

# Care Quality Commission

## Inspection Evidence Table

### Burley Park Medical Centre (1-565809905)

Inspection date: 17 November 2021

Date of data download: 11 November 2021

## Overall rating: Good

Burley Park Medical Centre was previously inspected on 10 December 2015 and was rated as good overall; good for providing safe, effective, caring and well led services, and outstanding for providing responsive services to patients. At this inspection the practice was rated as good overall and good for providing safe, effective, responsive, caring and well led services.

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
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.	Ongoing
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Safeguarding procedures were supported by policies, clear processes, named professionals and a safeguarding leaflet. Staff at the practice completed a safeguarding passport to evidence their competencies in child and adult safeguarding. This record of training also included specific training in areas such as domestic violence and human trafficking. We asked the practice to review the levels of training that were completed by non-clinical staff to ensure that this reflected the latest guidance.	

Safeguarding	Y/N/Partial
At the time of our inspection the practice had recently recruited a new practice manager (PM). On the day of inspection, the new PM told us they had reviewed all DBS checks and had found that a small number could not be evidenced but had been completed. The team had decided these staff should undertake a further DBS check. We saw evidence that this was ongoing and were assured that the practice were taking the necessary steps to protect patients and that the DBS policy was followed.	

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
Explanation of any answers and additional evidence: Following our inspection, we were told that the practice had reviewed the recorded measles, mumps and rubella (MMR) status of the team and they were compliant with current guidance.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2021	Yes
There was a fire procedure. Date of fire risk assessment: May 2019 / updated Fire procedure November 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice undertook all the necessary health and safety checks to ensure that patients and staff accessing the practice were safe to do so. These included assessments relating to legionella, air conditioning systems, fixed wiring, fire extinguishers and COSHH assessments (control of substances hazardous to health).	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
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: August 2021	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: An infection control self-audit was undertaken by the team in August 2021 and a system was in place to review and audit clinical rooms on a regular basis. Annual handwashing audits were completed.	

Monthly checks were also undertaken to ensure that clinical equipment and stock did not exceed their expiry date.

All staff at the practice were fully vaccinated against COVID-19.

## Risks to patients

**There were 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
Explanation of any answers and additional evidence: A member of the reception team was in the waiting area at all times and able to respond to patient needs.	

## Information to deliver safe care and treatment

**Staff were able to access 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
Explanation of any answers and additional evidence: As part of our inspection, the CQC GP specialist advisor undertook searches of the practice's clinical system. Referrals to secondary care were completed, where possible, with the patient during the consultation. There was a clear process in place for the timely management and review of the subsequent results. The team supported patients to make appointments at a time and date to suit them, and where necessary appointment letters were requested in other languages.	

During the inspection, the CQC GP specialist advisor noted that when results were viewed and managed, the team did not have a system which evidenced this. The team implemented a system with immediate effect.

The clinical records review showed that suitable and appropriate clinical information was available, and the team had access to the hospital IT system. This allowed them to review discharge information, consultation outcomes and out-patient letters. However, we saw that this information was not always downloaded into the patient record, which would allow the automatic creation of further alerts when additional monitoring was due.

On the day of inspection, we saw that there were a number of patient records which required summarising. This had been identified by the new practice manager prior to our inspection, and an additional member of staff had been recruited for four hours per week to complete this work. We saw that the notes of those who were considered vulnerable, including those living in a care home and children, were prioritised for summarising. We were informed that information was available on those patients through an electronic GP to GP record system.

### 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) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.63	0.70	0.69	-
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). (01/07/2020 to 30/06/2021) (NHSBSA)	10.3%	7.4%	10.0%	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 (01/01/2021 to 30/06/2021) (NHSBSA)	6.76	4.94	5.38	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	68.3‰	109.5‰	126.1‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	0.39	0.51	0.65	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) <small>(NHSBSA)</small>	3.9‰	5.0‰	6.7‰	Tending towards variation (positive)

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.	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.	Partial
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

Medicines management	Y/N/Partial
<p>On the day of inspection, we saw that whilst medication reviews were undertaken, the documentation of these reviews did not always evidence a structured approach to this process.</p> <p>We saw that a process was in place to ensure that non-medical prescribers, for example Advanced Nurse Practitioners (ANPs), were offered ongoing support and guidance, including each ANP being allocated a mentor. However, we did not see a formal documented approach to this support or a formal review of their competencies and prescribing. Following our inspection, the provider made changes to their prescribing policy and plans were put in place to formally review individual, independent non-medical prescribers, to ensure the team could evidence the ongoing necessary skills and knowledge to carry out the role.</p> <p>The team participated in the LAMP project, (Lowering Antimicrobial Prescribing) which aimed to lower the prescribing of antimicrobial medicines and received regular updates for team prescribing as a whole. We saw that the team then further reviewed this data to ensure appropriate prescribing, and then made changes to the clinical records system to support this.</p>	

### Track record on safety and lessons learned and improvements made

**The practice were improving their processes to ensure they 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.	Partial
Number of events recorded in last 12 months:	14
Number of events that required action:	14
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we spoke to several staff regarding significant events at the practice. All members of the team knew how to identify and record a significant event and we were told of an open and supportive culture. Outcomes from significant events were shared verbally with the team at informal meetings and huddles and staff felt informed and up to date.</p> <p>However, there was no formal process to review and disseminate the learning from significant events and these were not always discussed in clinical meetings. Team members described that prior to the COVID-19 pandemic, significant events were discussed and reviewed at monthly TARGET (whole team) meetings. The funding for these meetings had ceased as a result of the pandemic, but they were due to restart the month of our inspection.</p> <p>The new practice manager told us that prior to the inspection they had implemented a process to develop systems at the practice to review all incidents and significant events and ensure these were correctly recorded, reviewed and disseminated. A newly appointed significant event lead was in place.</p> <p>Following a significant event at the practice the team had undergone further additional training in sepsis identification and had introduced an assessment tool for telephone triage. Senior leaders had attended a sepsis seminar and fed back to the team. They liaised with a consultant on specific issues and went</p>	

though the case, also attending additional online events. Actions from the significant event included ensuring that equipment was available to enable assessment of patients with presumed sepsis: including pulse oximeters, blood pressure (BP) machines and thermometers.

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Cold chain failure	Action was taken in respect of the vaccines stored, data and temperatures checked

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
<p>Explanation of any answers and additional evidence:</p> <p>As part of our inspection, the CQC GP specialist advisor undertook searches of the practice's clinical system. Whilst we saw that action was taken on recent alerts for example, regarding sodium valproate, we found that the practice did not always review historical alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Practices should ensure they review historical safety alerts to reduce the potential for error with patients who take a combination of medicines, which may interact with each other.</p> <p>The practice responded promptly to this feedback and liaised with the pharmacists of the local primary care network (PCN), who agreed that this work would be completed as a rolling audit for all the practices in the PCN. (This is a group of practices who work together to focus and improve local patient care and provide care closer to the patients' homes).</p> <p>We saw that a number of other clinical searches were regularly conducted to enhance patient safety.</p>	

## Effective

## Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

### 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 had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: During the COVID-19 pandemic a senior partner at the practice attended update sessions and reviewed ongoing information from relevant stakeholders including NHS England, the local clinical commissioning group and the National Institute for Health and Care Excellence (NICE). These updates and any further ongoing information were summarised and relayed to the staff to ensure they remained up to date and aware of ongoing changes. When patient referrals were made, they were audited by the office manager to ensure that they had been responded to and patients had attended.	

### Effective care for the practice population

Findings
<ul style="list-style-type: none"><li>The practice was involved in a Severe Frailty Scheme which used structured assessment tools to enable the identification and review of this patient group. A register of these patients had been</li></ul>

developed, reviews were undertaken as necessary and patients were discussed at clinical meetings.

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. A large number of university students registered with the practice every year. The team attended the university freshers' week and register students when they arrived. The team would also respond to concerns raised by university managers regarding the mental health of students.
- Throughout the pandemic, the team continued to offer all patients with a learning disability an annual health check. These were conducted by the same GP each year in an effort to build a relationship with the individual. A quiet room was available for patients who may struggle with a busy waiting area. We also saw that an alert was placed on the patient record, and if they did not attend for an appointment, this was followed up by the team. The team had proactively reviewed this patient group to ensure they had been offered both COVID-19 vaccinations. Two members of the team had attended additional training in supporting people with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Individual patient needs were discussed at clinical team meetings and with multidisciplinary colleagues. Referrals for additional support were made as necessary. The team worked closely with the neighbourhood nursing team.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients as necessary.
- 82.8% of pregnant women at the practice had received their flu vaccination in 2021 and the practice had been congratulated by the CCG as a high achiever in this area.
- The practice supported the COVID-19 vaccination programme.
- A baby clinic was available for new parents each week and this had continued throughout the pandemic. When babies were eight weeks old, new mums were invited for health checks, baby checks were undertaken, and the first course of immunisations administered.
- Additional catch up clinics were in place and appointments offered to families and young people to meet their sexual health needs.
- The practice were working towards an accreditation to become a Veteran Friendly Practice.
- The team had been awarded a Gold Pride in Practice Award. This is a programme which works with GP practices (and other services) to ensure that all lesbian, gay, bisexual and trans people have access to inclusive healthcare that understands and meets their needs.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. A vulnerable person's register was maintained by the practice and additional support including an alcohol worker, flexibility of appointment times and input from the primary care mental health team was available.
- Patients with dementia were referred to a memory support worker and other services as necessary.

## Management of people with long-term conditions

### Findings

- Clinical record searches showed that 17% of medication reviews for people prescribed four or more medications (233 patients) were overdue. It was noted that during the pandemic many patients had been reluctant to attend for reviews and these were offered both face to face or over the telephone if appropriate. The practice continued to contact these patients and offer support and reviews. The team also conducted outstanding medication review audits with a plan to tackle any backlogs. The team responded positively to feedback from the CQC GP specialist advisor.
- Patients with long-term conditions were offered an 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. Following feedback from the CQC specialist advisor, the team conducted an additional search of pre-diabetic patients to ensure they were correctly coded and recalled for review. This impacted on a very small number of patients.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Regular audits of the clinical record systems were undertaken to ensure that all patients with a long-term condition were coded correctly and offered support.
- A new process had been introduced to ensure that patients with asthma were reviewed and supported. A text message and questionnaire were sent to the patient which gathered information ahead of the review. If the person was well, they were given information by text and safety netting advice. Those who were deemed most vulnerable, were called to request they attend in person.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions, including specialists in secondary care.
- 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 blood pressure monitoring. Patients could also access an ECG (electrocardiogram) and phlebotomy services. The practice gave support to patients who were discharged from hospital with COVID-19 but still required oxygen therapy throughout their recovery.
- The review of clinical records found that patients with long-term conditions including asthma were offered appropriate care plans and information to assist them to self-manage their conditions.

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	90	96	93.8%	Met 90% minimum

doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)				
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)	83	89	93.3%	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)	85	89	95.5%	Met 95% WHO based target
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)	85	89	95.5%	Met 95% WHO based target
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)	82	89	92.1%	Met 90% minimum

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

#### Any additional evidence or comments

A dedicated immunisation lead at the practice was allocated time to review the records of children newly registered with the practice, existing patients due for immunisations and those who declined to attend with their child. The immunisation lead liaised with parents from registration, through the antenatal process, baby checks and additional immunisations. Contact was made by text, telephone call, and letters which could be translated if necessary, the process was ongoing. The immunisation lead requested additional information when required and raised any concerns with clinical members of the team and health visitors.

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: 31/03/2021) (Public Health England)	69.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	58.5%	68.4%	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) (PHE)	57.7%	61.9%	63.8%	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) (PHE)	59.3%	49.9%	54.2%	No statistical variation

#### Any additional evidence or comments

Meetings had recently been held with team members and the local cancer screening co-ordinator. The practice was working to improve their cancer screening uptake and were reviewing the languages used to contact patients. Additional appointments for screening were available on Saturday mornings and during the evenings. The team were concentrating their efforts on recalling younger patients, as audits had shown the 25 to 49 years age group were harder to engage.

## 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.**

	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

The practice had undertaken a number of recent audits to ensure that patients were receiving timely care and treatment. For example, following a review, searches were run daily to identify any newly registered asthma patients who may need inhalers urgently. This ensured that the process of clinical assessment of their condition could begin on registration and reduce the inappropriate use of clinical time with requests for urgent medicines.

## 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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	

A small number of appraisals were overdue as a result of the demands of the pandemic. We saw that firm plans were in place to complete these and staff told us they felt knowledgeable and confident regarding their roles. Staff told us they had been continually supported during the pandemic through a process of daily and weekly huddle meetings, team meetings, email communication and appropriate social media groups. Leaders at the practice told us this support was mutual.

Training records were available to demonstrate the competencies of staff. There was a range of meetings and discussions which were held between clinicians, where care and treatment, including prescribing and complex patients was discussed. However, as noted, we did not see a formal documented process of the support or a formal review of the competencies and prescribing relating to advanced nurse practitioners. We did see evidence, however, that the practice responded to our feedback.

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The team had regular contact with other health professionals. This included health visitors, hospital consultants, members of the primary care network (PCN), palliative care nurses and the neighbourhood nursing team.</p> <p>The PCN worked collaboratively together with another PCN and shared clinical and managerial leadership roles. When the networks initially piloted extended access services for patients, they found they worked well together and so had continued to do so, meeting regularly and sharing best practice.</p>	

## 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

Explanation of any answers and additional evidence:

We saw that regular discussions regarding vulnerable patients and those on the palliative care register, were held at the weekly clinical team meetings. Monthly 'Gold Standard' palliative care meetings were also held.

Patients could be referred to in-house social prescribers who held a twice weekly clinic and were offered an hour long, initial assessment. First contact physiotherapy was also available without the need to see a GP.

Primary care mental health team support was available when necessary. This team would follow up referrals and provided support for less severe mental health issues including social isolation

## 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
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we reviewed the clinical records of five patients who were noted to have a DNACPR decision. We saw evidence of a record of discussion with the person or their representative and an assessment of mental capacity. We saw that one DNACPR decision had been rescinded and this was clearly documented.</p>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: The practice displayed a proactive and non-judgemental attitude towards trans patients and had attended specific training to enable them to offer tailored and caring support to this group of patients. Patients could access the website for additional information regarding social groups and support. For several years, the team had donated monies, food and drink items to a local church who supported those who were experiencing social isolation. Patients could be referred to this service.	

Patient feedback	
Source	Feedback
Email to team	Email stated that the GP surgery is fantastic.
Email to team	Email stated that the team offer the best care and have always gone out of their way to help.
CQC 'Share your experience'	Patient contacted CQC to share their experience at the practice, they stated they felt fully supported during their visit and that the whole experience was described as wonderful.
Care home manager	Reported that during COVID-19 the practice was a massive support to the residents and staff and supported the resident's families too. They said they have been a lifeline.

### National GP Patient 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 (01/01/2021 to 31/03/2021)	94.8%	90.4%	89.4%	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	95.8%	89.2%	88.4%	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
good at treating them with care and concern (01/01/2021 to 31/03/2021)				
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 (01/01/2021 to 31/03/2021)	97.0%	96.2%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	95.0%	84.7%	83.0%	Variation (positive)

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

Any additional evidence
Results from the National GP Patient Survey showed that patients consistently rated the practice as above average for providing caring services. The practice collated feedback from patients and was able to evidence a high degree of patient satisfaction from individual contacts.

### 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.	

Source	Feedback
Interviews with patients.	We did not interview any patients as part of this inspection.
Care home manager	Support to a large nursing home by the team was described as timely and safe. The team responded to urgent requests for support alongside providing a weekly visit to

	<p>the home. Residents and their families were able to chat with the clinician. The provision of support to the home was described as 'high-level', respectful and kind.</p> <p>During the pandemic additional personal contact emails were shared with the team to enable timely support to patients from the lead GP when it was required.</p>
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## National GP Patient 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 (01/01/2021 to 31/03/2021)	97.8%	93.4%	92.9%	Tending towards variation (positive)

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice used a telephone interpreter when necessary and a double appointment was allocated for these consultations.</p>	

Carers	Narrative
Percentage and number of carers identified.	156 (1.2% of the patient population)
How the practice supported carers (including young carers).	A nominated carers' lead was in place who could offer support and guidance. Patients could also be directed to the local carers' network who offered free dementia friendly training to carers and staff.
How the practice supported recently bereaved patients.	Bereavement support was in place including appointments, signposting and leaflets.

## Privacy and dignity

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

	Y/N/Partial
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: On the day of inspection, we saw that calls to the practice were answered away from the reception area to maintain patient confidentiality.	

## Responsive

## Rating: Good

At the inspection on 10 December 2015 we rated the practice as Outstanding for providing responsive services to patients. At this inspection we rated the practice as good. We did not see a deterioration in standards at this inspection, but many of the initiatives which the practice undertook in December 2015 are now widely recognised as good practice and in place across the clinical commissioning group and nationally.

### 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 understood the diverse needs of their patient group, their ethnicity, cultural, language and social needs. Services were planned to support this. The practice identified during a recent audit that between 20 to 40% of patients at any given time did not have English as their first language, and 82 separate languages were spoken by the patient population. The practice supported a high number of students and turnover was approximately 30% each year.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-8pm
Tuesday	8am-8pm
Wednesday	8am-8pm
Thursday	8am-8pm
Friday	8am-6.30pm
Appointments available:	
Monday	8am-8pm
Tuesday	8am-8pm
Wednesday	8am-8pm
Thursday	8am-8pm
Friday	8am-8pm

### Any additional evidence or comments

Practice level extended hours appointments until 8pm were available Monday to Thursday. Patients could also access additional hub hours as part of the primary care network collaborative, which Burley Park hosted, until 8pm Monday to Friday and between 9am and 1pm on a weekend.

### Further information about how the practice is responding to the needs of their population

- The practice was experienced in offering Gender Dysphoria services to patients. They provided each patient with ongoing support including a named contact, injections and regular blood tests. Regular searches were run to identify patients who may be in need of support. When gender specific cancer screening services were indicated, each patient was individually contacted by an experienced clinician to offer guidance and support. Additional support and information was available on the practice website.
- During the pandemic the practice reviewed their diabetic patients and offered tailored advice and services to those who could not attend for reviews or were waiting to be seen in community clinics. The diabetes lead nurse kept up to date by attending educational meetings and fortnightly pharmacy education sessions, led by a GP with a specialist interest, where topics were discussed relevant to diabetes care and management.
- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and had continued to offer home visits to housebound patients throughout the pandemic. The practice supported two care homes within the area. Managers of these homes stated that practice staff and clinicians were very responsive to the needs of their residents.
- During our inspection we were told of a distressing situation which was responded to by a GP at the request of the community nursing team. The GP was able to reduce the anxieties of a recently bereaved family and complete the death certificate, which allowed the grieving family to bury their loved one in a timely manner; in recognition of the religious and cultural observances of the deceased.
- The practice liaised regularly with the community nurse and multidisciplinary services to discuss and manage the needs of patients with complex medical issues.
- Requests for urgent appointments were reviewed by the duty doctor and the patient offered support or a face to face same day appointment when necessary.
- The team worked closely with other members of the PCN to offer additional services to patients. This included midwifery services, the primary care mental health team, an alcohol support worker, first contact physiotherapist, the social prescribing team and an in house ultrasound scanning service.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. There were no barriers to these patients registering with the practice.
- The practice adjusted the delivery of its services to meet the individual needs of patients with a learning disability. Longer appointments at a time to suit the person with a named clinician were available.

### Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to

only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	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
<p>Explanation of any answers and additional evidence:</p> <p>The team reviewed their appointment system in April 2021 and when an appointment was needed, patients were given the choice of a telephone or face to face appointment at each contact. Face to face consultations were conducted when this was clinically necessary.</p> <p>Patients could book these appointments on the day or in advance. Urgent appointments were available every day for those with enhanced needs and complex medical issues. At the time of our inspection between 60 to 70% of the appointments offered at the practice were face to face.</p> <p>The practice management team were able to review the number of calls coming into the practice and the demand for appointments. They were able to view and respond to these reports and plan for additional staff to answer calls and respond to patients at busy times.</p> <p>As part of collaborative working with the team, the PCN pharmacy team had recently implemented the community pharmacy service at the practice. They described the team at Burley Park as supportive and engaging. This service enabled patients to be seen quicker for minor ailments. Appropriate patients could attend the pharmacy and be seen within a two hour window.</p>	

## National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	69.1%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	80.4%	71.1%	70.6%	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 (01/01/2021 to 31/03/2021)	79.7%	67.5%	67.0%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	91.3%	82.5%	81.7%	Tending towards variation (positive)

### Any additional evidence or comments

The practice was encouraging and supporting patients to sign up for electronic prescription repeat dispensing. This allowed patients to request repeat prescriptions electronically and therefore would free up telephone lines for patients to book appointments. At the time of inspection, we were told that approximately 30% of patients were signed up to this service.

The National GP Patient Survey in 2021, showed that patients consistently rated the practice as above average for providing responsive services.

Source	Feedback
For example, NHS Choices	<p>Comments to NHS choices were also reflected on the Care Opinion website. There were six reviews from the last eight months.</p> <p>Four of the comments were exceptionally positive and reflected that staff at the practice were caring, kind, understanding and welcoming. One patient also noted they felt very safe during their consultation.</p> <p>Two comments related to poor access at the practice, with one patient noting they had struggled to get through on the telephone.</p>

## 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.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman/NHSE	1

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We saw that complaints were managed in a timely manner and that patients were responded to. However, the practice could not provide consistent documented evidence that complaints were used to learn and drive continuous improvement, or that trends were reviewed with the team and used to highlight where changes or improvements may be needed. We found the complaints policy did not direct the team as to where complaints should be discussed.</p> <p>Staff we spoke to on the day of inspection told us they knew how to highlight concerns and complaints and they would feel confident in supporting patients to do this.</p> <p>The new practice manager had identified gaps in the complaints process prior to our inspection and had begun a review of the process ensuring that complaints management was included as a standing agenda item in the recently introduced, monthly management meetings from October 2021.</p> <p>Staff reported to us that there had been an increase in verbal abuse from patients which was experienced by reception staff.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding access and medicines and obtaining a copy of a hospital letter.	Feedback and apology given to patient, noted to be a communication issue and discussion regarding reception team training in conflict resolution.

## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: Staff told us that leaders were consistently supportive, helpful, knowledgeable and approachable at all times.	

### Vision and strategy

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

	Y/N/Partial
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: During our inspection we found that staff were committed to their vision to provide 'safe and effective care by working in partnership with our diverse population. We aim to treat all patients with dignity, equality, and respect.' We saw that the conduct of the team supported these values. Feedback from other professionals, care home managers, and stakeholders was consistency positive.	

### 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 had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The team had appointed an external Freedom to Speak up Guardian and this was clearly identified in the practice policy.</p> <p>The location was a training practice and offered training opportunities to student nurses, allied health professionals, pharmacists and supported nursing staff to undertake prescribing courses.</p> <p>A further team member had recently completed as a GP trainer and a medical student was expected in February 2022.</p>	

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

Source	Feedback
Staff feedback forms	Staff told us they felt supported by leaders at the practice and each other. Despite the pressures of the COVID-19 pandemic, they felt that leaders were visible and approachable and were always happy to listen to any concerns or queries.

## 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
<p>Leaders at the practice were allocated key areas of responsibility, and this was understood by the staff team.</p> <p>Other areas of responsibility were also allocated to staff. Recent appointments had been made to improve team support and communication with new clerical management roles.</p>	

## 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
An ongoing quality improvement programme was in place and this was used to drive improvements for patients. In response to the COVID-19 pandemic a comprehensive risk assessment had been conducted in line with Health and Safety Executive guidelines. This detailed the practices' requirements in terms of the environment, personal protective equipment and noted that consideration should continue to be given to staff wellbeing.	

### **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
Explanation of any answers and additional evidence: The COVID-19 risk assessment contained details on how the practice would keep patients safe when accessing the surgery. Staff we spoke with on the day of inspection told us of their plans to respond to any backlogs of activity, such as reviews and screening and plans moving forward to support patients that were experiencing delays to appointments for secondary care.	

## 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
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The lead GP had continued to summarise all relevant communications regarding the COVID-19 pandemic including NICE guidelines and communicated them to the rest of the clinical team. Where relevant, details were also shared with the wider team, initially at daily meetings at the start of the pandemic and then at huddles and by email, text and the appropriate use of social media.</p> <p>The lead GP also attended all the weekly webinars held by the local Clinical Commissioning Group (CCG) and NHS England during the pandemic. This information would then be summarised and forwarded to the team. Examples seen included best practice for COVID-19 support to care homes</p>	

## 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 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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we heard staff speaking with patients in a kindly and respectful manner and informing them that telephone calls would be recorded.</p>	

## 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.	Partial
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: Team feedback was encouraged, valued and listened to. Examples of changes made as a result of team feedback included changes to the appointment systems, the process for managing results and prescriptions. The team worked closely with other members of the primary care network (PCN) to offer additional services to patients. This included midwifery services, the primary care mental health team, an alcohol support worker, first contact physiotherapist, the social prescribing team and an in house ultrasound scanning service.	

Feedback from Patient Participation Group.

Feedback
At the time of inspection, the practice did not have a functioning patient participation group as a result of restrictions during the COVID-19 pandemic. However, there were several pieces of positive evidence highlighted to the team from patients.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: The team highlighted to inspectors the need to review their approach to significant events and complaints and were taking the necessary steps to do this. A GP at the practice had been nominated as the Mental Health lead for the PCN. They had recruited a new GP partner, who was due to start work at the practice in December. One GP was working with the Royal College of General Practitioners on a project which aimed to identify young people with life limiting conditions who were transitioning from paediatric to adult care. The project aimed to offer the skills of GPs and key support to the young person and their family. Also, to highlight the needs of this group within practices, teams and at CCG level. We saw that the work ongoing at Burley Park Medical Centre, had included contacting young people and their families; which had resulted	

in a number of referrals for support to the young person and their carer. Further contact was also made with learning disability team leads in the city, a local hospice and a community paediatrician.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

#### Glossary of terms used in the data.

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