

Care Quality Commission

Inspection Evidence Table

Mayflower Medical Group - Stirling Road (1-12769179104)

Inspection date: 8 and 9 December 2022

Date of data download: 25 November 2022

Overall rating: Good

Mayflower Medical Group was taken over on 1 April 2022 by a new provider called "Livewell Primary Care Group Limited". Livewell Primary Care Group Limited are registered with the Care Quality Commission (CQC). This is the first inspection since the new provider registered with CQC.

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.	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
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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a safeguarding lead GP and a deputy who oversaw all safeguarding concerns. Meetings were recorded to ensure an audit trail of discussion and we saw that any actions had been completed.</p> <p>Staff demonstrated they understood how to report any safeguarding concerns and where to access policies and procedures.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We were made aware before the inspection that the previous provider managed the practice recruitment remotely and when they were taken over by Livewell Primary Care Group it was found that some of the contracts and disclosure and barring service (DBS) certificates for staff were missing. The practice had carried out risk assessments on all staff files and we saw evidence that up to date DBS checks had been carried out for the staff that were missing the certificates. New contracts were also being completed following improved terms and conditions of employment.</p> <p>We reviewed a random sample of four recruitment files, including the newest member of staff. All necessary recruitment information was appropriately obtained.</p> <p>We were made aware on the day of the inspection that the previous provider had not handed over some of the staff records demonstrating vaccination information in line with Public Health England guidance however we saw evidence that Livewell Primary Care Group had carried out risk assessments on the staff where this information was missing and these staff had requested their vaccination status from their own GPs.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment May 2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: August 2022 Actions from fire risk assessment were identified and completed. Since the last inspection oxygen cylinders had been attached to the wall to prevent falling by using approved chains.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The last recorded fire drill was February 2022.</p> <p>There were designated staff who were trained as fire wardens.</p>	

Documentation demonstrated actions taken to reduce the risk of legionella (Legionella bacteria can cause a serious type of pneumonia (lung infection) called Legionnaires disease). Water tanks were cleaned, sinks tested, and temperature restrictors fitted the last risk assessment was carried out in June 2022.

All fire equipment was checked in October 2022 and portable appliance testing (PAT) was completed in June 2022.

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: November 2022	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:	
On the day of the inspection we found the building to be clean and hygienic throughout.	
The provider had a nominated infection prevention and control lead (IPC) who carried out regular audits such as premises and hand washing. For example, some liquid soap dispensers were found not to be mounted to the wall however we saw evidence that these had been ordered.	
In treatment rooms sharps boxes were dated and signed when first in use and again when ready for disposal. This enabled an audit trail of their use.	

Risks to patients

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

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

There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence:	
<p>Staffing levels were planned to ensure there was enough coverage for periods of leave such as annual leave or to cover sickness. Staff rotas are printed and displayed on a board so all staff are aware of what they are doing and tasks are allocated fairly within the teams.</p> <p>Temporary staff were provided if there was a shortage of practice staff, they had a full induction to ensure they were able to work safely.</p> <p>Staff told us that the new provider has recruited more GPs including locum doctors to address previous complaints in regard to appointment waiting times.</p>	

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. ¹	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:	
<p>Review of patient records in relation to the clinical searches identified that care records were managed in line with current guidance.</p> <p>The practice had a system and protocol in place for managing test results and ensured prompt clinical oversight of the tests. If the requesting clinician was not available to review the results, another GP would ensure the results were seen and actioned.</p> <p>Mayflower Medical Group have a team of pharmacists and pharmacy technicians and had developed working relationships with local pharmacies to ensure information relating to safety alerts and medication supply issues are shared and to discuss any medication changes and the potential impact. The pharmacy team had also developed a new system for patients who had commenced a new medication, patients were followed up within a two to four week time period of commencing a new medication. A reminder was</p>	

also sent to patients of any tests required and to arrange a follow up appointment with a clinician as required.

Appropriate and safe use of medicines

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

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.86	0.82	0.82	No statistical variation
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). (01/10/2021 to 30/09/2022) (NHSBSA)	10.4%	8.8%	8.5%	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 (01/04/2022 to 30/09/2022) (NHSBSA)	5.83	5.70	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	225.1‰	139.2‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHSBSA)	0.62	0.70	0.58	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	11.2‰	7.4‰	6.8‰	Tending towards variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes

Medicines management	Y/N/Partial
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
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. ¹	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. ²	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N/A
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement 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 UKHSA guidance to ensure they remained safe and effective.	Yes

Medicines management**Y/N/Partial**

Explanation of any answers and additional evidence, including from clinical searches.

As part of the inspection a number of clinical searches of patient's records were undertaken remotely by a Care Quality Commission (CQC) GP specialist advisor (SpA).

We looked at patients taking direct oral anticoagulants (DOACs) (a type of medicine used to prevent strokes and blood clots). We found 407 patients on these medicines and reviewed five of these records. We found all the five patients had received a review within the last 12 months and were being appropriately monitored.

The practice was aware of the high prescribing of pregabalin and gabapentin (these are medicines used to treat epilepsy, anxiety and nerve pain). We saw the practice took steps to encourage patients to have a review of their medication and discussed plans to reduce medicines over a time period. This was an ongoing prescribing quality improvement programme by the practice.

We reviewed patients taking medicines for hypothyroidism (a condition affecting the thyroid gland) to assure they were being monitored appropriately. We looked at five patient records out of 1319 and found they were all being monitored correctly.

Medication reviews were completed by the pharmacy team with support and oversight from the GP prescribing lead. Reviews were completed either by phone or face to face. The reviews look at all medication prescribed and patients are referred to specialist nurses within the organisation or GP's if conditions require more in-depth assessment and review. For example, the organisation had employed a cardiology specialist nurse who supported the team with the management of patients with conditions such as heart failure. The provider showed us plans to develop this within the home visiting frailty service in the future.

Following Livewell taking over as the new provider we saw new standard operating procedures (SOPs) had been introduced by the lead pharmacist to ensure consistency and clarity around performing tasks.

Our clinical searches looked at the number of patients prescribed Z drugs (medications such as benzodiazepines which can be used in the short term for the treatment of anxiety or sleep disorders). 141 patients were identified and we looked at five records. The searches showed that three patients had medications prescribed on a regular basis with no action plan documented to review and reduce the medication. However, on the day of inspection we saw evidence of an audit plan identified by the provider following feedback from the searches. An audit was in progress with a plan to follow up all patients and discuss reducing the medication.

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:	100
Number of events that required action:	100
Explanation of any answers and additional evidence:	
<p>The new provider took over running of the practice in April 2022. The number of documented significant events was from April to December 2022.</p> <p>The new provider had installed a new computer system for the recording of significant events, incidents, complaints and compliments which was called "InPhase". The system was able to link trends and themes to identify similar issues which enabled the practice to make improvements where required. Learning is based on a thorough analysis and investigation of things that go wrong. All staff are encouraged to participate in learning to improve safety as much as possible, including working with others in the system and where relevant participating in local and national safety programmes. External agencies recognise the practice's innovative use of technology and are looking to integrate this model across Devon.</p> <p>All staff are open and transparent, and fully committed to reporting incidents and near misses. The level of quality of incident reporting shows the levels of harm and near misses, which ensures a robust picture. Every incident that is reported is individually reviewed or investigated and actions taken. The practice had introduced a panel who met monthly to review specific learning from the patient safety events (LFPSE). The panel is made up of senior clinicians and identifies learning and improvement from events that have a harm rating of moderate or above or have been reported as a Notifiable Safety Incident. Low or no harm events are categorised according to themes. The LFPSE panel determine the action plans, and feed down to the clinical meetings and report back to LPSE panel when actions are completed.</p>	

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

Event	Specific action taken
A patient contacted the surgery by telephone to request an appointment and described having a headache and facial numbness down one side of the their face.	A call handler informed a patient that the surgery was at capacity and offered a remote 'appointment for the next day and advised the patient to contact NHS111 at 6:00pm. The patient did call 111 and an ambulance was called due to a possible stroke. The patient was subsequently diagnosed with Bells

	Palsy (this is a type of facial paralysis). Following this event all call handlers have information sheets next to their phones including information on facial drooping, arm weakness, speech difficulties and time (FAST) symptoms. This has also been included within the first aid training for all staff.
--	--

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had an effective system and policy in place for receiving and managing safety alerts, including medicine alerts from the MHRA. There was a lead person responsible for the distribution of the safety alerts . We saw examples of actions taken on recent alerts, for example we reviewed five patient's records who were taking pregabalin (a medicine to treat nerve pain and anxiety) and who were pregnant. A medicines alert advised that pregabalin may increase the risk of congenital malformation all five patients had been advised of the risks.</p> <p>Staff told us that MHRA alerts were discussed in meetings and information was disseminated to the team we saw evidence of this in meeting minutes and through the CQC questionnaires.</p>	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement 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. ¹	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	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 prioritised care for their most clinically vulnerable patients.	Yes

Effective care for the practice population

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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice 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 was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- Patients with a learning disability are each given an hour long appointment so that the review is not rushed and there is time to cover all aspects of their health as well as carry out any

examinations where necessary. They are given the nurses name and contact details at the review for any future issues that they may be able to help with.

- 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 assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- The practice had an in-house pharmacy team consisting of experienced pharmacists and technicians to ensure safe prescribing including monitoring of repeat prescriptions and timely medication reviews were carried out.
- Patients with poor mental health, including dementia, were referred to appropriate services.¹
- The practice had a frailty team which looked after housebound patients and those living in care homes. There was a dedicated telephone line for housebound patients to bypass the normal appointment line to save time visit requests were triaged and allocated to the most appropriate clinician. The team provided a holistic patient-based service which prioritised quality of life.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Staff attended regular training sessions and updates were included. Staff working in extended roles were supported by GP leads and told us they felt able to access advise and support.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered an effective 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 COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- A total number of 66 patients out of 4482 with a diagnosis of asthma had been prescribed two or more courses of steroids in the last year. (Steroids are used to reduce inflammation and in an asthma attack, assist in opening airways). We reviewed five patient records and found four patients had undergone an asthma review and a discussion about their medication and management. Three patients had not had any alterations to their medications, one patient had not been reviewed. However, on review of the clinical system at the practice we saw processes had been implemented since the new provider took over. We saw a comprehensive process to follow up patients who were

prescribed steroids. Patients were contacted within a week to see if their condition had improved and for those that needed further follow up appointments were arranged. At the time of prescribing patients were given information on action to take should symptoms worsen. A task was also sent to clinicians to arrange a follow up appointment at the point of prescribing.

- The provider had implemented daily asthma appointments for patients who required an urgent review on a daily basis as part of the appointment template.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. As part of this review patients completed an assessment template online which was reviewed by the lead nurse for asthma. Patients with deteriorating conditions were advised to make a face to face appointment to see a specialist nurse such as asthma nurse or pediatrics nurse. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The pharmacy team carried out weekly audits to ensure timely follow up of any patients' overdue reviews relating to high risk medications or treatment for acute exacerbations of long-term conditions.
- The pharmacy team use scheduled tasks to provide reminders for staff to contact patients to arrange reviews or clinical tests. Schedule tasks are pre-set to occur on a specific date and can be set to repeat over a number of weeks months or years. These can be used by teams or specific individuals working within the patient record.
- The practice had identified an issue with the potential overuse of short acting beta antagonist (SABA) inhalers for relieving asthma symptoms. Patients had been able to request repeat prescriptions under the previous provider which had a potential for patients to use these inhalers without having had a medication review to discuss symptoms and how to manage if these worsened. The practice amended all repeat medications to prevent ordering without an appropriate review.

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) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	330	343	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	344	354	97.2%	Met 95% WHO based target

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) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	344	354	97.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	345	354	97.5%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	444	460	96.5%	Met 95% WHO based target

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

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	71.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	51.8%	66.5%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.4%	71.4%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	58.8%	56.6%	55.4%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments

We asked the practice about the low uptake rates for cervical screening. We were advised the practice were offering extended clinic appointment times, patients were also being contacted by letter and text message to ensure they could make an appointment.

The new provider had amended the invitation letter to incorporate a tick box for those who would benefit information in a different language. The provider had identified that patients were ticking the box to decline screening possibly due to language barriers and then not being part of the recall system.

Patients also had the opportunity to arrange an appointment to discuss any concerns or anxieties. The practice carried out monthly audits of inadequate test results that required a follow up and repeating to ensure that all staff responsible for cervical screening training requirements remained at an appropriate level.

On the day of the inspection the practice provided unverified data from their clinical system showing an increase in the uptake of cervical screening for the date 30 June 2022, for persons aged 25-49 the percentage uptake was 91.5% for persons aged 50-64 the uptake was 93.5%.

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

Any additional evidence or comments
<p>The new provider had a comprehensive approach to monitoring quality of care to patients, which included an expansive audit programme: For example we saw an audit of suspected cancer referrals reviewing the process for appropriate investigations and secondary care referral in line with guidance. All referrals are reviewed weekly to ensure patients had been seen by a clinician for an appropriate follow up consultation.</p> <p>The practice had introduced a dedicated quality improvement lead to ensure ongoing improvement activity took place on a monthly basis. This included ensuring environmental standards and cleanliness, were maintained. They worked with the management team to oversee the practice staffing levels and review skill mix to ensure there were enough staff with the right skills, in the right place, at the right time this information was also supported by the feedback from the staff CQC survey.</p>

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
<p>We saw evidence of regular appraisals and one to ones. Staff told us they felt much more supported in their roles since the new provider had taken over the running of the practice in April 2022.</p> <p>We saw evidence on the day of the inspection that staff employed in advanced clinical roles were appropriately up to date with training and supervision to ensure they had the skills and competencies to deliver care and treatment to complex patients. There were regular reviews and audits to monitor the prescribing competencies of the clinical pharmacist and nurse prescribers.</p>	

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
Explanation of any answers and additional evidence:	
<p>The practice was able to offer a home visiting service to housebound patients, there was also a dedicated telephone number to access the frailty team.</p> <p>The practice also provided a long-term condition reviews for housebound patients with the aim to improve their quality of life. These appointments lasted an hour to ensure effective assessment and there was opportunity for carers, relatives and individuals to be involved.</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:	
The practice held monthly palliative care meetings which included the community teams, these were also minuted.	

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 Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. ¹	Yes
Explanation of any answers and additional evidence:	
Our clinical review of five patient notes, where a DNACPR decision had been recorded, had identified that patients' views had been sought and respected. We saw that information had been shared with any relevant agencies where necessary.	
Staff we interviewed shared examples of how they obtained consent and where they recorded this within standard assessment templates, this included the discussion of any risks and the benefits. For example, before carrying out cervical screening procedures.	

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

Patient feedback	
Source	Feedback
Observations made during the inspection	We carried out observations in the reception area where patients attended in person, as well as the administrative area where staff took telephone calls. Staff were helpful and courteous toward patients and were compassionate in their approach
NHS.UK	At the time of the inspection, there had been 10 reviews for the period of April 2022 to December 2022. Of the 10 reviews, 9 were one-star reviews, and one review was five stars. Patients' comments identified dissatisfaction regarding access to appointments and time waiting on the telephone. The five-star comment was positive regarding how caring and efficient staff were. The practice had responded to reviews with a personalised response with an invitation to contact the clinical governance lead so the feedback could be investigated and used to improve the patient experience.
Patient feedback on the CQC website	From April 2022 to December 2022, CQC received eight items of patient's feedback via the 'Give Feedback on Care' section of our website. Themes reflected telephone access and the appointment system as opposed to the care provided.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL 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 (01/01/2022 to 30/04/2022)	79.2%	89.2%	84.7%	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 (01/01/2022 to 30/04/2022)	80.3%	89.1%	83.5%	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 (01/01/2022 to 30/04/2022)	87.3%	95.4%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	44.5%	79.6%	72.4%	Variation (negative)

Any additional evidence or comments

The information presented above relates to the time period where the practice was registered under a different provider. Livewell partnership took over running of the practice in April 2022.

The practice had introduced an action plan in collaboration with Healthwatch Devon following the departure of the previous provider. This was used to review and improve the patient experience following patient feedback. For example, patients with long term conditions are now able to use a dedicated telephone number that bypasses the main appointment line. More GPs and locums have been employed to reduce appointment waiting times.

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 Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL 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 (01/01/2022 to 30/04/2022)	85.0%	93.3%	89.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 1335 patients as carers (3.78%)
How the practice supported carers (including young carers).	The practice had information on their website directing carers to local charities offering support.

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:	
Staff told us that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
Reasonable adjustments had been made so patients that were in vulnerable circumstances could access and use services on an equal basis to others.	
The new provider had introduced patient engagement sessions these were used to facilitate and support the active involvement of patients in their own care, to enhance safety and quality and to put patients at the center of the practice. A patient newsletter had also been introduced to aid better communication between the practice and the patient population groups.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm
Appointments available:	
Monday	8am - 6pm
Tuesday	8am - 6pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm

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

- 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.
- 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.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice had a frailty team which looked after housebound patients and those living in care homes. There was a dedicated telephone line for housebound patients to bypass the normal appointment line to save time visit requests were triaged and allocated to the most appropriate clinician. The team provided a holistic patient-based service which prioritised quality of life.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Annual health checks were undertaken by a dedicated practice nurse.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
<p>The provider had introduced a programme of work to utilise technology and a digital transformation to optimise access into the practice and ensure accessibility. For example:</p> <ul style="list-style-type: none"> • Appointment reminders were sent via text message. • All incoming telephone enquiries were clinically triaged, and a suitable type of appointment was offered with the most appropriately skilled clinician. This can be via a face-to-face appointment, telephone call, video consultation, SMS consultation (AccuRX) or email communication. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL 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 (01/01/2022 to 30/04/2022)	12.4%	N/A	52.7%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	26.0%	64.7%	56.2%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	27.1%	62.5%	55.2%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the	72.4%	79.7%	71.9%	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)				

Any additional evidence or comments

The new provider took over in April 2022 and the data above is a snapshot from January 2022 until April 2022.

The new provider had introduced patient engagement sessions these were used to facilitate and support the active involvement of patients and ensuring they were at the center of the practice's vision.

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.	39
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	
<p>Since the new provider took over the practice in April 2022 a new computer system was introduced for the recording of significant events, incidents, complaints and compliments which was called "InPhase" . The system was able to link trends and themes to identify similar issues which enabled the practice to make improvements where required. We saw evidence that the actions and learning associated was discussed in meetings and the learning was shared with all staff.</p> <p>Following the response from the CQC staff surveys we were told that complaints and concerns were handled very quickly and a dedicated staff member always feedback to the patients concerned, an action place was then put in place if needed and the learning was shared.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Mayfower Medical Group had experienced a large number of complaints in regard to access to appointments and the telephone wait time.	The provider had introduced a programme of work to utilise technology and to optimise access into the practice and ensure better accessibility. More reception staff were also employed by the practice.

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:	
<p>The leadership team demonstrated an understanding of the challenges they faced following a difficult five years where they had a high number of clinical and non-clinical job vacancies, a lack of investment from the previous provider, lack of continuity of training and development and low staff morale.</p> <p>Staff told us, through the CQC questionnaires, that the new provider Livewell had worked very hard during the last seven months and they had made dramatic improvements which are continuing. For example, more staff had been recruited and there was less use of agency staff, there was now regular staff training and they continually encouraged staff to complete any updates required. Weekly clinical governance meetings had been introduced with equal opportunities for all staff to participate in and the managerial team were very supportive and transparent.</p> <p>We saw evidence of regular monthly meetings such as:</p> <ul style="list-style-type: none">• Livewell Primary Care Group• Safety, Quality and Performance• A Workforce Group• Strategy and Action Plan Group• Palliative Care MDT• Patient Participation Group (PPG)• Daily and weekly huddle meetings	

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: The provider had held a development day for the senior leadership team, and managers to discuss and develop the practice's vision and values. These were then shared with the wider staff team for their contribution. Staff we spoke with talked passionately about having the practice vision in sight and how the management team were responsive to suggestions and feedback from staff. Engagement with local stakeholders included: <ul style="list-style-type: none">• Monthly Integrated Care Board (ICB) Performance Reports• Frequent stakeholder meetings (ICB, CQC)• Meetings with local councillors & Members of Parliament	

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
Explanation of any answers and additional evidence:	
Staff we spoke with told us that the provider was working hard to retain and recruit new staff, they provided flexible working options such as remote working, administrative sessions, early and late starts, clinic times to work around childcare and help for staff who had caring responsibilities. This was also evident in the CQC staff questionnaires.	

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

Source	Feedback
CQC staff questionnaires	<p>We received 28 questionnaires and the main themes included how staff morale had improved since the new provider had taken over, the practice encouraged a learning culture, patients and staff are listened to and feedback is acted upon.</p> <p>Staff also told us that the new telephone triage system works well as it assures that the most poorly and vulnerable patients were seen as a priority.</p>

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

There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
<p data-bbox="51 226 810 264">Explanation of any answers and additional evidence:</p> <p data-bbox="51 300 1546 450">When Livewell took over in April 2022 they promptly identified that the arrangements for governance and performance management were needing improvement. Evidence seen throughout the inspection showed the practice had a clear leadership and organsiation structure and staff told us they were aware of their job roles and what their accountabilities were.</p> <p data-bbox="51 486 1546 853">Following the clinical searches that CQC carried out on the practices system we found 4301 outstanding acquired tasks (tasks are a form of messages sent to a user to keep track of the workflow such as administrative work, discharge letters, medication changes and blood results). The practice was aware of the outstanding tasks and had introduced a protocol to deal with these. We were given assurance that there were no risks to patient safety and on the day of the inspection we were shown that there were duplicate tasks and letters which had been included in the outstanding number of tasks. We saw that the practice received up to 600 tasks per day and had recently recruited clinical coders to support existing staff. On the day of the inspection we saw the tasks had been reduced to 2800 which equates to four and a half days response rate. We saw all medication tasks are cleared on a daily basis by the pharmacy team.</p> <p data-bbox="51 889 1546 1077">The practice had introduced daily situation reports (SITREP) this is a form of data and status reporting that provides decision makers and readers a quick understanding of the current situation. The daily SITREPs identified any key risks and actions for clinical and non-clinical tasks and document flow with in the practices clinical system as well as the current staffing situation. This provides operational oversight and assurances of patient safety.</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
Explanation of any answers and additional evidence:	
<p>The new provider had appointed a Head of Governance & Improvement with a dedicated Governance team for co-ordination and oversight of key service functions, including:</p> <ul style="list-style-type: none"> • Complaints, SEAs & Incidents • Risk • Audit • Feedback • Policies & Documents • Information Management • Business Intelligence • New reporting system InPhase 	

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
Explanation of any answers and additional evidence:	
The system used for managing significant events, incidents, and complaints was clear and staff told us they were involved in learning from these events through meetings and updates.	
Events that were reportable to the CQC through statutory notifications had been completed by the responsible person.	

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
Staff are supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence:	
The practice promoted online digital access services through its website and approximately 15800 patients had signed up to online services.	
The provider had made changes to its Information and Technology (IT) to optimise access into Mayflower and ensure improved accessibility. For example, Patient Partner (a telephone provider that	

signposts patients to the most relevant clinician) and The LiVi application (a service that operates to book online appointments with a GP).

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:	
The practice actively encouraged feedback about the services provided through the completion of the friends and families survey, the practice website and discussions with the Patient Engagement Group.	
Staff told us they felt supported in suggesting ideas and changes. For example, certain clinics appointment times had been extended to ensure enough consultation time was given.	

Feedback from Patient Participation Group.

Feedback
The new provider re-established the Patient Participation Group (PPG) and the first meeting was held in November 2022, there are 79 members and 11 attended the meeting.

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.	Yes
Explanation of any answers and additional evidence:	
The practice was in the process of becoming a research-ready practice to support with innovative programmes. It had established a "Mayflower Research Lead" role who is undergoing training for The National Institute for Health and Care Research accreditation. The practice has already commenced studies on two projects: SHAPE (Dementia) and GLAD (anxiety and depression).	
There is a comprehensive approach to monitoring the quality of care to patients, which included an expansive audit programme.	

We saw evidence of a continuous learning and improvement plan for staff and staff told us they were actively encouraged to attend external and internal training courses to enhance their role and career development.

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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a SICBL 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 SICBL 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- $\%$ = per thousand.