

# Care Quality Commission

## Inspection Evidence Table

### Twin Oaks Medical Centre (1-541897732)

Inspection date: **24 February 2020**

Date of data download: 04 February 2020

**Overall rating: Good**

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

# Effective

# Rating: Good

## Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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"><li>• The practice offered patients care and treatment based on best practice guidelines. Although a small practice, it offered a range of additional services, including minor surgery from a GP with a special interest in dermatology and effective signposting from their care navigator and social prescriber.</li><li>• The practice used recognised templated care plans to support comprehensive patient health reviews and referrals.</li><li>• The practice had set up their appointment system and GP staffing arrangements to be able to offer urgent same day appointments in response to clinical need.</li><li>• Receptionists were trained and skilled in recognising when patients required clinical review and referral to GPs.</li><li>• The partners reviewed NICE guidance updates and ensured these were circulated and read by relevant staff.</li><li>• The Clinical Commissioning Group had appointed a Data Protection Officer on behalf of this practice.</li></ul>	

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>	0.59	0.63	0.74	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• There was a holistic approach to assessing, planning and delivering care and treatment to this patient group. 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 frailty team visited patients in their own home</li> <li>• The practice had developed close links with community groups such as lunch clubs and local charities, for example with a Ringwood based charity set up to improve the quality of life of older people and retain their independence. The care navigator offered practical support in helping patients attend the activities and liaised closely with GPs to develop care plans.</li> <li>• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. All GPs were trained in dementia care and there was effective referral to the care navigator, who supported patients over 65 access local services.</li> <li>• Clinical staff and the practice's care navigator attended the twice monthly multidisciplinary team meetings to discuss frail patients. The frailty team referred patients to the care navigator to support patients, for example due to social isolation, mental health needs or bereavement.</li> <li>• Health checks, including frailty assessments, were offered to patients over 75 years of age. Patients told us these were well organised, comprehensive and included assessment by allied health professionals.</li> <li>• The practice followed up on older patients discharged from hospital. It ensured their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice had carried out a search on eligible patients and set up additional clinics, following a recent update from Public Health England that national uptake had been low.</li> <li>• The practice's own pharmacist carried out structured annual medication reviews for older patients. They also reviewed patients on repeat medication, at least annually.</li> </ul>

## People with long-term conditions

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• The practice achieved maximum Quality and Outcome Framework (QOF) points for most long-term condition indicators, including heart failure, asthma, chronic obstructive pulmonary disease and diabetes. This meant the practice consistently delivered interventions to promote effective care and treatment of patients with these conditions, in line with NHS guidance. Data showed patients with long-term conditions were offered regular assessment and review, in line with best practice.</li> <li>• The practice carried out structured annual reviews to check patients' health and medicines</li> </ul>

needs were being met. For patients with the most complex needs, their GPs worked with other health and care professionals to deliver a coordinated package of care.

- The practice showed us data from West Hampshire CCG that demonstrated it was amongst the top performing practices in the CCG for the WISDOM project to support patients with diabetes. WISDOM was a project which measures the percentage of patients achieving all three treatment targets (for blood glucose (sugar) levels, blood pressure and cholesterol). This was achieved by practice staff having a joined-up approach to carrying out the regular patient reviews. This involved practice GPs, nursing and administration staff and pharmacists.
- The table below shows the practice performed better than the England average and the CCG average for diabetes indicators, whilst having a much lower exception rate. They had systems to invite patients for their regular health reviews.
- Similarly, the practice had effective systems for monitoring patients with asthma. The table below shows that all but six patients with asthma had the annual assessment of asthma control, using the Royal College of Physicians (RCP) three questions relating to patients' asthma control.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for example following an acute asthma event.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice demonstrated how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. A pharmacist reviewed COPD patients' inhaler techniques and their medicines.

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>	82.2%	79.0%	79.3%	No statistical variation
Exception rate (number of exceptions).	6.4% (18)	14.2%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.8%	78.1%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.0% (14)	11.3%	9.4%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	81.7%	82.7%	81.3%	No statistical

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>				variation
Exception rate (number of exceptions).	8.9% (25)	14.9%	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>	74.1%	76.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	1.6% (6)	11.2%	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>	93.0%	91.6%	89.6%	No statistical variation
Exception rate (number of exceptions).	8.5% (4)	14.8%	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) <small>(QOF)</small>	86.4%	82.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (25)	4.4%	4.0%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.2%	91.2%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	4.8% (7)	5.9%	5.9%	N/A

Any additional evidence or comments
<ul style="list-style-type: none"> <li>The practice's exception reporting rate was consistently lower than the CCG and national average for the indicators shown above.</li> <li>For patients with atrial fibrillation with a high risk-score for strokes, the data below shows the practice was treating a lower proportion of patients than the CCG or England average with anticoagulants. We reviewed a sample of records and found patients had been treated</li> </ul>

appropriately. For example, anticoagulation was not prescribed where blood tests indicated it would not be safe, or where patients were assessed as too frail. We found the practice actively identified patients with high risk scores and reviewed their care and treatment.

## Families, children and young people

## Population group rating: Good

### Findings

- The practice met the minimum 90% target for the four childhood immunisation uptake indicators. The practice met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators. Three children out of 34 had not had their two-year old immunisations.
- The practice provided six-week baby checks and maternal post-natal checks. They used these to advise parents or guardians of the immunisation schedule and the benefits of the programme.
- The practice had arrangements to follow up failed attendance of children's appointments, for example following an appointment in secondary care or for immunisation, and liaised with health visitors when necessary.
- A GP with an interest in sexual health and contraception offered a specific clinic for young people.
- 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.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	26	27	96.3%	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)	31	34	91.2%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	31	34	91.2%	Met 90% minimum
The percentage of children aged 2 who	31	34	91.2%	Met 90% minimum

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)				
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Population group rating: **Outstanding**

### Findings

- The practice achieved the 80% target for cervical screening, with 84.7% of patients screened between 1 July 2019 and 30 September 2019. It was the highest out of 186 practices in the local CCGs for uptake in the 25-49 age group and fifth in the 50-64 age group. The practice had developed its own cervical screening protocol which involved carrying out a search on all patients who had been sent their third invitation letter. The GP personally contacted those who had not made an appointment to encourage engagement.
- The practice's cancer indicators were consistently better than the England average, as shown in the table below. This was achieved through a systematic approach to calling patients for screening tests and reviews.
- There was a GP with special interest in dermatology, who held quarterly minor surgery clinics, which helped reduce hospital appointments for patients.
- The practice offered travel clinics and was a yellow fever centre.
- 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.
- The practice provided rooms for private services, including a counsellor, a podiatrist and chiropractors. Patients could access physiotherapy services through the extended GP services.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (01/07/2019 to 30/09/2019) (Public Health England)	84.7%	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)	77.7%	76.9%	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)	69.0%	65.1%	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) <sup>(PHE)</sup>	79.3%	75.1%	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) <sup>(PHE)</sup>	68.4%	57.1%	53.8%	No statistical variation

### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- All patients with a learning disability were offered an annual health check. The practice worked closely with local charities to support patients living with a learning disability in residential care, as well as those living independently. The practice was a learning disability friendly practice and had promoted health screening and sexual health education in this population group. The practice had had success in promoting cervical and other health screening in this population group, by building relationships and trust with patients.
- The practice offered same day appointments and longer appointments when required by patients in this population group. All staff were trained to support patients with a learning disability and they also offered longer appointments.
- End of life care was delivered in a coordinated way. The practice was involved in regular meetings to discuss and plan care with others involved in patient and family care. All palliative care patients had advanced care plans which included their preferred place of death. GPs gave their mobile telephone numbers to patients nearing their end of life. They called relatives to offer condolences and ensured all staff were aware of a patient death.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice had a system to identify people who misused substances.

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

Population group rating: Good

#### Findings

- The practice had given increased focus to identifying patients with mental health issues in the past year and listed additional patients for regular review.
- The practice had an effective approach for engaging with this population group, as shown by the low or zero exception rate for the indicators shown above. Same day and longer appointments were offered when required and the practice aimed to offer patients the same GP for consistency.
- This was a Dementia Friendly practice. Patients who showed symptoms of early dementia were identified and offered an assessment. When dementia was suspected there was an appropriate referral for diagnosis.



- The practice supported patients living in specialist residential homes for people with dementia.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. Staff offered regular health checks and support from the social prescriber. For example, they were able to refer patients for physical activity and signpost them to 'stop smoking' services. The health checks included checks for long-term health conditions.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice offered urgent access to a mental health practitioner through 'Appointments+', a local service for out of hours and pre-booked evening and weekend appointments. They could also access a private counsellor in the Twin Oaks Medical Centre.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The social prescriber worked with the GPs to support children and adults with an actual or suspected mental health condition.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.3%	92.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	13.7%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.3%	90.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	12.1%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.3%	84.5%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.3% (3)	6.5%	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)	555.2	550.5	539.2
Overall QOF score (as a percentage of maximum)	99.3%	98.5%	96.7%
Overall QOF exception reporting (all domains)	4.2%	5.3%	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:

- There were systems to promote regular patient health reviews. A negligible number of patients were excluded from the annual quality and outcomes framework quality report, for example due to a lack of engagement. The practice performed better than other practices in their CCG in this regard.
- The practice carried out a clinical audit of inadequate smear tests for the year to November 2019. Results of 274 smears showed a 3.28% inadequacy rate, an increase year on year. The results and opportunities for improvement were discussed.
- The practice undertook an audit of patients with the intrauterine coil, to assess patient satisfaction and clinical technique. The outcome of the audit was shared to demonstrate and maintain standards.
- The practice had carried out a place of death audit. It aimed to support those patients who wished to die at home.

### **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.	NA
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"> <li>• Trainee doctors told us the practice offered excellent training opportunities and support to junior doctors, with an open and constructive approach.</li> <li>• Staff training was monitored and staff were reminded to complete the practice's required training when it was due. Staff were up to date with training the practice considered to be necessary, for example, resuscitation, infection prevention and control, safeguarding adults and children (level 2 for administrators, nurses and healthcare assistants, level 3 for doctors), the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, fire safety and data security. There were five staff trained to act as chaperones.</li> <li>• Staff files showed GPs and the nurse completed training on chronic disease management. They attended TARGET (Time for Audit, Research, Governance and Training) meetings twice a year for learning and shared knowledge.</li> <li>• The GPs were involved in a local GP education and support group.</li> <li>• The practice had comprehensive information packs for locum staff, both GPs and nurses.</li> </ul>	

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

processes to make referrals to other services.	
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was a culture of working collaboratively with partners in health, social care and education. For example, there was a virtual practice ward rounds involving the Macmillan nurse and care navigator, for the review of vulnerable and older patients and to review the needs of patients with poor mental health.</li> <li>• All staff commented that cooperation, teamwork and holistic patient care was the ethos at this practice.</li> <li>• All new admissions to the practice list were reviewed at ward meetings.</li> <li>• The practice gave examples of working with local schools to improve health outcomes for school age children and working with traveller communities to improve engagement with health services.</li> </ul>	

### 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff were committed to the holistic care of patients and encouraging them to live healthier lives. Patients we spoke with confirmed this.</li> <li>• There was information both in the surgeries and on the website about what to do in response to a contagious virus, which had national prevalence at the time of the inspection.</li> <li>• The practice website and waiting rooms displayed guidance on how to access a range of services, including smoking cessation, weight loss and exercise activities.</li> <li>• There were links to NHS health guidance on the website.</li> </ul>	

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	94.4%	93.9%	95.0%	No statistical variation

other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.9% (12)	0.7%	0.8%	N/A

### Consent to care and treatment

**The practice was able to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice website explained access to Patient Access, the online booking system, would not be granted for those with parental responsibility for patients aged between 12 and 16 years. Guidance explained the reasons for this in terms of consent and Gillick competency and Fraser guidelines.</li> </ul>	



## Responsive

## Rating: Outstanding

The rating has improved from good to outstanding, because the practice had reviewed and tailored its services to meet the needs of individual patients. It had evaluated its appointment system and implemented an improved approach to maintain flexibility, choice and continuity of care. This was in response to an increased list size and demand for services. It offered a range of services to meet the needs of local people and vulnerable patients.

### Responding to and meeting people's needs

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

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

#### Explanation of any answers and additional evidence:

- The practice maintained a dispensary in the satellite surgery in Burley, to help patients living in this rural community collect their medicines easily, and make deliveries for those who were housebound or vulnerable.
- The practice offered early and late clinics to help people access appointments either side of the normal working day.
- The practice also offered appointments through their extended access provider at two other locations, with last appointments at 9.30pm weekdays and at 9pm on Saturdays and Sundays.
- Patients were offered same day appointments. If planned appointments had been filled, the practice opened additional appointments for example for children, vulnerable patients and those who needed to be seen that day. It also offered telephone appointments for people in urgent need.
- The patient list included a few patients where English was not their spoken language. The provider knew those patients and made translation provision for them. They could access translation services should holiday patients attend who required this.
- Patients could request a change to their title in records, or name changes if they provided evidence.
- Specific GP interests, clinic times and locations were posted on the practice website to help patients when booking appointments.
- The care navigator, who supported those over 65 years of age find useful local services, reported this practice, although the smallest they worked with, made the most use of their services and

made the highest number of referrals.

- The premises were on the ground floor, with wheelchair access and a newly-installed accessible toilet.
- Guidance on the Accessible Information Standard was included on the practice website and staff told us they explored patients' communication support needs when they registered with the practice.

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am – 7.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am – 7.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	7.30am – 6.30pm
Friday	8am – 6.30pm

### National GP Survey results

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)	97.3%	95.7%	94.5%	No statistical variation

### Any additional evidence or comments

### Older people

### Population group rating: Good

#### Findings

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



## People with long-term conditions

Population group rating: Good

### Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. This included regular liaison with the community nursing teams to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## Families, children and young people

Population group rating: Outstanding

### Findings

- Doctor appointments were available from 7.30 am on Thursdays and until 7.30pm on Mondays. There was also a nurse clinic until 7.30pm on Mondays. This meant school age children did not need to miss school to access appointments.
- All parents or guardians who called with concerns about a child were offered a same day appointment when necessary. The appointment system had been designed with this built-in flexibility. Parents with children told us it was easy to get appointments.
- The practice had a joint health and education initiative with the largest of the three local primary schools, having identified some years ago that poor school attendance was an issue. This led to the practice staff organising transport for some of the children from the local traveller community to help them get to school. Parents were asked to consent to sharing information between the school and the practice. This arrangement helped the practice identify and support children and families at risk, as part of their safeguarding responsibilities.
- The practice had regular multidisciplinary meetings with school, health and social care professionals. As a result, the practice developed care plans with the social prescriber to support those families and children with particular health needs. The practice was able to host family meetings with the social prescriber where this was appropriate.
- Young people could access services for sexual health and contraception. The practice had set up an 'off the bus' service, where a walk-in clinic provided by a GP with an interest in sexual health and contraception was timed to coincide with the return of the school bus to the village.
- The practice offered six-week baby checks and maternal post-natal checks, and used these to advise and book immunisation appointments. The practice reported this approach helped them achieve high immunisation rates. A parent told us the practice managed reminders for child immunisations well which they found reassuring.
- The health visiting team held child health clinics at the Twin Oaks Medical Centre twice a month, which helped coordinate care when concerns were identified.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice had arrangements to follow up failed attendance of children's appointments, for example following an appointment in secondary care or for immunisation, and liaised with health

visitors when necessary.

- There was a shielded children's waiting area, with low chairs and wipe-clean toys, in the corner of the main waiting room.
- A GP partner was a long-time trustee of a local group of charities, which amongst its activities helped families with a range of practical support. This included arranging hospital transport.
- The practice had developed a social media page aimed at health education and signposting. This was updated regularly.

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

**Population group rating: Good**

#### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Doctor appointments were available from 7.30am on Thursdays and until 7.30pm on Mondays. There was also a nurse clinic until 7.30pm on Mondays. This meant there was access for working age patients outside the normal working day.
- The GPs offered urgent minor injury treatment, which was of benefit to holiday makers in the area as well as the local community.
- Out-of-hours and pre-bookable appointments were also available to all patients at two additional locations within the area through the local 'Appointments+' extended access arrangement. Appointments were available weekdays between 6.30pm and 9.30pm (or 10pm at Lymington hospital), on Saturdays between 8am and 6pm and on Sundays between 9am and 2pm (or between 8am and 10pm at Lymington hospital).
- Patients told us they could see GPs of their choice.

### **People whose circumstances make them vulnerable**

**Population group rating: Outstanding**

#### **Findings**

- 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 housed traveller community in their area. Practice staff had developed an understanding of their culture and had set up services in response to their particular needs and preferences, to make them more accessible. The registered manager had produced a health video for the community and actively encouraged engagement of this group, for example to explain the benefits of health screening and vaccinations.
- The practice offered the traveller community flexible appointments in order to promote healthcare. If they arrived and needed to be seen, the clinical staff would fit them in, as they were aware that they may be at risk of leaving otherwise.
- People in vulnerable circumstances were easily able to register with the practice, including

those with no fixed abode such as homeless people.

- The practice offered meetings for vulnerable families as a group, to gain their trust and encourage engagement in health services.
- The practice had asked patients with a reading difficulty for their consent to have hospital appointment letters sent to the practice. This enabled staff to give them direct help in coordinating and planning transport.
- Practice staff were actively involved in local initiatives to support vulnerable people, such as the food share project in Bransgore.
- The practice was an accredited Learning Disability Friendly practice. For people with a learning disability, the practice offered longer appointments, at a time suited to the patient. They aimed to minimise waiting times, which might cause patients anxiety, and used pictorial guides to help communicate information effectively. They aimed to offer a regular doctor for continuity of care. This approach had enabled them to deliver health screening, such as cervical screening, and offer health education and advice. This helped the practice achieve an overall cervical screening rate of 84.7%, above the national target of 80%.
- Clinical staff used easy-read information to support assessments.
- The practice had built an accessible toilet since the previous inspection.
- The practice's social prescriber met regularly with families, particularly those considered at risk, and provided holistic care and support.

**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. They were offered same day appointments and longer appointments.
- The practice's social prescriber worked closely with the GPs to support individuals with a mental health diagnosis, where their care plan indicated this would be appropriate. The practice's care navigation and social prescriber helped patients of all ages with psychological support on referral. This could be in the practice or at their home's, depending on their specific needs. The social prescriber described how they had helped one patient gain confidence over a period of support, which had encouraged them to access health services more widely.
- Patients with a mental health diagnosis were invited to six-monthly medicine reviews, and they were also discussed at the virtual practice ward.
- The practice could offer patients direct appointments with a mental health practitioner for acute mental health needs, via the 'Appointment+' extended service at a local hospital.
- The practice was a Dementia Friendly practice with information available to support patients and their carers. 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 patients to these accordingly. This included referral to cognitive behavioural therapy.

## Timely access to the service

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

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had audited the demand for on-the-day appointments over a four-month period, following a significant increase patient list size. Analysis of the results led to changes to the appointment structure. Initially they trialled making all Monday appointments 'on-the-day' ones. The practice then took on a GP retainer in July 2019 and gave protected management time to partners for aspects of practice management. This enabled partners to plan appointment sessions in advance and adjust the number of pre-bookable and on-the-day appointments, by taking into account GP availability. GPs reported this had improved the workload and running of the appointment sessions and removed part of the stress that was beginning to be felt within the practice.</li> <li>The practice offered same day appointments and did not close for lunch. If necessary, they offered additional lunch time surgeries based on demand.</li> <li>Patients could phone and request a home visit that day. The practice had reviewed their appointment system which had helped GPs organise home visits. Home visits were allocated based on where the patient lived and the availability of GPs. The practice aimed to share home visiting duties between GPs to make it equitable.</li> <li>Waiting times were monitored and minimised. There was a nine day wait for the next routine GP appointment at this practice.</li> <li>Patients could book appointments on line, as well as request telephone and email consultations.</li> <li>Patient told us they appreciated receiving text message reminders of appointments.</li> <li>Feedback from patients said receptionists were consistently helpful in assisting them in booking appropriate appointments.</li> </ul>	

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	95.7%	N/A	68.3%	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
their GP practice on the phone (01/01/2019 to 31/03/2019)				
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)	90.8%	72.5%	67.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	86.1%	66.8%	64.7%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	91.4%	76.7%	73.6%	Variation (positive)

#### Any additional evidence or comments

- The data showed patients rated this practice very highly for access, getting through on the phone, appointment times and type of appointment. It performed significantly higher than the CCG and English average. In the 2019 GP patient survey, the practice scored higher than their CCG average in every question. The practice staff were proud of the practice's access arrangements, in particular in being able to offer on-the-day appointments.
- The practice had reviewed access via the telephone system and discussed options with the PPG. The outcome of the review was not to change their approach but instead, when receptionists answered phones (there were two lines), they personally asked callers to wait 'on hold' if necessary, until they were free to answer the call fully. They reported this was well received by patients.
- Patients told us it was really easy to get an appointment, either at the Twin Oaks Medical Centre or the surgery in Burley. They said they rarely had to wait a long time on arrival.

Source	Feedback
NHS Choices	No feedback posted since November 2018.
Friends and family test	The results for January 2020 showed all six respondents were likely to recommend the practice to friend and family if they needed similar care or treatment.
Patient survey April 2019	Forty-one patients completed a survey of 13 questions about one of the GP partners. Answers were consistently positive.
Patient survey October 2019	Forty-one patients completed a survey of 13 questions about one of the GP partners. Answers were consistently positive.
Other	The practice submitted two other patient feedback audits relating to specific clinicians, dated 2017. They were also consistently positive.  A 'colleague review' from 2017, where 13 colleagues gave their opinion on a GP, showed consistently 'excellent' ratings.

## Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• There was an appointed lead GP for complaints. All complaints were logged and responded to in line with the practice policy.</li> <li>• The practice had a complaints and comments leaflet, revised September 2019. It outlined the complaints procedure and gave contact details of advocacy services and the NHS complaints ombudsman.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A delay in forwarding a referral to a mental health service.	The issue was investigated and the cause determined. As a result, the practice revised the system for managing referral letters. The new procedure was to place referrals in individual files for the secretary to process. The service wrote and apologised to the complainant.
Complaint about relative's care and treatment, and lack of communication.	The complaint issue was investigated, including communications with other health professionals. An error was made in failing to cancel a treatment and communicate the decision-making process behind this. The practice wrote to the complainant, explained their actions and apologised. The complainant escalated the complaint which was reviewed by NHS England. It was not upheld.

## Well-led

Rating: add Good

### Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels and leaders had the inspiration and skills to deliver high quality sustainable care.

	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was a strong focus on improvement and working to achieve the best health outcomes for their community. The practice partners had started succession planning to safeguard the practice and its ethos for the local community.</li> <li>• The leadership team were aware of the challenges to their practice and took steps to mitigate risks and support patients. This included challenges from an increased patient list size, where in response, the practice had taken on additional clinical staff and increased consulting room space.</li> <li>• The leadership team understood the needs of specific patient groups and made provision to support their care. This included travellers, patients in residential care, school age patients and holiday-makers.</li> <li>• There was a strong focus on staff development. Many of the staff had been promoted within the practice and as a GP training practice, the partners supported part-time and full-time training posts. The practice had extended their training offer to include trainee doctors.</li> <li>• The practice monitored patient feedback and was proud to receive the highest scores for all practices in the CCG.</li> <li>• Staff were complimentary about the leadership skills of the management team and said leaders were approachable, knowledgeable and helpful. They said they were happy working at the practice.</li> </ul>	

### Vision and strategy

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

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

Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had approved its vision, values and accountability policy in July 2019. Its vision was 'To provide an unrivalled healthcare services, admired for everything we do'.</li> <li>The values were 'collaboration, patient-focused, respect and innovation'. These values were evident on the inspection from speaking with staff and patients and from reviewing documentation.</li> </ul>	

## 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"> <li>Staff said they were well supported, could always ask for advice and were given development opportunities. All staff said the patients came first and there was a passion to provide high quality care.</li> <li>There was a practice charter on display in the waiting room, and on the practice website, outlining both how staff would support patients and also what the practice expected from patients.</li> <li>All staff said they would be confident to raise concerns, issues or report an error. There was a culture of transparency and openness.</li> <li>Staff gave us examples of individual support they had been given which had helped them develop confidence and competence.</li> <li>All staff felt they had been helped to acquire the skills they needed in their roles to work effectively and competently.</li> <li>There was a system for calling for assistance if staff experienced aggressive behaviour from the public.</li> </ul>	



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

Source	Feedback
Interviews with staff	Staff said there was a good teamwork approach at the practice, and everyone pulled together and 'worked as a family'. They said they would be confident to raise concerns or significant events and there was a no-blame culture.

## 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"> <li>• There were arrangements in place to support good governance. Staff understood their roles and responsibilities and knew how to access guidance, support, policies and protocols.</li> <li>• We found policies were regularly reviewed and updated.</li> <li>• The practice manager ensured staff were up to date with appraisals, including three-month reviews for new staff, and monitored staff training compliance.</li> <li>• There were procedures for regular checks of, for example, emergency medicines, medicine fridge temperatures, cleaning checklists and the dispensary. There was evidence of action taken when necessary. For example, when the medicine fridge temperature was recorded at 8 degrees Celsius (at the top of the range) a subsequent check was carried out later that day to ensure the temperature remained within the safe range.</li> <li>• There was a register of staff immunisation status and professional registration checks.</li> <li>• There was a system to ensure safety alerts were shared, acted upon and followed up.</li> <li>• There was effective communication between staff, both formal and informal. The practice manager and</li> </ul>	

## 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.	Partial
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"> <li>There was a room for archived records on the first floor. This was not locked at the time of the inspection and the filing cabinets were also unlocked. The adjacent room was rented out to a private service. This meant there was a risk that records could be accessed by unauthorised persons. The management team recognised they had not identified this risk and took steps to lock the room immediately after our feedback.</li> <li>The practice carried out an infection control audit in November 2019. This was a comprehensive audit of the premises and included a risk assessment for carpeted consulting rooms. The audit identified actions required, including dating disposable curtains and replacing pillows with waterproof pillows. These actions had been listed and completed before the inspection.</li> </ul>	

### 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"> <li>The practice used data effectively to ensure it maintained good outcomes for patients. For example, it performed better than the England and its CCG average for the overall Quality Outcome Framework score, where it scored 555 out of a possible 559 points in 2018/19. Within the clinical measures, the practice dropped only four points out of 435.</li> <li>All policies, guidance and meeting records were held on the practice's intranet. The practice aimed to be 'paper light' to improve access and sustainability.</li> <li>There were systems to call patients for their annual reviews, based on the month of their birth, which was effectively managed and communicated.</li> </ul>	

### 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 (PPG).	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The PPG had a membership of over 130 patients.</li> <li>• The practice engaged with other health and social care professionals through multidisciplinary team meetings and community engagement to ensure patients received joined up care.</li> <li>• This had led, for example, to the development of the 'off the bus' sexual health services for patients in education and a joined-up approach with schools, to support the gypsy and traveller community.</li> <li>• The practice produced newsletters, advising patients of recent improvements, patient feedback results and other relevant information. For example, the New Year newsletter highlighted items of equipment recently purchased using the patient trust fund donations.</li> <li>• The GPs sought patient feedback and feedback from colleagues. Results showed this was consistently good.</li> <li>• The practice was part of a Primary Care Network (PCN), set up to support the community through shared practices and staff. The care navigator and social prescriber, recruited via the PCN, actively supported patients in the practice.</li> <li>• The practice had received positive feedback from the CCG for its cervical screening outcomes.</li> <li>• Staff were engaged through six-monthly whole staff meetings. Staff said they felt they could also raise suggestions or concerns at any time.</li> </ul>	

#### Feedback from Patient Participation Group.

<b>Feedback</b>
<ul style="list-style-type: none"> <li>• Members of the PPG gave feedback about the service that was consistently positive. The PPG members told us the practice operated efficiently and prioritised kindness and good care. There was a focus on personalised care and the practice had risen to the challenge of an increased demand for services with the aim of maintaining this approach. The PPG were impressed with the way the practice was run.</li> </ul>

<b>Any additional evidence</b>
<ul style="list-style-type: none"> <li>• We received patient feedback that was overwhelmingly positive about the practice. This was from talking with patients and from the 17 comment cards completed by patients over the previous week. Feedback praised the professional skills of clinical and non-clinical staff, their care and empathy, the cleanliness of the premises and their ability to find time for urgent appointments.</li> <li>• Many comments included comments that both clinical and non-clinical staff 'went the extra mile'.</li> </ul>

#### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice had the highest uptake for cervical screening in the CCG and had developed its own protocol to promote uptake, which it had shared with other practices.</li> <li>• The practice had audited the demand for on-the-day appointments, and from the results had set up a revised approach that benefited both patients and staff.</li> <li>• The practice was proud of the way it had supported and developed new staff and clinical staff in training. The apprentice receptionist said they were given good support and mentoring as well as time to complete training. They felt fully involved in the practice team. All staff were up to date with training and said they were helped to achieve this.</li> <li>• The minor surgery service had been streamlined to consolidate clinics to set sessions. This had proved effective and the practice was planning to set up their minor surgery injection clinics in the same way.</li> <li>• All staff we spoke with demonstrated an understanding of learning and changes brought about following a significant event. This included administration staff.</li> </ul>	

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a “z-score” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.