

# Care Quality Commission

## Inspection Evidence Table

### The Bush Doctors (1-7939076091)

Inspection date: 8-10 June 2022

**Overall rating: Good**

**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.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The practice group ran a quarterly multidisciplinary safeguarding meeting attended by the practice safeguarding leads.</li><li>The practice had re-established regular meetings with the health visitors following the COVID-19 pandemic.</li></ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2021	Y
There was a fire procedure. Date of fire risk assessment: July 2021	Y
Actions from fire risk assessment were identified and completed.	Y

### **Infection prevention and control**

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

	<b>Y/N/Partial</b>
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: June 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

### **Risks to patients**

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

	<b>Y/N/Partial</b>
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
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.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y

## 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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: Test results were not reviewed by non-clinical staff.	

## 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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.49	0.57	0.79	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	9.8%	9.1%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	5.78	5.53	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	112.3‰	57.8‰	128.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.53	0.47	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	7.1‰	4.8‰	6.8‰	No statistical variation

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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Prescribing clinicians received individual-level feedback about their patterns of antibiotic prescribing.</li> </ul>	

## 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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	7
Number of events that required action:	7
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice used a tailored electronic system to log significant events and other types of incidents including near misses; issues arising in other parts of the local healthcare system; complaints; compliments and audit and quality improvement work. All the staff we spoke with said they were familiar with the system and knew how to report an incident.</li> <li>The practice reported incidents through the national NHS reporting system when appropriate.</li> <li>Significant incidents were categorised and serious incidents reported to the central partnership board for review. The system was easy to use, for example, information could be input and shared in real time by colleagues during online meetings.</li> <li>The partnership labelled significant events as 'learning events' to try and reduce any stigma in reporting. Staff told us there was a positive reporting and feedback culture which encouraged learning.</li> </ul>	

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

Event	Specific action taken
Prescribing error. A clinical letter advising the practice to change a patient's medicine was not acted on.	The error was identified by the practice during the patient's medicine review. Practice apologised to the patient, who had continued to be prescribed a medicine unnecessarily, and investigated. The clinical letter had been received but not brought to the attention of a clinician. The incident was reviewed by the partnership board and the practice's workflow systems were reviewed.
District nurse referral was not picked up and GP had to visit patient at home to administer medicine.	Practice made aware of situation and acted to ensure patient was safe at home. Practice investigated incident and shared and followed-up concerns with the trust responsible for providing community nursing. Additional fail-safes put in place for people with frailty to ensure community nursing referrals are followed-up and patients have direct contact details for the relevant teams as appropriate.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The clinical pharmacy team had developed a programme of 200 clinical searches which were run on a rolling basis and which covered recent safety alerts.</li> <li>• We carried out searches on several national patient safety alerts which showed that the practice was prescribing in line with these guidelines. The practice actively followed-up patients who did not respond to invitations to review their medicines and tapered prescribing when appropriate.</li> </ul>	

## 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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y



## 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. The partnership had developed its own template for patients identified as frail which prompted clinicians to include more useful and accessible information in the records, for example, on advance care planning and patients' goals.
- The practice had adopted multi-disciplinary teams and case review for patients with frailty; patients with mental health problems; patients with complex conditions and patients receiving palliative care.
- 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. The NHS health checks programme had restarted following its suspension during the COVID-19 pandemic. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had a lead GP for learning disability. All patients with a learning disability were offered an annual health check. The practice was aware that this group of patients had been disproportionately affected by restrictions during the COVID-19 pandemic and might need longer consultations.
- 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
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Eligible patients continued to have access to COVID-19 vaccination at a sister practice in the partnership group.
- Patients had access to minor surgery at another practice in the provider group in the area.
- The practice provided shared care for patients with substance misuse problems.
- The practice had a designated palliative care lead and held quarterly meetings with the community palliative care team to proactively manage these patients. The practice described the focus of this work as empowering patients and their families to achieve their wishes for end of life. We saw evidence of detailed care planning with the involvement of patients.

## Management of people with long-term conditions

### Findings

- We carried out a search of the practice electronic records system to assess how the practice was managing aspects of care for patients with asthma, chronic kidney disease, hypothyroidism and diabetic retinopathy. We found that the practice was managing patients in line with guidelines.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GPs 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. Clinicians were given opportunities to specialise in areas of clinical interest including long-term conditions.
- The lead GP for diabetes ran twice-weekly diabetic clinics and the clinical pharmacists also ran diabetes clinics. The pharmacists had completed additional training to initiate insulin and injectable treatments. The practice performed consistently well on benchmarked indicators of good management for diabetes compared to other practices in Hammersmith and Fulham. The practice offered patients at higher risk one to one coaching, virtual group consultations within the primary care network group and access to the REWIND programme. (The REWIND programme is an NHS funded and research-based programme for patients with type 2 diabetes.)
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. We conducted a search of the practice records system to check if the practice was potentially missing diagnoses of diabetes and did not find any issues.
- The practice ran dedicated asthma and COPD clinics, led by the lead pharmacist who had additional training in asthma care. They had links with the local respiratory specialist consultant who could provide advice and support. Patients with asthma were offered an asthma management plan. GPs followed up patients who had received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma. Patients with COPD were offered rescue packs.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring. There was a weekly hypertension clinic and members of the clinical team had a specialist interest in this area.
- The practice offered a twice weekly anticoagulation (warfarin) clinic run by a lead GP and advanced nurse practitioner who had both completed additional training. The clinic had an overall TTR (that is, a measure of the time patients' INR readings were in therapeutic range) score of over 70% for the last 12 months and participated in the international external quality assessment programme: NEQAS for Blood Coagulation, and the local GP federation anticoagulation audit.
- The practice was currently a pilot site in partnership with a local hospital trust to provide a hepatology service in the community for practice patients with hepatitis C. This group of patients are often more difficult to engage and have a high rate of non-attendance at hospital appointments. The pilot had been so successful that it had been expanded to include patients in the other four practices in the partnership and network and also to patients with non-alcoholic liver disease.

- There was a high prevalence of mental illness in the local population. The regular GPs were all allocated patients with enduring or serious mental health problems to ensure that the workload was manageable and to promote good clinical team working and reflective practice. One of the GPs was the lead for mental health for example, participating in the partnership-wide meetings on mental health.

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) (NHS England and Improvement)	74	88	84.1%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	58	90	64.4%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	65	90	72.2%	Below 90% minimum
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) (NHS England and Improvement)	64	90	71.1%	Below 80% uptake
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) (NHS England and Improvement)	17	24	70.8%	Below 80% uptake

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

## Any additional evidence or comments

- Coverage for childhood immunisations was below the national targets. The practice had prioritised this as an area for improvement. In 2021/22, the partnership had set itself the goal of improving childhood immunisations to the London average (85%) in the first instance and the national average (92%) in the longer term.
- The lead nurse was carrying out this work as part of their post-graduate study and was using available research to evidence the approach. As a result, the practice had developed a joint project with the council public health team to engage all families in the provider group with a child aged six or under with an incomplete vaccination record. Members of the council team were ethnically matched to the families they were calling and carried out the initial engagement asking families if they would engage with the practice nursing team and explaining the benefits of vaccination in lay terms. The nursing team then followed up with more information and to book a vaccination appointment that was convenient for the family.
- As a result, the practice data showed that childhood immunisations increased to the London average (85%) in 2022. However, the project showed that a considerable proportion of families firmly declined immunisation at both stages of engagement. Around half of families contacted by the nurse team went on to refuse the immunisations. The practice had identified that some families were increasingly mistrustful of medicalised evidence and terminology. The project also highlighted high levels of mobility in the practice population with a number of children moving out of the area between the council and nursing engagement efforts.
- The partnership also had an immunisations 'dashboard', which tracked each patient's uptake of immunisations in real time. This enabled the practice to quickly identify families who might need more information or reassurance.
- The practice opportunistically offered catch-up vaccinations to children outside their formal immunisation schedule if this was likely to provide protection, for example up until the age of six for the MMR boosters. (These cases are not included in the vaccination coverage statistics).
- The practice had identified particular barriers to recording and administering appropriate immunisations for children who had recently arrived in the UK, for example, where their local immunisation schedules had been followed but differed from the UK schedule. This could take time to resolve in relation to available guidance and discussion with the families.
- The practice had undertaken further outreach work to communicate the benefits of immunisation to particular groups of patients, who were less likely to engage with the immunisation programme, although with limited impact to date.

Cancer Indicators	Practice	CCG 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: 31/12/2021) (UK Health and Security Agency)	52.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	55.8%	49.0%	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)	49.1%	57.1%	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)	55.0%	56.0%	55.4%	No statistical variation

#### Any additional evidence or comments

- The partnership had started sending out text messages to women overdue cervical screening which included a direct link to book an appointment. The practice monitored uptake through a dashboard and the practice nurse called patients who were overdue their screening appointment. We were told that the practice was also being more vigilant about removing patients who had left the practice, for example after moving abroad.
- Cervical screening appointments were available at the weekends and uptake had been positive.
- The practice was confident that performance had improved in the older cohort and, also, following a programme of active engagement with women due their first smears. They had identified the remaining group of younger patients who had already had at least one smear as a target for improvement. Progress was complicated by high levels of mobility in this this group of patients locally.
- Data (unpublished) supplied by the practice showed that 504 cervical screening tests were carried out in 2018/19 (prior to the pandemic); 481 in 2019/20 and 525 in 2020/21. There was a marked increase to 701 screening test results in 2021/22, that is an increase of a third over the previous year.

## 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.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

The practice had recently carried out an audit into the extent to which patients diagnosed with gestational diabetes were then followed-up to assess their risk of long-term diabetes. The first cycle of the audit was carried out in 2017 and found that around 50% of patients had been followed up in line with guidelines. The second cycle of the audit was carried out in 2022 and included all women (23) diagnosed with gestational diabetes since 2018. This found that 83% of these patients had been followed up in line with national guidelines. Of the four who had not been followed-up, three had not responded to repeated attempts to contact them. The fourth had left the area but recently returned and was booked for an assessment. The results showed sustained improvement in clinicians' adherence to guidelines.

## 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Clinical staff told us that the partnership encouraged clinical learning and development opportunities, for example salaried and newly qualified GPs were supported to apply for GP fellowships. Further examples included audit work; involvement in research and the opportunity to develop lead roles and networks.</li> <li>• The partnership was able to use its scale (employing over 100 staff across the five practices) to introduce career development pathways. There was a 'pathway to partnership' programme for GPs which allowed GPs potentially interested in potential partnership to take on extra responsibilities within the practice. There was an established clinical pharmacist development pathway enabling pharmacists to specialise in areas of chronic disease management and move into more senior positions.</li> <li>• The practice was a training practice for GPs, practice nursing and clinical pharmacists interested in a career in primary care.</li> <li>• The partnership was using resources available through running the primary care network to employ and develop staff in 'associated' roles, for example, clinical pharmacists and healthcare coaches. We saw evidence that the provider had considered the training, skills, experience, oversight and support that associate workers would need to carry out relatively autonomous roles effectively.</li> <li>• The partners had access to coaching sessions from a former GP partner who had retired.</li> <li>• The partnership held a monthly organisation-wide clinical education session including external speakers and presentations.</li> </ul>	

## 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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The partnership had reorganised the organisation of care to patients with complex needs, through its 'faculty' model, to ensure that multidisciplinary working was integral to the delivery of care to these patients.</li> <li>• The partnership also employed link workers who were able to direct patients to resources to address wider problems which were affecting their health and wellbeing, for example, financial or housing problems. The link worker for the Bush Doctors told us they received around 40 referrals each month from practice staff. They were able to provide examples of how their interventions, for example, to address people's social isolation or to support young carers had led to positive outcomes.</li> </ul>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The partnership had employed two health coaches through its primary care network who were able to use their coaching skills to help patients more effectively manage their own health and wellbeing.</li> </ul>	

## 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We carried out a search of the practice records system to review how the practice was recording Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. We found that the practice had recorded detailed information in these cases including the date of the decision and relevant discussions with the patient and their family. We saw evidence that decisions were reviewed. The partnership had redesigned the frailty template used on the records system which included more prompts to capture DNACPR decisions so that clinicians had ready access to this.</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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback	
Source	Feedback
NHS website	There was mixed feedback from reviews left in the last 12 months. Critical comments frequently focused on people's experience with the reception staff. Others were complimentary, for example about the professionalism of clinicians.

### 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)	91.5%	87.7%	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 good at treating them with care and concern (01/01/2021 to 31/03/2021)	81.9%	86.0%	88.4%	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 (01/01/2021 to 31/03/2021)	98.2%	94.3%	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)	86.1%	80.9%	83.0%	No statistical variation

### Any additional evidence or comments

- The practice had relocated the duty doctor to sit with the reception team. This enabled receptionists to check any clinically related queries with the doctor there and then. Reception and administrative staff we spoke with told us they found this very helpful and improved patients' experience at reception.
- The practice had provided additional training and support for the reception team. It had also restructured the way the team worked and had recruited new staff members with the goal of improving patient experience at reception.

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

### Any additional evidence

The partnership had carried out its own survey of 1600 patients across all five practices, including 252 patients registered at the Bush Doctors. The questions focused mainly on ease of access and patient satisfaction with type of consultation, that is, online, telephone or face-to-face appointments. The survey showed that 70% of patients at The Bush Doctors would recommend the practice to a family member or friend. The survey found that different patients preferred different types of appointments and the report concluded that the partnership needed to provide different modes of access and a positive experience for patients whichever type of consultation they utilised.

### 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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
Interviews with staff	All the staff we interviewed told us they were committed to providing a caring service and this was an integral aspect of the culture of the practice. One clinician described the practice as ambitious to improve patient experience. Another said that with increasing integration of the primary care team, joint working with other services and the addition of social prescribing, that the service was getting 'better and better'.

## 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)	91.7%	90.4%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	144 (1%)
How the practice supported carers (including young carers).	Carers were signposted to local resources, including specific resources for young carers, and had access to priority appointments and the annual flu vaccination. The link worker was able to advise carers and young carers on local services, for example about how to access respite care.
How the practice supported recently bereaved patients.	The practice signposted recently bereaved patients to a range of resources including local bereavement counselling services and practical support. Information about bereavement was available in 'easy-read' format for bereaved patients with a learning disability.

## 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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

# 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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: Extended hours appointments were available seven days a week at one of the other practices in the partnership group. Extended hours appointments were bookable through the reception team at The Bush Doctors.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Phonelines are closed from 12.30pm-1.30pm. Patients can book urgent or routine appointments. Appointments are available morning and afternoon at various times depending on clinician and type of appointment.	
The practice also offers extended hour telephone clinics that run on Saturday mornings and health checks in the evening. There is also an evening cervical screening clinic.	

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

Clinicians and staff interviewed demonstrated an interest and knowledge of the local population and population health needs:

- The practice was developing and providing responsive services through the wider partnership and primary care network to meet local population needs in the community. For example, the partnership had set up a long COVID-19 clinic that was available to all affected patients registered with the group including patients registered at The Bush Doctors.
- Eligible patients had access to extended hours cervical screening appointments.
- The partnership had identified mental health as an area of high local need and had created a 'faculty' model for mental health across the five practices. Each practice had a lead GP for mental health. The leads met weekly with a multidisciplinary team to review complex cases. The partnership employed social prescribers through primary care network funding who could support or signpost patients who had wider difficulties, for example with housing problems, debt or social isolation.
- Patients with substance misuse problems had access to shared care services at The Bush Doctors with a weekly substance misuse clinic run by a lead GP with additional training and a weekly clinic run by a specialist drug and alcohol worker. The service worked with patients to address their wider needs, reduce the dependency and achieve longer-term goals for example in relation to social inclusion or employment. There were six-monthly multidisciplinary team meetings with the local consultant in substance misuse at which all patients were reviewed.
- Patients were able to email the practice or book an appointment in person if they were unable to use the telephone.
- The practice was working with a local acute trust to work more holistically with patients diagnosed with type 2 diabetes at a younger age. Patients in this group are known to be at risk of worse health outcomes. The lead GP for diabetes was working with two specialist consultants to review all patients under 40 who had been diagnosed with diabetes and to produce a 'best management' plan. The project was still in progress but aimed to monitor the impact of this approach, including patient reported outcomes.
- The practice offered a daily 'walk-in' wound care clinic to enable patients to access dressings and other wound care as needed, for example post discharge.

## 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 and Improvement 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
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice was operating with an 'on the day' booking system for urgent appointments. This meant that while patients could access appointments the same day, telephone lines were very busy at 8am in the morning.</li> <li>• The practice had recently expanded the number of face-to-face appointments that were available, while maintaining social distance in the waiting area.</li> </ul>	

## 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)	60.0%	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)	71.3%	71.3%	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)	65.2%	68.1%	67.0%	No statistical variation
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)	69.0%	78.4%	81.7%	Tending towards negative variation

### Any additional evidence or comments

- The partnership was in the process of securing a new telephone system later in 2022. The provider was aiming to move to a central 'call centre' system that would serve all five of the practices in the partnership more efficiently.
- The partnership had established a single e-consultation hub that reviewed all incoming requests. This was operated from the Bush Doctors. The practice advised patients to submit an e-consult form if they wished a specific GP to respond to an initial complaint or issue. GPs were able to directly book follow-up appointments for patients to preserve continuity for the course of an episode of treatment.



## 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.	8
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint about difficulties in accessing the service to request a referral which took several weeks to organise.	Practice reviewed the complaint and apologised to the patient. Access was in the process of being reviewed more generally and improvements were made, for example additional telephone lines were installed and the partnership resourced the implementation of the e-consult service.
Registration error – patient registered as a temporary patient.	Practice reviewed the complaint and apologised to the patient. Additional training was given on registration and when to register people as temporary patients and when to provide immediate access.

## Well-led

## Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because:

- The leaders inspired staff to provide high quality care that met patients' complex needs.
- The partnership had redesigned the organisation of clinical care to provide a more holistic service to patients with complex needs.
- There was strong collaboration across teams, practice sites and with external stakeholders to improve the quality of care and the patient experience.
- Staff told us they received excellent support and encouragement from colleagues and leaders.
- There were opportunities and pathways for staff to develop specialist knowledge and leadership skills.
- There was a focus on learning, research and innovation and a willingness to experiment and pilot new ideas for the benefit of patients.

### 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>• The practice was part of a primary care partnership, covering five practices, led by over 20 GP partners. There were clear leadership arrangements with each practice site having a GP partner as site lead who sat on the board and an overall medical director. The lead partner roles were term-limited to reduce the risk of burnout and to ensure leadership skills were promoted across the group.</li><li>• Each site, including The Bush Doctors, also had clinical leads; for example, 'faculty' leads, leads for specific long-term conditions; safeguarding leads; senior nursing and senior pharmacist roles and an operational site manager.</li><li>• The partnership had introduced a 'pathway to partnership' scheme to promote partnership to salaried and trainee GP colleagues and enable GPs to gain experience from taking on specific leadership projects or tasks prior to applying for full partnership. The salaried doctors we spoke with as part of this inspection, told us this was useful in demystifying the prospect of becoming a partner. The partnership had appointed several partners through this route.</li><li>• The staff we spoke with said the practice was well-led and they worked well together as a team. There was strong leadership, collaboration and support across all teams, a focus on multidisciplinary working and a shared focus on improving the quality of care and people's experiences.</li><li>• There was training and support available for senior roles, for example, the medical director role. Optional coaching was available to the GP partners from a retired former GP.</li></ul>	

- Senior staff members were encouraged and supported to take external leadership roles (for example, with the clinical commissioning group or academic bodies) where these aligned with the goals of the partnership.
- The partners were comprised solely of GPs at the time of the inspection but the organisation was debating widening the scope of partnership to other professionals.
- The leaders had used the merger of the five practices to drive change, for example to improve the way care was organised and delivered to patients with more complex conditions through cross-site 'faculty' working.

## 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.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The strategic direction, priorities and development were discussed at a partners' awayday. The strategy was monitored at monthly board and operational meetings.</li> <li>• Staff told us that they could contribute to the developing strategy if they had ideas. We were told that communication of changes across the organisation was good and improving.</li> </ul>	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff interviews	Clinical and non-clinical staff consistently described The Bush Doctors as a rewarding place to work with excellent leadership. Staff told us they were encouraged to develop their knowledge and skills with the result that the team could increasingly and successfully care for patients with complex health problems in the community.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
The partnership had a clear governance structure supported by centralised functions, for example, a performance team, finance team and the human resources function.	

## 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.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The partnership maintained clinical and non-clinical risk registers which were monitored at board and operational level.</li> </ul>	

## 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.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice GPs had continued to carry out home visits to patients who were housebound or living in local sheltered accommodation throughout the COVID-19 pandemic.</li> <li>• The practice had established a long-COVID clinic at one of the other practices in the group. This was available to affected patients registered at The Bush Doctors.</li> <li>• The practice had shifted towards offering more face-to-face appointments following the reduction in rates of COVID-19 infection. The majority of consultations were face-to-face although telephone and e-consultations were also available. Additionally, patients were now able to book appointments directly by telephone, that is, no longer having to go through a 'triage' process.</li> <li>• The partnership had set up a central e-consult hub which enabled the on-site duty doctor and GPs to focus on delivering their booked clinics.</li> <li>• The practice had moved the duty doctor to physically work alongside the reception team to support safe and effective triage. Reception staff told us this had been a positive change and they were able to book appropriate appointments and resolve patient queries more quickly and usually within in one call.</li> </ul>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The partnership used 'real-time' performance dashboards to monitor activity and performance including key indicators of effective care, for example, around the management of diabetes. This enabled any dips in performance or unusual activity to be investigated at an early stage.</li> <li>The practice was increasingly incorporating 'patient reported outcomes' into its audit and pilot project evaluations to ensure that patients' experiences were effectively captured and analysed.</li> </ul>	

## 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.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice was able to demonstrate how it had responded to patient feedback, for example in response to patients' preference for more face-to-face consultations.</li> <li>• The practice had an active patient participation group prior to the outbreak of the COVID-19 pandemic. It had recently organised the first face-to-face meeting of the group since the outbreak but only one person had attended.</li> <li>• The practice had mixed results with patient surveys. It had a six-monthly patient survey programme and used a recent survey on access to adjust its appointment system.</li> <li>• Patient re-engagement following the pandemic had been identified as an area for improvement across the partnership.</li> </ul>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Clinical audit and other quality improvement work was embedded in day to day clinical practice. All the clinicians we spoke were able to provide examples of quality improvement work they had been involved with.</p>	

## Examples of continuous learning and improvement

- The partnership had formed a single primary care network covering the five practices including The Bush Doctors. This enabled it to increasingly directly employ and deploy staff in associated roles in a way that was tailored to the needs of the local population.
- The practice took part in pilot projects which were likely to be of benefit to the practice population. For example, the practice was participating in a pilot to provide a more holistic approach to patients diagnosed with type 2 diabetes at a younger age.
- The partnership had established an in-house research unit that worked across the practice group. The unit was led by a former GP partner, with a dedicated research nurse and part-time input from one of the salaried GPs. The unit participated in NHS research trials, including the recent COVID-19 Panoramic study which led to the development of effective anti-viral treatments and research into dementia and diabetes. It was in the process of carrying out an evaluation of the frailty multidisciplinary team. The partnership had one of the highest patient participation rates in general practice research in the country.
- The practice was able to demonstrate an understanding of the barriers to patient participation in cervical screening programmes and had recently improved uptake.



## 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.
- **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.