GP partner in practice completed the referral on the same day the practice became aware of the issue. Quality alert raised against the private consultant. Incident discussed at the next clinical meeting.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
We saw examples of actions taken on recent alerts for example, regarding sodium valproate.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

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)	0.16	0.57	0.74	Significant Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice has a trained care navigator who supported vulnerable adults to get the care they need in the place where they reside. The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care

plans and prescriptions were updated to reflect any extra or changed needs.

- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice work collaboratively with community health and social services teams in the delivery of care
- The practice provided GP services to a 79 bed nursing home, including full review at admission, chronic disease monitoring and capacity assessments
- The practice arranged with patient consent for palliative care patients to have access to Coordinate my Care (an urgent care plan system that is shared with other services and built around the wishes of the patient).

People with long-term conditions

Population group rating: Good

Findings

- The practice has a trained care navigator who supported vulnerable adults to get the care they need in the place where they reside.
- 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. As a result, the practice offered a wide range of specialist nurse services including Chronic obstructive pulmonary disease (COPD), asthma, diabetes, Coronary heart disease (CHD)
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Patients with COPD were offered rescue packs, and the practice had recently conducted an audit to review rescue packs prescribing to check it appropriateness.
- The practice is a Tier 2 diabetes service including providing insulin initiation in Type 2 diabetics.
- The practice has an inhouse phlebotomy service.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	75.2%	81.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	5.4% (25)	16.3%	12.8%	N/A
The percentage of patients with diabetes, on	81.5%	80.5%	78.1%	No statistical variation

the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	5.6% (26)	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) <small>(QOF)</small>	80.4%	82.7%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.5% (35)	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) <small>(QOF)</small>	90.4%	74.5%	75.9%	Significant Variation (positive)
Exception rate (number of exceptions).	14.0% (58)	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) <small>(QOF)</small>	99.3%	90.3%	89.6%	Significant Variation (positive)
Exception rate (number of exceptions).	10.4% (17)	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)	82.9%	83.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (17)	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)	86.4%	89.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	8.5% (11)	6.5%	5.9%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice has met the minimum 90% target for one of four childhood immunisation uptake indicators; for the same indicator the practice has also met the WHO based national target of 95% (the recommended standard for achieving herd immunity).
- The practice has not met the minimum 90% target for three of four childhood immunisation uptake indicators, achieving between 86% and 89% for these.
- 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.
- A full family planning service was available on site in the practice. These included a Sexual Health service offered on-site and the provision of Contraception (including fitting of IUCD and implants)
- Staff had the appropriate skills and training to carry out reviews for this population group.
- There was a clinical Safeguarding lead, working jointly with Health visitors, school nursing, midwives to share information regarding children at risk the practice also had a safeguarding administrative lead.

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)	119	123	96.7%	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) (01/04/2018 to 31/03/2019) (NHS England)	110	128	85.9%	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)	110	128	85.9%	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)	114	128	89.1%	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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Health assessments for heavy goods vehicles (HGV) drivers and employment medicals were available (fees were payable for these assessments).

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) (PHE)	76.9%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	79.0%	76.3%	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)	58.4%	56.0%	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)	62.2%	67.1%	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)	69.0%	56.6%	53.8%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Good

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- Children that were not brought for appointments were monitored and the practice liaised with the health visitors where indicated.
- There was a clinical Safeguarding lead, working jointly with Health visitors, school nursing, midwives to share information regarding children at risk.
- There was a dedicated safeguarding administrator, responsible for "linking" vulnerable family members and ensuring critical information was shared where necessary.

- There were alerts on the practice clinical system to identify vulnerable adults or children with cause for concern.
- The practice provided safeguarding training for all staff, including identification of child and adults at risk, domestic violence.
- Care plans and fragility assessments were prepared for people with identified vulnerabilities.
- Annual reviews were completed with patients on learning disability register
- Homeless patients were able to register with the practice, using the practice address as their contact address, and they were signposted to health champions and social prescribing team
- The practice clinical records system allowed sharing of critical information, with consent.
- There was weekly prescription provided for patients at risk of over-using medicines.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Psychological therapies and counselling services were provided, and there was signposting to local support agencies for mental health needs.
- The practice performance against some clinical indicators relating to the care and treatment of people in this population group was below or tending towards being below national averages. However, the provider had planned to carry out reviews for patients in this population group during January 2020 which they were assured would improve performance in this area.
- Residents in a local care home were registered patients at the GP practice. The clinical lead in the care home informed us that the lead GP attended the care home for a review meeting on 15 January 2020, that the GP attended the home for weekly visits on Thursdays as well as any additional required visits.

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)	56.5%	85.4%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	4.6% (3)	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)	76.9%	90.1%	90.2%	Tending towards variation (negative)
Exception rate (number of exceptions).	0.0% (0)	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)	81.1%	77.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	10.8% (9)	8.0%	6.7%	N/A

Any additional evidence or comments

We discussed some poor performing indicators relating to people with mental health needs with the provider. They were aware of the challenges of engaging with this patient population and were aware of their need to improve their performance. Some steps the practice had taken included:

- Following up letter invitations with a telephone call, and sending a reminder the message or call to the patient ahead of their appointment.
- A Friday dedicated clinic for this patient group
- Continual monthly monitoring of the practice performance

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)	549.6	524.2	539.2
Overall QOF score (as a percentage of maximum)	98.3%	97.8%	96.4%
Overall QOF exception reporting (all domains)	4.0%	6.9%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

Clinical Audit - reviewing patients who were prescribed Tapendatol. This review was conducted in response to an MHRA alert about how Tapendatol can increase likelihood of seizures / lower seizure threshold and heighten the risk of serotonin syndrome with the concurrent use of SSRIs, SNRIs, tricyclics and antipsychotics.
Clinical audit – assessing effectiveness of joint injections
Clinical audit – women of child bearing age prescribed sodium valproate
Clinical audit – review of rescue packs prescribing.

Any additional evidence or comments

We found that the practice had made improvements in the effectiveness of care and treatment provided as a result of their clinical audit exercises.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Not applicable
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes ¹
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. There was a variety of resources available on the practice website to support patients to monitor and maintain their own health and wellbeing. There was also a self-help centre on the practice website where patients could use a BMI calculator, blood pressure calculator, make self-referrals 	

for physiotherapy, maternity, stop smoking and talking therapies.

The practice website also gave patients information on how they could access the new NHS App and what services were available via the App, including check symptoms and get instant advice, book appointments, order repeat prescriptions, view GP medical record.

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)	95.3%	94.4%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.2% (5)	0.9%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	34 (Westwood site) 34 (Pickford site)
Number of CQC comments received which were positive about the service.	26 (Westwood site) 18 (Pickford site)
Number of comments cards received which were mixed about the service.	4 (Westwood site) 13 (Pickford site)
Number of CQC comments received which were negative about the service.	4 (Westwood site) 3 (Pickford site)

Source	Feedback
CQC comments cards	Most patients told us they felt the care and treatment provided in the practice was good. Patients told us they were treated with kindness and respect by both the clinical team and reception staff. However, the negative comments and negative aspects of the mixed comments were about difficulties getting appointments, particularly from patients responding about their experiences of the Pickford site.
Patient interviews	We spoke with three patients during our inspection. All of them were happy with the services provided in the practice and raised no concerns.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9536.0	331.0	117.0	35.3%	1.23%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	85.2%	88.0%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	87.1%	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)	91.9%	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)	71.4%	80.6%	82.9%	No statistical variation

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

Any additional evidence
The practice encouraged patients to participate in the friends and family test (FFT) on an ongoing basis.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patient feedback indicated that they felt involved in decisions about their care and treatment.

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)	89.3%	92.0%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	175 patients (2% of the practice population)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • There is a Carers lead in the practice • People with caring responsibilities were signposted to the local authority carer's assessment and other local support services via the social prescribing scheme.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • The practice signposted patients to local support services via the social prescribing scheme.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times – Westwood site	
Day	Time
Monday	8.00am to 8.30pm
Tuesday	8.00am - 8.30pm
Wednesday	8.00am - 6.30pm
Thursday	8.00am - 6.30pm
Friday	8.00am - 6.30pm

Appointment times – Westwood site	
Day	Time
Monday	8.30am to 10.10am, 3.30pm to 5.40pm, and 6.30pm to 8.10pm
Tuesday	8.30am to 10.10am, 3.30pm to 5.40pm, and 6.30pm to 8.10pm
Wednesday	8.30am to 10.10am, and 3.30pm to 5.40pm
Thursday	8.30am to 10.10am, and 3.30pm to 5.40pm
Friday	8.30am to 10.10am, and 3.30pm to 5.40pm
Monday to Friday	Walk in emergency appointments for acute new cases are available from 11am, with 10 appointment slots available per clinician. The walk in surgery normally ends at about 12 noon.

Practice Opening Times – Pickford site	
Day	Time
Monday	8.30am to 6.30pm
Tuesday	8.30am to 6.30pm

Wednesday	8.30am to 6.30pm
Thursday	8.30am to 1pm
Friday	8.30am to 6.30pm

Appointment times – Pickford site	
Day	Time
Monday	8.30am to 10.10am, 3.30pm to 5.40pm, and 6.30pm to 8.10pm
Tuesday	8.30am to 10.10am, 3.30pm to 5.40pm, and 6.30pm to 8.10pm
Wednesday	8.30am to 10.10am, and 3.30pm to 5.40pm
Thursday	8.30am to 10.10am, and 3.30pm to 5.40pm
Friday	8.30am to 10.10am, and 3.30pm to 5.40pm
Monday to Friday	Walk in emergency appointments for acute new cases are available from 11am, with 10 appointment slots available per clinician. The walk in surgery normally ends at about 12 noon.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9536	331	117	35.3%	1.23%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	93.3%	94.2%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice allocated a named GP for all patients aged over 75 years. The practice premises were fully wheelchair accessible Home visits were provided to housebound patients. The practice provided GP services to a 79 bed nursing home, and had a bypass line and direct email access for care home, for those residents at risk of hospital admission so they could be provided with additional care and support promptly that may prevent their admission. The practice arranged with patient consent for palliative care patients to have access to Coordinate my Care, CMC (an urgent care plan system that is shared with other services and built around the wishes of the patient) and had being the highest CMC using practice in the borough for some years.

People with long-term conditions

Population group rating: Good

Findings

- The practice maintained an informative website, with useful links for patients to self refer for certain services, access health promotion information, and links to other useful organisations with advice and help for patients to manage their long term condition
- As a Tier 2 diabetes service including insulin initiation in Type 2 diabetics, patients were able to access full treatment for their condition without needing hospital care.
- The practice offered health monitoring equipment (nebulisers and glucose monitors) on loan to patients, which allowed them to monitor their condition without needing clinic appointments at the practice.
- An in-house phlebotomy service was provided in the practice.

Families, children and young people

Population group rating: Good

Findings

- The practice had a flexible appointment system, including after school hours and evenings. Appointments were available for child immunisations in morning and afternoon at both practice sites.
- Unwell children were prioritised for appointments and were seen within the same day.
- Patient self-check station was available in the reception area.
- A full family planning service was available on site in the practice. These included a Sexual Health service offered on-site and the provision of Contraception (including fitting of IUCD and implants).

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Remote and online services were available for the patient population including telephone consultations, online appointment booking, prescription request, and patient record access.
- Extended hours appointment times were available outside traditional working hours.
- The practice phone lines were open and manned all day, including over lunch periods.
- Minor surgery facilities were available on-site

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services - they had a trained care navigator within the practice and there were 29 patients and their carers being supported by the care navigator.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
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)	47.9%	N/A	68.3%	Variation (negative)
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)	52.4%	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)	48.2%	60.6%	64.7%	Tending towards variation (negative)
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)	55.5%	68.2%	73.6%	Tending towards variation (negative)

Any additional evidence or comments

We saw evidence that the practice had taken action to improve access for the patient population:

- The practice phone lines are open all day
- The practice email – westwood.surgery@nhs.net - is checked and messages responded to frequently throughout the working day
- A bypass number was made available for other health professionals and vulnerable patients to be able to access the practice promptly.
- The practice was actively promoting the use of their online services
- Urgent appointments were also available for people that needed them at the 'Walk-in' GP surgery held daily between 11.00 and midday.

Source	Feedback
CQC comments cards	Most patients told us they felt the care and treatment provided in the practice was good. Patients told us they were treated with kindness and respect by both the clinical team and reception staff. However, the negative comments and negative aspects of the mixed comments were about difficulties getting appointments, particularly from patients responding about their experiences of the Pickford site.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	20
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.	Partial ¹
There was evidence that complaints were used to drive continuous improvement.	Yes ²
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. There was no information available about how to make a complaint at the Pickford Surgery site. Complaint leaflets were available at the Westwood Surgery site. 2. We found that the practice's complaints policy was thorough and appropriate. It included handling requests to make note of complaints on behalf of complainant. We found that the complaint handling and responses were timely and clear. All responses were within 2 weeks, usually within 1 week. complainants were signposted appropriately on how to escalate their complaint if they wished to. We reviewed staff meeting minutes for 2019 and saw that complaints were discussed, and there was an analysis of the complaints. All complaints, including verbal ones, were recorded on the practice system. 	

Examples of learning from complaints.

Complaint	Specific action taken
The practice sent a Did Not Attend (DNA) letter to a patient in error.	<ul style="list-style-type: none"> • The matter was investigated, and it was identified that this was an administrative error that occurred. • The complainant was promptly communicated with in writing, and an explanation and apology given. • The matter was discussed at a staff meeting.
Patient was not informed that an eye test was not included in the HGV medical	<ul style="list-style-type: none"> • The complainant was promptly communicated with in writing, and an explanation and apology given. • The matter was discussed with staff and the need for clearer communication about the extent of the medical.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	

Culture

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

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

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

Source	Feedback
Staff members	Staff we spoke with felt supported at work and had opportunities for development.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

If the practice offered online services:

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

Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> The practice had an active PPG, which was formed in March 2017, and had seven members (four women and three men). The PPG met every two months, with attendees including PPG members, practice admin staff and clinicians. The PPG members we spoke with during our inspection told us they had a close working relationship with the practice and were supported to get the patient voice heard and understood by the practice. The PPG achievements so far have included having successfully identified a dedicated group of members, conducting a patient survey, organising coffee mornings, supporting patients in the practice to get their voice heard, creating waiting room presentations which reflected the practice's demographics, holding two community events, and becoming a park run registered practice.

Any additional evidence
<ul style="list-style-type: none"> The PPG shared the recommendations they have made to the practice, and all but one had been implemented by the practice. Recommendations implemented by the practice include advertising the clinic times on the practice website, providing staff training to meet patient needs, prioritise babies and young children in the emergency walk in clinic, provide health awareness campaigns, and provide drop in sessions to help register online with the new patient records system.

- The only recommendation not implemented had been their request for the emergency surgery (walk in service) to be adapted, which the surgery had not been able to accommodate.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	

• Examples of continuous learning and improvement

- The practice is a training practice for medical students , FY2 and GP trainees. There were two GP trainers in the practice.
- The practice had a system of annual staff appraisals.
- There were online and classroom based training courses available to the staff team.
- There were educational elements to staff and clinical meetings.
- The practice culture encouraged peer to peer learning
- There was active development of the administrative staff, with motivated members of the administrative team being supported to take on other roles and responsibilities such as care navigator, phlebotomist, letter triage.

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.