

# Care Quality Commission

## Inspection Evidence Table

### The Surgery - Dr Mangwana and Partners (1-572889366)

Inspection date: 18 December 2020

Date of data download: 27 November 2020

## Overall rating: Requires Improvement

At our last inspection in August 2019 we rated the service as Inadequate. We served the practice with Warning Notices. We undertook a further inspection in December 2019 to check they had complied with the requirements of the notice. At that inspection we found that satisfactory improvements had been made in most areas, but they had not met the improvements with regards to monitoring of high-risk medicines, infection prevention and control having a failsafe for cervical screening and two week wait referrals. During the inspection on 18 December 2020 we found the practice had made improvements. However, the practice was still addressing some of the concerns relating to systems for managing high-risk medicines though they had completed most of the work based on risk.

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

## Safe Rating: Requires Improvement

At the last inspection in August 2019 we rated the practice as inadequate for providing safe services because:

The provider had not made improvements to the fail-safe system to monitor and manage patients who had been prescribed high-risk medicines.

Systems to monitor and manage patients who had been referred via the urgent two week-wait referral system still required improvement.

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

- Although, the practice has satisfactory addressed safety concerns from the last inspection and implemented new systems and processes there is still some work in progress relating to high risk medicines monitoring and evidencing actions taken in response to safety alerts.

### 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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice conducted safety risk assessments. It had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.</li> <li>• We spoke with staff members who were able to tell us where to find the safeguarding policy, and who the safeguarding lead was.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We saw that appropriate recruitment checks had been carried out for the staff who had recently been employed.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: August 2020	Yes
There was a record of equipment calibration. Date of last calibration: August 2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 25/02/2020	Yes
There was a log of fire drills. Date of last drill: 20/11/20	Yes
There was a record of fire alarm checks. Date of last check: 06/07/2020	Yes
There was a record of fire training for staff. Date of last training: July 2020	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 22 June 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw records and an action plan to ensure that actions identified on the last risk assessments were actioned.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 25/02/2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 25/02/2020	Yes
Explanation of any answers and additional evidence:	

## 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: November 2020	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:  The practice had reviewed their infection control policies to reflect the Coronavirus (COVID-19) pandemic. This included additional staff training to ensure appropriate standards were adhered to and training in safe use and disposal of personal protective equipment (PPE). Specific guidance on cleaning of rooms in between patients had been developed and we saw checks that were in place to ensure these were followed. Action had also been taken to ensure social distancing was followed in the practice and the number of patients attending the premises complied with the social distancing guidance.  In addition, we saw improvements had been made in this area since the last inspections in August 2019 and December 2019: <ul style="list-style-type: none"><li>• A log was kept for all clinical staff records showed that staff had all the required vaccinations.</li><li>• We saw cleaning schedules of clinical equipment used daily by clinicians including stethoscopes and pulse oximeters.</li><li>• We saw an infection control audit had been undertaken by the lead GP who was the infection control lead, all actions had been completed.</li><li>• There was a policy on dealing with the spillage of bodily fluids.</li><li>• We found clinical waste for disposal was now securely stored.</li></ul>	

## 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
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes

The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice had reviewed their systems in managing absence and sickness during the pandemic.</li> <li>• The practice demonstrated several systems that had been developed and were being used at the practice to monitor patient safety. Following our last inspection, the practice had acted to ensure the nursing staff received appropriate training from local specialist nurses on diabetic care and respiratory care. The patient records and appointment systems we reviewed confirmed that though the nurse had been signed off as being competent they had not yet resumed the previously ceased duties.</li> </ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found the provider had made a number of improvements in this area since the last inspection:</p> <ul style="list-style-type: none"> <li>The practice used the standard proformas for two-week referrals. The system had been further strengthened by appointing a dedicated administrator to be responsible for the monitoring of two week wait referrals. Their role involved keeping an electronic log of all two week wait referrals and appointments and these were being followed up with every single patient. Staff we spoke with, explained that this process helped identify any discrepancies in the process and reduced the risks for delaying any care. Logs we viewed confirmed weekly searches were undertaken to ensure safety netting of all referrals.</li> </ul>	

## 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) (01/10/2019 to 30/09/2020) (NHS Business Service Authority - NHSBSA)	0.45	0.55	0.82	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2019 to 30/09/2020) (NHSBSA)	8.1%	9.3%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2020 to 30/09/2020) (NHSBSA)	7.15	5.39	5.34	Variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2020 to 30/09/2020) (NHSBSA)	47.8‰	54.7‰	124.1‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2019 to 30/09/2020) (NHSBSA)	0.84	0.60	0.68	No statistical variation

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we found concerns with medicines management relating to the health care assistant not working under the correct directive when administering influenza vaccines to patients. At this inspection records we reviewed confirmed that the correct directions and processes were being followed with appropriate patient specific directions (PSDs) in place to administer an influenza vaccine.</p> <p>The practice were aware of the negative variation of Nitrofurantoin used to treat urinary tract infections and the need to make improvements. Were applicable they were prescribing other forms of alternative antibiotics.</p> <p>During the Inspection in December 2019 we found evidence that six patients records had not been audited and included patients on high-risk medicines.</p> <p>At this inspection we found improvements had been made. A detailed protocol was available on dealing with medicines reviews. All patient records on high risk medicines had been audited. The practice had an in-house pharmacist who was involved in undertaking some of these medication reviews. Records we reviewed confirmed that there had been a lot of work completed recently to make the system safer. The work had started with most high-risk medicines for example Disease-modifying Antirheumatic Drugs (DMARDs). However, there was still some work to complete on potentially less high-risk medicines such as ACE inhibitors) and angiotensin receptor blockers (ARBs) such as spironolactone.</p>	



Medicines management	Y/N/Partial

## 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:	Five
Number of events that required action:	Four
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses.</li> </ul>	

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

Event	Specific action taken
Patient with suspected Covid –19 seen at the practice at the start of the pandemic	Action was taken to improve safety for both patients and staff with notices detailing how to reduce risk.
Loss of internet connection at the practice.	Action was taken to ensure staff members were aware of local IT support and contact details and how to access and set practice laptops with additional interment.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
The practice demonstrated that they had acted on recent safety alerts. New alerts were received by the practice manager who forwarded them to a named GP lead. Relevant alerts were then discussed at the weekly clinical meeting and allocated for action. Once this was completed a record was made on the electronic system to close the loop. However, we noted that there was still some work in progress for historic searches relating to three patients who were prescribed Carbimazole. The practice explained that these patients were hard to reach. We later received further action taken by the practice to confirm this had been satisfactorily addressed.	

## Effective Rating: Requires Improvement

At our previous inspection in August 2019, we rated the practice as Inadequate for providing effective services due to staff not possessing the skills, knowledge and experience to deliver effective care, support and treatment. During this inspection we found that significant improvements had been made to staff training and support.

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

- Clinical outcomes for families, children and young people and the working age people population groups remain low.

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We saw that the practice had improved their systems to ensure all patients whose symptoms indicated serious illness were followed up with the referral being closed by the practice only after confirmation or receipt of information from secondary care.</li> </ul>	

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

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- 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.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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)	71.9%	74.5%	76.6%	No statistical variation
PCA* rate (number of PCAs).	1.7% (4)	17.2%	12.3%	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 (01/04/2019 to 31/03/2020) (QOF)	92.9%	84.2%	89.4%	No statistical variation
PCA rate (number of PCAs).	6.7% (3)	10.9%	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) (QOF)	80.4%	83.2%	82.0%	No statistical variation
PCA rate (number of PCAs).	0.0% (0.0)	7.0%	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) (QOF)	63.3%	64.7%	66.9%	No statistical variation
PCA rate (number of PCAs).	3.1% (5.0)	13.2%	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) (QOF)	67.8%	74.3%	72.4%	No statistical variation
PCA rate (number of PCAs).	1.8% (7.0)	12.8%	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) (QOF)	82.6%	88.4%	91.8%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	3.0%	4.9%	N/A

#### Any additional evidence or comments

The practice was aware of the low scores for monitoring of patients with high blood pressure (hypertension) and were working on the re- call system to make improvements.

## Families, children and young people

Population group rating: Requires improvement.

### Findings

We have judged this population group as requires improvement due to low uptake for childhood immunisations.

- The practice has not met the minimum 90% for all and 80% for the other four childhood immunisation uptake indicators. However, there was evidence of efforts made to invite children to receive their vaccinations.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- 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)	39	47	83.0%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	58	76	76.3%	Below 80% uptake
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)	56	76	73.7%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	58	76	76.3%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2018 to 31/03/2019) (NHS England)	31	51	60.8%	Below 80% uptake

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

### Any additional evidence or comments

The practice were aware of the low uptake of childhood immunisations. The uptake the cohort of children aged 1 had increased since our last inspection by 3%. Indicators for the two- year cohorts had reduced by around 8-9%. The practice had recruited an additional nurse to cover nursing hours to commence work in January 2021. They felt that being able to increase capacity may increase further access though they felt that the highly mobile population was the cause of the low immunisation uptake. We saw evidence of the re-call system and follow up in progress.



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

## Population group rating: Requires Improvement

### Findings

We have judged this population group as requires improvement due to low uptake for cervical screening uptake.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There were 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.

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: 30/06/2020) (Public Health England)	53.5%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	56.6%	60.8%	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)	43.0%	41.7%	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 (01/04/2019 to 31/03/2020) (QoF)	100.0%	87.4%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	50.0%	51.8%	53.8%	No statistical variation

### Any additional evidence or comments

The uptake of cervical cancer screening had reduced by 2% since our last inspection. The practice undertook a cytology audit and looked at ways to improve performance. The practice reported having recruited a female practice nurse who was due to start work in January 2021. However, in the interim those patients that preferred female staff were referred to the local hub for their screening checks. The practice thought that their population consisted of a number of patients from Europe and the young who

were highly mobile. The practice also told us they believed some of these patients were having the cervical screening undertaken privately and abroad and they were trying hard to reconcile those records. Processes were in place to ensure patients who had moved away were removed from their patient list.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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) (QOF)	70.5%	78.2%	85.4%	No statistical variation
PCA rate (number of PCAs).	6.4% (3)	19.7%	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) (QOF)	80.0%	78.1%	81.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	8.5%	8.0%	N/A

#### Any additional evidence or comments

Unvalidated data provided by the practice showed that performance for checks relating to mental health indicators was currently at 80%.

#### 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)	526.85	Not Available	533.9
Overall QOF score (as a percentage of maximum)	94.2%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	2.8%	Not Available	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

Completed two cycle audits had resulted in improvements in care for patients on high risk medicines.

Improvements were in the following areas;

Prescribing for patients prescribed, Direct Oral Anticoagulants (DOACs) aimed at ensuring patients who had not had their creatinine clearance were checked and reviewed and their records updated accordingly.

The findings from the audit identified improved patient care.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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
<p>Explanation of any answers and additional evidence: Following our last inspection.</p> <ul style="list-style-type: none"> <li>The practice had sought help from their local hospitals and had enlisted the support from specialist nurses in the care of respiratory disease and diabetes. The specialist nurses had supported the practice nurse with their competencies to ensure they had appropriate and specific training to enable them to provide adequate care. We were able to view training logs and documentation that confirmed that the required competencies had been achieved.</li> <li>We saw records confirming that clinical supervision and support were being provided to the nursing staff.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

Patients received consistent, coordinated, person-centered care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

## Helping patients to live healthier lives

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

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



## Consent to care and treatment

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

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

## Caring

## Rating: Good

Our last inspection rated Caring as Good. At this inspection we have still rated Caring as Good.

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion.**

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

### 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)	80.8%	86.8%	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)	85.5%	84.9%	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)	83.7%	94.4%	95.3%	Variation (negative)
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)	85.6%	79.1%	81.8%	No statistical variation

### Any additional evidence or comments

The practice were aware of their performance in relation to local and national data and they had set out ways to make improvements in a detailed action plan that Patient Participation Group members had been involved with. We saw changes that had been implemented following this such as, staff being trained to ensure they advised patients of any late running clinics and extra clinical slots being provided.

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

### Involvement in decisions about care and treatment

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

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

### 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)	82.5%	92.2%	93.0%	Tending towards variation (negative)

### Any additional evidence or comments

The practice were aware of the improvements required and told us this was work in progress that had been delayed by recent pandemic restrictions.

	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.	65 carers identified (1.3 % of practice population).
How the practice supported carers (including young carers).	Carers were supported and offered health checks, influenza vaccinations, and referral to support
How the practice supported recently bereaved patients.	Where suitable, bereaved patients were contacted and invited to attend an appointment with their own GP.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Staff told us they had a room that could be used for private patient conversations.</li> </ul>	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Due to recent telephone and online consultations introduction. The practice told us that they had ensured their policies and IT systems supported patient confidentiality and privacy.</li> </ul>	

## Responsive

## Rating: Good

Our last inspection rated Responsive as Good. At this inspection we have still rated Responsive as Good.

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice employed a male nurse who worked part time. We discussed the limitations to availability of appointments and the impact this may have had on access for female patients who may have preferred to have their cervical screening test carried out by a female member of staff. The practice were aware of the concern and advised us that nursing appointments continued to be available through the local primary care network. The practice told us that previous attempts to recruit a female nurse to complement the team had failed in the past. However, they had now recruited a female nurse who was due to commence work in January 2021.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am-7.00pm
Tuesday	8.00am-7.00pm
Wednesday	8.00am-7.00pm
Thursday	8.00am-6.30pm
Friday	
Appointments available:	
Monday	9.30am-12.30pm and 4.00pm- 7.00pm
Tuesday	9.30am-12.30pm and 4.00pm- 7.00pm
Wednesday	9.30am-12.30pm and 4.00pm- 7.00pm
Thursday	9.30am-1.00pm and 1.00pm- 6.30pm
Friday	9.30am-12.30pm and 4.00pm- 7.00pm

## 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 to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term conditions

## Population group rating: Good

### Findings

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

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- 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.

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

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered an extended hours service five days per week and telephone appointments had increased during the pandemic period.



**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Good**

**Findings**

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

## Timely access to the service

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

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice provided information to demonstrate that they had updated their policies to ensure all patients were appropriately assessed to ensure those patients that required face to face appointments or home visits were prioritised.</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 their GP practice on the phone (01/01/2020 to 31/03/2020)	84.4%	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)	71.9%	68.3%	65.5%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	69.8%	66.2%	63.0%	No statistical variation
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)	71.8%	71.0%	72.7%	No statistical variation

## 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.	Three
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay in providing patient with test result information.	Revised communication protocol and the assigning of tasks within the clinical system to ensure all important email message and letters are actioned within 48 hours of receipt.

## Well-led

## Rating: Requires Improvement

At our last inspection in August 2019, we rated the practice as Inadequate for Well Led. This was because there was a lack of effective governance systems. At this inspection, we found the practice had made some improvements by improving their systems of governance and the monitoring of the services provided. However, there is still some improvements to be made.

We have rated the practice requires improvement for providing well-led services because:

- There was still some further work necessary and in progress relating to high risk medicines monitoring and responding to historic safety alerts.
- Clinical outcomes relating to Families, children and young people and Working age people remained low.
- The practice leadership had recently transitioned and required some degree of stability.

### 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.	Partial
They had identified the actions necessary to address these challenges.	Partial
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: While the provider had identified the actions necessary to strengthen their organisation and leadership, they were still working through their plans to improve and for the changes to be fully embedded within the organisation.	

### Vision and strategy

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

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

Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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.	
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
Explanation of any answers and additional evidence:	

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

Source	Feedback
Staff	Staff we spoke with reported being provided with support and were able to raise concerns.

## 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.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: During our last inspection we found some concerns regarding systems and processes to support good governance were not effective. During this inspection we found that significant improvements had been made. The organisation had developed and strengthened governance systems. There was a leadership change at the practice that was committed in supporting the changes. However, there was still some	

work in progress relating to the monitoring systems of high-risk medicines. The practice had worked to clear outstanding work based on risk. There was some work in progress to clear the backlog. There had also been a recent change with one of the partners stepping back and a new partner joining the practice. The practice had developed governance systems to support this change. However, there was still some handover in progress. Therefore, we have judged that, in as much as the practice had made progress there was still some work to be accomplished and further embedding of systems and processes.

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: While systems are now in place to manage and mitigate risks, it is too early to see the systems put in place are operating effectively at this time.	

## Appropriate and accurate information

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

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



## Engagement with patients, the public, staff and external partners

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

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

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Since our last inspection, there was evidence of improvement and continuous learning at practice. The practice had used their own initiative to seek help and guidance from the local hospitals from specialist in respiratory and diabetic care to provide support to the nursing team at the practice.</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 considered during the inspection process.

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by considering 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](#) ).
- **‰** = per thousand.