

Care Quality Commission

Inspection Evidence Table

Maples Family Medical Practice (1-545243728)

Inspection date: 10 May 2021

Date of data download: 11 May 2021

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

We carried out a comprehensive inspection at Maples Family Medical Practice on 10 May 2021. Due to the impact of the COVID-19 pandemic, the majority of evidence reviewed, and staff interviews were undertaken remotely in after the site visit, on 12 May 2021 and 20 May 2021.

The practice had previously received a comprehensive inspection in October 2019 when it received an overall rating of requires improvement. The safe, effective, responsive and well-led domains were rated as requires improvement; the caring domain was rated as good. All population groups were rated as requires improvement. However, the practice had shown improvement from the original inspection on 5 February 2019 and was taken out of special measures. The practice was rated as inadequate following the initial inspection.

You can read the comprehensive inspection reports by selecting the 'all reports' link for Maples Medical Practice on our website at www.cqc.org.uk

Following our inspection in May 2021, the practice is now rated as good overall. The practice is rated as good for providing safe, effective, caring, responsive and well-led services. All population groups are rated as good.

Safe

Rating: Good

At our previous inspection in October 2019, we rated safe as requires improvement in relation to safe care and treatment. This was because:

- We were not assured lessons were being learnt from significant events.
- Not all clinical staff were aware of where the emergency medicines and equipment were held.
- It was not clear that there was an effective system for all safety alerts to be received and reviewed in the practice.

At this inspection we found there had been significant improvement because:

- The practice had processes in place to ensure significant events were recorded and tracked through a system to make appropriate changes and keep patients and staff informed.

- All staff we spoke to during the inspection were aware of the location the emergency medicines and equipment were stored.
- We audited the clinical system and found the practice had completed audits for recent safety alerts and there was a system in place to disseminate them to staff to ensure patients were treated in accordance to the latest guidance.

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 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
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: Feb 2021	Yes
There was a record of equipment calibration.	Yes

Date of last calibration: Feb 2021	
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion: March 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2021	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2021	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: March 2021	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
Additional COVID risk assessments were carried out when guidance was updated and on a regular basis throughout the pandemic.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
Staff complete overtime when required, and there is an effective buddy system in place for clinicians	

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
Referrals to specialist services were documented, contained the required information 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

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2020 to 31/12/2020) <small>(NHS Business Service Authority - NHSBSA)</small>	1.05	0.78	0.76	Tending towards variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2020 to 31/12/2020) <small>(NHSBSA)</small>	13.8%	11.5%	9.5%	Tending towards variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2020 to 31/12/2020) <small>(NHSBSA)</small>	5.12	5.09	5.33	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2020 to 31/12/2020) <small>(NHSBSA)</small>	192.4‰	117.0‰	127.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2020 to 31/12/2020) <small>(NHSBSA)</small>	1.42	0.67	0.67	Tending towards variation (negative)

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes

Medicines management	Y/N/Partial
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> • The practice had developed a system to monitor the recall of blood test and included a template in the clinical system to ensure the required information was captured to ensure safe prescribing. • At this inspection we found the practice had an automated reporting system which created tasks to recall patients for checks, such as blood test and blood pressure measurements, which was overseen by the admin team who also contacted patients and booked them in for appointments. 	

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:	5
Number of events that required action:	4
<ul style="list-style-type: none"> • There were processes in place to ensure significant events were managed effectively. The practice manager and lead GPs would discuss them as a standing agenda item on the weekly meeting, and a spreadsheet was used to track the progress of each event. • Relevant staff and patients were informed of the outcome from investigations and changes made as a result. 	

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

Event	Specific action taken
Patient did not attend their two week wait.	<p>A patient did not attend their two week wait consultation following a referral from the practice. This was picked up by a secretary who was reviewing the referrals. It was recorded as a significant event as it was possible that it could have not been noticed and the patient not been prompted to attend.</p> <p>There is now a system in place where all two week wait referrals are audited and if there is not a letter in the system from secondary care then the patient is followed up by the practice staff to ensure they have a new appointment.</p>

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
<ul style="list-style-type: none"> • At the previous inspection on 16th October 2019 there was no clear system in place to confirm safety alerts had been received and reviewed in the practice. We found actions were not always recorded when new safety alerts were issued. • At this inspection we found there was a system in place for auditing new and historic safety alerts. All staff were made aware of new alerts and this was recorded. Historic alerts were also audited in the system to ensure new patients were reviewed. • Discussion of new National Institute for Health and Care Excellence (NICE) guidance and safety alerts were standing agenda items at monthly practice meetings. 	

Effective

Rating: Good

At the previous inspection in October 2019, we rated effective as requires improvement this was because:

- There was limited evidence of shared clinical audits and learning within the practice. We found there was limited monitoring of the outcomes of care and treatment.
- The system used to recall patients with long-term conditions for a structured annual review to check their health and medicines needs were being met was not effective.
- The practice did not have arrangements for following up failed attendance of children's appointments following an appointment in secondary care
- The practice had higher than average exception reporting for some indicators relating to people experiencing poor mental health.

At this inspection we found there had been improvement across all these areas. We found:

- Clinical audits were undertaken on a regular basis and any learning from these was shared with all relevant staff.
- There was regular review of patients who require health checks and annual medication reviews
- Staff monitored 'was not bought' children who failed to attend appointments in secondary care and acted to help with support where needed.
- The latest QOF figures showed reduced exception reporting and increased number of patients reviewed.

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

Older people

Population group rating: Good

Findings

- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- All patients over 80 years old were coded on the computer system to ensure they were prioritised if an appointment was necessary.
- Patients medications were reviewed or reconciled within a week by the clinical pharmacist once they were discharged from hospital.

People with long-term conditions

Population group rating: Good

Findings

- The practice had implemented 'combi clinics' where patients with multiple long-term conditions were recalled annually for a structured annual review to check their health and medicines needs were being met. This included a single visit for bloods and other monitoring such as blood pressure and followed up with a phone call from the nurse to review the results and amend medication when appropriate.
- 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Asthma and COPD patients were sent text message questionnaires which was uploaded into the system prior to their review to reduce the amount of time patients were spending in the practice due to the pandemic.

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. (01/04/2019 to 31/03/2020) (QOF)	83.4%	77.9%	76.6%	No statistical variation
PCA* rate (number of PCAs).	9.6% (74)	11.0%	12.3%	N/A
The percentage of patients with COPD who	93.3%	88.4%	89.4%	No statistical

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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>				variation
PCA rate (number of PCAs).	12.8% (24)	13.8%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	86.0%	83.1%	82.0%	No statistical variation
PCA rate (number of PCAs).	8.2% (19)	6.4%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	74.5%	68.6%	66.9%	No statistical variation
PCA rate (number of PCAs).	16.6% (73)	14.0%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	70.0%	72.2%	72.4%	No statistical variation
PCA rate (number of PCAs).	7.1% (84)	7.4%	7.1%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	97.7%	93.6%	91.8%	Tending towards variation (positive)
PCA rate (number of PCAs).	2.2% (4)	3.6%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	80.7%	75.2%	75.9%	No statistical variation
PCA rate (number of PCAs).	8.4% (37)	11.1%	10.4%	N/A

Any additional evidence or comments

There had been improvement in the Quality Outcomes Framework (QOF) since the previous inspection. For example:

- In the previous report, the (01/04/2018 to 31/03/2019)(QOF) data 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 was 66.6%. The latest data shows an increase to 80.7% and is above the local and national average.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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
- The practice did have arrangements for following up failed attendance of children's appointments following an appointment in secondary care
- Young people could access services for sexual health and contraception
- All patients under 5 years old and patients with children were coded on the computer system so if an appointment was required they would be prioritised.

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) (01/04/2019 to 31/03/2020) (NHS England)	70	73	95.9%	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) (01/04/2019 to 31/03/2020) (NHS England)	88	95	92.6%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	88	95	92.6%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	87	95	91.6%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	102	105	97.1%	Met 95% WHO based target

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

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- We were told that 43.5% of patients had signed up for online services.
- 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. Due to the pandemic this was an initial phone call and then followed up with a face to face consultation.

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). (Snapshot date: 31/12/2020) <small>(Public Health England)</small>	75.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	81.0%	76.8%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) <small>(PHE)</small>	70.1%	N/A	63.8%	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 (01/04/2019 to 31/03/2020) <small>(QoF)</small>	94.0%	89.7%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) <small>(PHE)</small>	59.6%	53.4%	54.2%	No statistical variation

Any additional evidence or comments

The practice had added an extra cervical screening clinic once a month to make up for the reduced service the practice was instructed to operate during the pandemic. We saw there was now a concerted effort to increase the amount of screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. There was a palliative care register for patients.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice worked with the Salvation Army to provide acute medical advice out of hours.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances • The practice reviewed young patients at local residential homes and undertook ward rounds weekly.
- The practice had patients who were resident in a local home for those with acquired brain injuries and carried out weekly ward rounds.
- The practice provided general medical services to women and children at a local women's refuge. These patients were always offered same day appointments.

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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice hosted a mental health facilitator and Let's Talk Wellbeing Therapists (Improving Access to Psychological Therapies [IAPT]) to provide local access to these services for patients.
- All staff had received dementia friendly training.

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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	91.1%	85.4%	Variation (positive)
PCA rate (number of PCAs).	45.7% (42)	42.2%	16.6%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	88.2%	80.4%	81.4%	No statistical variation
PCA rate (number of PCAs).	9.6% (9)	9.5%	8.0%	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)	556.1	Not Available	533.9
Overall QOF score (as a percentage of maximum)	99.5%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	6.5%	Not Available	5.9%

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

- Bowel cancer screening audit – As a result of this audit, the practice has implemented a new process to send patients text reminders if they do not return their bowel cancer screening kit. Bowel cancer screening response has improved to 91.39% (382/418 kits returned) based on latest audit.
- Audit of antibiotic prescribing for cellulitis to check correct dose and duration of drug being prescribed. As a result of this audit, an automatic reminder has been added to check antibiotic dose and duration when prescribing antibiotics for cellulitis.

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.	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
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
We saw that any staff working at the practice from other organisations (such as the Primary Care Network PCN) are shown around the site and go through an induction process which is the same as the locum staff.	
The practice is taking steps to improve supervision and monitoring of staff by: <ul style="list-style-type: none"> • Getting nurses to complete reflective templates for patient cases. • Doing joint consultations with nurses. • Conducting appraisals for ANPs, nurses and HCAs • Using auto-consultation templates to allow non-medical prescribers record discussions with GPs regarding prescribing decisions. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
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
<ul style="list-style-type: none"> The practice discussed new cancer diagnosis and end of life care cases at monthly practice meetings. A majority of communication with other providers was via SystmOne (e.g. OOH, some hospital communication, palliative care/hospice, community nurses, school nurses) in conjunction to video conference meetings. A new social prescriber had just come into post for support with housing, getting active, etc. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<ul style="list-style-type: none"> The palliative team nurse reassessed the way meetings took place with the practice and prognosis is the driver for support. This is part of the meeting and GPs work closely with the palliative care team, A smoking cessation phone service was available. Texts were sent to patients with the contact number when they are coded as a smoker. 	

Consent to care and treatment

The practice always obtained 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<ul style="list-style-type: none">Practice staff had updated consent forms, which were reviewed and signed by the patient prior to some procedures, such as joint injections or minor surgery.	

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

National GP Survey results

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 (01/01/2020 to 31/03/2020)	82.0%	89.6%	88.5%	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 (01/01/2020 to 31/03/2020)	80.5%	88.0%	87.0%	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 (01/01/2020 to 31/03/2020)	94.4%	95.7%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	74.5%	82.2%	81.8%	No statistical variation

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

Any additional evidence

- The practice survey carried out by the practice in conjunction with the Patient Participation Group (PPG) was cancelled due to the pandemic.
- As a result of patient feedback, the practice moved from a sit and wait appointment system to a pre-bookable system in November 2019. When the pandemic started it was decided to keep this system as it reduced the amount of people in the practice and allowed for increased triaging of appointments. The practice took feedback about the system and communicated with patients during the changes.
- The practice improved the telephone system as a result of the 2019 survey and will be conducting a survey in 2021 to see if the changes are viewed as positive and find further areas to improve.

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
To ensure that vulnerable adults received appropriate support the practice signposted or made referrals to District Nurses, Cruise, local counselling services and First Contact Plus which was a Leicestershire wide service that enabled a number of agencies to work together.	

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 (01/01/2020 to 31/03/2020)	97.2%	94.0%	93.0%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had 147 carers identified which is 1.4% of the patient list.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • A Healthcare Assistant was the carer lead and managed the register • All carers received an annual check which was conducted by phone and were offered an vaccine if appropriate. • If a new carer was flagged at first registration with the practice, a wellbeing check would be completed to establish what support could be signposted.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • A letter was sent out to the next of kin of any patient who had died, this included a leaflet signposting support groups and counselling services. • If relatives are patients then this would be annotated on the notes so staff were aware.

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
There was a side room for confidential conversations when patients were booking in at reception.	

Responsive

Rating: Good

At our previous inspection in October 2019 we rated responsive as requires improvement. This was because:

- The practice did not have clear oversight of complaints and we were not assured risk was being monitored
- We found that the practice did not undertake routine care plans for patients with dementia.
- The practice did not have a system in place to improve their GP patient survey results.

At this inspection we found:

- The practice had a process in place to receive, monitor and resolve complaints. This provided oversight and highlighted areas for improvement.
- Patients with dementia had a care plan in place
- There had been changes as a result of the GP patient survey and these changes were being monitored.

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	08.30am to 1.00pm 2.00pm to 6.30pm
Tuesday	08.30am to 1.00pm 2.00pm to 6.30pm
Wednesday	08.30am to 1.00pm 2.00pm to 6.30pm
Thursday	08.30am to 1.00pm 2.00pm to 6.30pm
Friday	08.30am to 1.00pm 2.00pm to 6.30pm
Appointments available:	
Monday	8.30am -6.30pm (6:30pm -7:30pm)

Tuesday	8.30am -6.30pm (6:30pm -7:30pm)
Wednesday	8.30am -6.30pm (6:30pm -7:30pm)
Thursday	8.30am -6.30pm (6:30pm -7:30pm)
Friday	8.30am -6.30pm (6:30pm -7:30pm)
	() extended hours phone call

The extended hours service was commissioned by the CCG and appointments were available in early morning, evenings and weekends at the following locations and could be made through the practice:

- Loughborough Urgent Care Centre at Loughborough Community
- Hospital Coalville Community
- Hospital Centre Surgery, Hinckley

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. Health care assessment invites are sent to patients over 75.
- Practice nurses visited housebound patients to provide an anti-coagulation service and flu vaccinations. Practice nurses also carry out chronic illness management for house bound patients i.e. COPD and diabetes.
- GPs carried out 'virtual' ward rounds at local care homes which reduced the number of visits the care home received. Seasonal flu vaccinations were prioritised to these patients.

People with long-term conditions

Population group rating: Good

Findings

- The practice had implemented a quarterly combination chronic illness clinic. This enabled patients with multiple conditions to have their needs reviewed in one appointment. The practice provided a fortnightly combination clinic for patients with diabetes and chronic heart disease.
- The practice liaised regularly with the local district nursing team to discuss and managed 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 and the practice used the Gold Standard Framework.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available after school hours for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Children were marked as waiting on the appt system to ensure they were prioritised.
- Child health clinic for eight week checks were held late Tuesday mornings, this was included a GP and nurse on same consultation.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Phone and video calls could be scheduled around the patients work and there was a higher availability of phone appts in the evening for people returning home.
- 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.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.
- There was extended access between 6.30pm and 7.30pm which were phone appointments with the GPs
- In addition there was access to extended hours hubs between 6.30pm 10:30pm evenings as well as weekend slots which could be booked through reception and included GP appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice contacted all patients classified as vulnerable during COVID.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice had a travelling family registered permanently with them.
- People in vulnerable circumstances were easily able to register with the practice. The practice had patients in a local women's refuge. They were prioritised and seen the same day.
- There was a social prescriber to coordinate care and assist in patients accessing support.
- All patients coded as vulnerable are given a priority appointment when required.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances could access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, the practice had moved from letters and invites to a phone call and a questionnaire. This was completed prior to the face to face appointment and introduced during the pandemic. However, the process has proved so popular it will remain in place as the number of patients' who attended the review increased. The practice had improved from completing 43% annual reviews (63%CCG) to 79.4% this year using the new system.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice reviewed the dementia register and contacted carers and referred on as needed.
- Patients coded as being at risk were reviewed in monthly meetings. For example, if a patient has taken overdose, then their meds were reviewed and changed to daily or weekly prescriptions.
- The practice had a mental health facilitator working from home who reviewed the coding of patients and conducted telephone reviews following these tasks were placed on the system for bloods or follow up for face to face.
- The practice was looking to employ a child mental health specialist through the PCN to increase the support the practice can give to children.
- 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.

Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes
<ul style="list-style-type: none"> The practice prioritised patients care and took into account vulnerable, elderly, young and patients with complex health needs. This is a dementia friendly practice and all staff had dementia awareness training. With the introduction of an appointment booking system in November 2019 came engagement through the practice website, text messages and information within the practice prior to going live. Patient feedback was listened to and improvements to the system as a result. At the beginning of the pandemic the practice was well placed to move to a total triage system and have introduced bookable appointments as time has allowed. The Practice introduced a 'Covid Hot Hub' in the car park which allowed patients with possible Covid19 symptoms to be seen in a portable building, separate to the practice and reduce the likelihood of transmission. 	

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 (01/01/2020 to 31/03/2020)	52.6%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	46.0%	65.4%	65.5%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	35.4%	60.3%	63.0%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	52.4%	72.1%	72.7%	Variation (negative)

Source	Feedback
For example, NHS Choices	There were 20 positive ratings, all of which were five stars, over the last seven months. Patients praised the practice for being a safe and clean location and forward thinking during the pandemic in keeping patients safe.

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.	6
Number of complaints we examined.	6
Number of complaints we examined that were satisfactorily handled in a timely way.	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> At the previous inspection we found complaints were not reviewed and monitored in a systematic way. At this inspection we found there was a process in place for the receiving, investigation and monitoring changes from complaints. Complaints were a standing item on the management meetings and staff were aware of the outcomes from complaints. The practice had made the complaints leaflet easier to read and updated the information on the practice website. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
The reception team allegedly refused a urine sample	<p>The patient dropped off a urine sample without explaining whose it was and what symptoms they were presenting with. The reception team tried to book in a call with a clinician so they could review the symptoms and test the sample.</p> <p>The patient was contacted by the lead GP and the situation explained and resolved with a face to face consultation.</p> <p>Learning included explaining why the sample could not be taken without a booking and staff now have a better understanding of the reasoning.</p>

Well-led

Rating: Good

At our previous inspection in October 2019, we rated well led as requires improvement. This was because:

- The practice did not have effective governance systems and processes in place.
- Although the practice were developing a business plan there was not one in place at the time of inspection.
- Although there were systems in place for identifying, managing and mitigating risks, these needed to be strengthened and become embedded

This inspection we rated well led as good. This was because:

- The practice team had established systems and processes to ensure there was clear and well documented governance in place.
- A business plan had been developed and was easily accessible
- There were systems in place for identifying, monitoring and mitigating risks within the practice. This had been demonstrated during the pandemic by early identification of changes to the building, patient journey, clinical areas to keep people safe.

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
At the previous inspection the practice was unable to provide a business plan. At this inspection we reviewed a current business plan with a clear strategy for the future of the practice. This included sustainability, succession planning and their values. This had been updated at the onset of the pandemic to take into account the new risk and reflect the changes the practice made.	

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

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<ul style="list-style-type: none"> The practice had a good ethos. Their vision included providing patients with high quality, evidence based, comprehensive range of holistic and patient centred services. They told us that they encouraged patients to take responsibility for their own health and wellbeing and have strong communication across the whole practice team. Staff we spoke to told us there was an open-door policy for the lead GPs and Practice manager who were happy to listen to suggestions or issues. The staff appraisal template has been overhauled to identify learning needs. 	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<ul style="list-style-type: none"> At the previous inspection we found staff were not always clear on their roles and responsibilities and governance structures were not always effective although there was an ongoing drive to improve this. At this inspection we found staff were clear on their roles and responsibilities and had received 	

the relevant training to carry out their roles.

- Governance structures were completed and reviewed on a regular basis and regular management and staff meetings were held to ensure everyone was aware of the performance and governance of the practice.
- The practice had introduced a weekly huddle to review hot topics relating to governance, in addition to a monthly meeting.
- We saw that any changes were discussed and documented prior to being disseminated to staff.

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 quality improvement programme in place.	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

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes

Staff were supported to work remotely where applicable.	Yes
<ul style="list-style-type: none"> The practice implemented changes to protect patients and staff quickly at the beginning of the COVID-19 pandemic including sending vulnerable staff home and facilitating clinicians to work from home. The practice introduced a 'hot hub' in the car park which allowed patients with possible COVID19 symptoms to receive care in a portable building rather than in the practice. The practice had introduced the total triage of patients to ensure they received safe care during the pandemic. The practice introduced a one-way system in the practice to minimise contact between people. The management team were proud they kept the staff safe throughout the pandemic and staff told us they were well supported with all the changes made. Staff undertook training for new software to allow for video conferencing. 	

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
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
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	Yes

video and voice call services.	
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Full training had been given to staff on the new technology introduced during the pandemic to aid remote consultations. This was to ensure it was used in a safe and appropriate manner.	

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
The PPG was part of the decision making process for major changes such as the booking system and took feedback to the management team for areas such as the flooring, which was replaced and how changes had effected patients.	
The PPG continued to be active throughout the pandemic, by video conference meetings, and have volunteered as marshals for the vaccination clinics.	

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
<ul style="list-style-type: none"> The practice staff have made continual changes throughout the pandemic to the way in which they practice and also safety measures put in place. This was through a process of supported learning and training. Staff appraisal template has been overhauled to identify learning needs. 	

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- **%_o** = per thousand.