

## Inspection Evidence Table

Merrow Park Surgery

(1-565741133)

Inspection Date: 14 June 2023

Date of data download: 01/06/2023

## Overall rating: Good

At our previous inspection in November 2021, we rated the practice as requires improvement. This was because we found breaches of regulation in the Safe and Well-led key questions.

At this inspection we found the practice had made significant improvements. Breaches of regulation had been reviewed and processes changed or improved to show that systems and processes were working as intended. There had been a collective approach to ensuring that improvements within the practice were sustainable.

## Safe

## Rating: Good

At our previous inspection the practice was rated as requires improvement because:

- Staff vaccination was not maintained in line with current Public Health England (PHE) guidance relevant to their role.
- The practice had not fully implemented their policy for reporting and recording significant events. There was limited evidence to show that lessons learnt had been identified and shared.
- Recruitment checks were not always carried out in line with regulations.
- Not all staff had the appropriate authorisations to administer medicines under patient group directions.

At this inspection we found:

- The practice required all staff members to provide evidence of their immunisation status. This was recorded into a spreadsheet. Risk assessments had been completed for those staff members whose immunisation was not known or had declined the immunisation.
- The recording of significant events was clear and detailed. We saw that significant events, complaints and safety alerts were discussed at team meetings for the wider learning.
- We reviewed the recruitment files of 4 new staff members and found the required information available.
- Staff had appropriate authorisation to administer medicines under patient group directions.
- Our remote searches of patient records showed that patients were being effectively and safely managed.

### Safety systems and processes

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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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

<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
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found that recruitment checks had not been completed in accordance with regulations.</p> <p>At this inspection we reviewed the recruitment files of 4 new members of staff and found that all recruitment checks were complete and were clearly documented.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	13/02/2023
There was a fire procedure.	Y
Date of fire risk assessment:	13/02/2023
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Comprehensive risk assessments had been carried out and resulting action plans were clearly documented and updated to demonstrate that mitigating actions had been taken in a timely manner.</p>	

## 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.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	25/05/2023
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
Explanation of any answers and additional evidence:  At our last inspection we found that infection prevention and control (IPC) audits were not always clearly documented and there were not documented action plans to address any concerns identified.  At this inspection we found that IPC audits were clearly documented. We saw that mitigating actions identified had been completed. All staff had completed IPC training appropriate to their job role and the lead for IPC had received additional training to provide the skills and knowledge to perform this role. Cleaning and monitoring schedules were in place for all clinical areas.	

## 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.	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
Explanation of any answers and additional evidence:  We saw evidence of clear signs in each consulting room and reception areas describing symptoms of sepsis. The practice had provided specific guidance and training to non-clinical staff to support their understanding of managing patients with severe infection and sepsis. Patient service team members we spoke with were able to describe appropriate actions that they would take if they encountered a deteriorating or acutely unwell patient. They also described the red, amber, green system that they used to determine which clinician was most suitable for a patient to see and the appropriate timescale. This system also allowed vulnerable and high risk patients to be flagged to the triage clinician.	

## 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:	
Our review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients.	

## 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	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	0.50	0.79	0.86	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). (01/01/2022 to 31/12/2022) (NHSBSA)	7.8%	8.9%	8.1%	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 (01/07/2022 to 31/12/2022) (NHSBSA)	5.15	5.85	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	57.7‰	76.6‰	130.3‰	Variation (positive)

Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	0.48	0.67	0.56	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	5.8‰	5.5‰	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
There was a process for the safe handling of requests for repeat medicines and evidence of effective 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.	Y
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
Explanation of any answers and additional evidence, including from clinical searches.	
At our last inspection we found that prescription stationary was not being tracked securely throughout the practice and some staff had been added to patient group directions (PGDs) without appropriate authorisation.	

At this inspection we found that a new robust system had been introduced and embedded to ensure that prescription stationary was tracked securely throughout the practice. Each individually numbered page of prescription stationary was tracked through the practice, from delivery and secure storage to the daily use in clinical rooms. The latter involved daily, dual signatures for each numbered page of prescription stationary. When the printers are unattended e.g., during the daily clinical coffee meeting, the prescription stationary allocated to that printer remain in the possession of the clinician using that printer.

We also found that PGDs had been authorised appropriately for all staff using them and there was a system in place to identify when PGDs would pass their expiry date.

A CQC GP Specialist Advisor accessed the practice's systems, with the practice's consent, to undertake searches of clinical records. These searches were indicative of the number of patients at risk due to a lack of monitoring or diagnosis and further investigation of the patient record was needed to assess risks. We sampled a select number of patient records, where any risks were potentially identified, to assess the risks for these individual patients. Our searches indicated that the practice had an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines and medicine reviews.

### 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:	30
Number of events that required action:	30
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found that not all staff were familiar with the significant events policy. We also found that records of significant events were not always accurately maintained and the practice was unable to demonstrate that learning from events had been shared effectively with staff.</p> <p>At this inspection we found that significant events were clearly documented, and learning was shared with staff through individual conversations, staff meetings and a significant events log. The practice encouraged staff to report significant events and also kept a log of learning events which did not meet the threshold to be considered significant events. Staff we spoke with were all able to describe significant events which had occurred and the learning that had been identified. There was a comprehensive programme of regular meetings for each staff group where significant events were discussed and twice a year, a review of all significant events, trends, themes and learning was presented at practice learning times to which all staff were invited. Lunch, as well as paid-time or time-in-lieu were offered for staff to encourage attendance if the</p>	

scheduled practice learning time did not coincide with their normal working hours or days. Slides of the presentations were published internally on the practice compliance management system so that all staff could refer to them.

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Blood samples were left in a clinical room after the hospital service had been to collect samples.	The patient was contacted to make an appointment to come in for repeat bloods and received an apology. The practice reminded all clinicians to ensure that blood samples should be placed in the collection box by the time the collection was due. The patient services team now send a screen message reminder to all clinicians prior to the collection.
A few referrals generated by GPs were not sent.	The patients were contacted and received an apology for the delay to their referrals. The practice reviewed their referral process. They found good practice that was shared to all clinicians. The physician associates were using a keyboard shortcut which sent a task to the secretaries at the same time as the referral was generated. This system was introduced to all clinicians to reduce the risk of future delays in generating referrals. An audit of referral failsafe procedures for all clinicians had recently been carried out.

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> <p>At our last inspection we found that there were gaps in the recording of safety alerts and any actions taken.</p> <p>At this inspection we found that the practice was recording safety alerts along with any actions taken, who was responsible, and the date completed on a central log. We saw examples of actions taken on recent alerts, for example, regarding a particular brand of continuous glucose monitors which may give erroneous readings.</p>	



*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
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients who were clinically vulnerable were identified on the practice systems and appointments were arranged to suit their needs, for example longer appointments for patients with complex needs.</p> <p>A CQC GP Specialist Advisor accessed the practice's systems, with the practice's consent, to undertake searches of clinical records. Our searches indicated that patient's treatment was regularly reviewed, and onward referrals were made appropriately.</p>	

## Effective care for the practice population

### Findings



- 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. The practice has a learning disability team in place to support these patients which consisted of a GP, physician associate, clinic co-ordinator/health care assistant. All patients with a learning disability were provided with a health passport which told other services about their healthcare, their learning disability, how they like to communicate and how to make things easier for them. The practice supported a service where patients with learning disabilities lived in shared houses. In order to improve services for these patients a weekly virtual ward round was introduced with a single named GP who offered longer appointment times and more flexibility. This resulted in greater continuity of care and a decreased demand for urgent, same-day, appointments and both urgent/non-urgent prescriptions requests and medication changes. There was positive feedback from the care home and their nominated pharmacy. appointments. Last year the practice piloted annual health checks on a Saturday morning, when the surgery was quiet. Feedback from patients was positive and the practice is intending to continue health checks this way in the future.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. This was reviewed within 24 hours at the next daily clinical coffee meeting, by the usual GP where possible, or by the duty GP, if the usual GP was absent and if the issue needed to be dealt with more urgently.
- 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 held a register of patients with serious mental illness who are invited to attend annually for health checks with the health care assistant and a review with a GP. The practice had also written and adopted a standardised text message to signpost patients who were in acute mental health crisis to further support.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice held a register of patients with dementia who were offered reviews in the surgery at home depending on the circumstances. Continuity of care by their usual GP was particularly prioritised for this group of patients. Review appointments were organised by the care coordinator who offered longer appointments at a time convenient to allow carers or family members to attend and to account for flexibility for transport arrangements. Appointments were co-ordinated to allow blood tests and physical tests to be carried out at the same time as reviews to reduce the number of appointments the patient needed to attend. The practice told us they had received positive feedback of this approach.
- The practice identified other groups of vulnerable patients, for example survivors of abuse or PTSD, who need a more flexible approach such as they would prefer to see a same sex GP or need appointments at a quieter time of day.
- The clinical lead in women's health had recently completed extra training in menopause management to offer improved care to this group of patients.

## Management of people with long term conditions

### Findings

- A CQC GP Specialist Advisor accessed the practice's systems, with the practice's consent, to undertake searches of clinical records. These searches were indicative of the number of patients with long term conditions at risk due to a lack of review and follow up and further investigation of the patient record was needed to assess risks. We sampled a select number of patient records, where any risks were potentially identified, to assess the risks for these individual patients. Our searches indicated that patients with long term conditions, including diabetes, asthma and hypothyroidism, were reviewed to ensure their treatment was optimised in line with national guidance.
- 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 could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- The practice had employed a health and well-being coach who offered lifestyle advice to priority groups of patients with recently diagnosed diabetes, at risk of diabetes or who were struggling with their weight.
- The practice piloted the introduction of BP@Home delivered in partnership with Surrey Heartlands Integrated Care Board, to provide blood pressure monitors to patients, train them in their use and recording. This was targeted at higher risk undiagnosed and diagnosed patients. Following the introductory pilot, the service was extended across local practices.
- The practice has a high uptake of referrals to an online structured education programme for patients with Diabetes and Non-Diabetic Hyperglycaemia. Follow up of patients has shown improvements in blood pressure, cholesterol and weight. The practice was facilitating an academic research study in this approach within Guildford, planned for early 2024.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	92	99	92.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	99	110	90.0%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	95	110	86.4%	Below 90% minimum

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	97	110	88.2%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	123	143	86.0%	Below 90% minimum

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

### Any additional evidence or comments

The practice had met the minimum 90% target for 2 out of the 5 childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for any of the 5 childhood immunisation uptake indicators.

Since our last inspection we saw that uptake of childhood immunisations had increased. The practice had a dedicated nurse and patient services team member to who had responsibility for childhood immunisations. The practice continued to encourage parents to bring their children for immunisations. They told us they had a policy of sending reminders when children were due to immunisation and for following up non-attenders. Mothers of new-borns were contacted after birth to arrange a 4-week mother post-natal care telephone appointment and then a surgery based booked GP baby check at 8 weeks. Appointments were organised so that the baby could be vaccinated at the same time as their baby check to reduce the number of times the mother and baby needed to attend the surgery for different appointments. Feedback from patients was positive about the co-ordination of appointments. The practice had a robust process for following up childhood immunisations where appointments were not attended.

Following our last inspection, the practice had created an action plan to achieve the WHO 95% targets. The practice told us that in 2022/2023 they have met the 95% targets.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	67.2%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	76.4%	N/A	70.3%	N/A
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). (31/12/2022 to 31/12/2022) (UKHSA)	73.5%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	54.2%	56.7%	54.9%	No statistical variation

### Any additional evidence or comments

The practice was below the 80% cervical screening target. The practice has provided unverified data for the period 01/04/2022 to 31/03/2023 which shows for 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 was 80% and within 5.5 years for persons aged 50 to 64 was 82%.

The practice told us that staff routinely contacted patients who had not responded to their invitation for cervical screening to encourage attendance. Clinicians opportunistically encouraged uptake if they were seeing or speaking with the patient about something else.

### 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 carried out a wide range of multiple cycle audits, which demonstrated improved performance in each cycle. For example, medicines management, controlled drugs prescribing and coding of child not brought to appointment. Audits were carried out by a variety of clinical staff including, GPs, physician associates and nurses. The practice took part in the local prescribing incentive scheme which involves twice yearly audits in key areas. For example, antibiotic prescribing, which resulted in the practice performing significantly better than local and England averages. Reflection by the partners, was that this was directly attributable to the use of the patient information leaflets designed and provided by the practice on management of acute self-limiting upper respiratory infection, and our pledge as #antibioticguardians.	

### 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> <p>At our last inspection we found that the training matrix the practice used was not accurate or up to date and that induction checklists were not always signed off.</p> <p>At this inspection we found that training records were up to date and all staff had completed training required by the practice. We also found that induction checklists were signed off by both employees and managers. We also saw evidence that the practice was supporting staff with training to develop their roles particularly where this supported the practice. For example 1 physician associate had recently completed training in minor surgery and was now running clinics at the practice. Also 1 nurse had identified that they would like to learn intra uterine coil fitting and the practice was supporting them to do this.</p> <p>There was a culture of high attendance and engagement at staff training events such as Practice Learning Time (PLT). PLT are protected learning times for the practice which enables all staff and partners to attend. The practice had successfully applied for funding to hold extra PLT's. To encourage high attendance, lunch was provided and a choice of paid time or time-in-lieu was offered to staff who would not usually have been working at the time of the scheduled PLT.</p>	

### Coordinating care and treatment

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

	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

### 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> <p>The practice supported patients to be involved in monitoring and managing their own health in a number of ways. These included running a pilot scheme where patients were provided with a blood pressure machine and were trained how to use it and record their blood pressure, they were also advised what to do if their blood pressure was outside their target range. BP@Home pilot, the practice designed and provided patient leaflets self-measurement BP leaflet and, self-management of acute illness (cough, sinusitis sore throat, ear infection). The practice also employed a health and well-being coach who supported patients in areas such as smoking cessation and was a point of contact for other members of staff.</p> <p>The practice took part in social prescribing initiatives including stop smoking, financial advice and weight loss. The practice also employed a health and well-being coach who supported patients with a variety of health needs including patients likely to develop diabetes and those looking to lose weight.</p>	

#### 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



# 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.uk website (formerly NHS Choices)	In the last 12 months 4 reviews had been left for the practice. Two of these were very positive and 1 was negative regarding the way they had been treated by GPs and other staff at the practice.
CQC share your experience	We have received 7 contacts regarding the practice in the last 12 months, of these 3 were negative about the way they had been treated by GPs and other staff at the practice and 1 was positive.

**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	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)	80.8%	87.7%	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)	83.8%	86.5%	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)	97.7%	95.2%	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)	66.0%	75.4%	72.4%	No statistical variation



## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a number of patient information leaflets about common self-limiting upper respiratory infections such as sore throats, sinusitis, otitis media, coughs and colds, which could be either texted directly or given as a printed handout to patients.</p>	

## 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	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)	93.9%	93.2%	89.9%	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.	The practice had identified 495 patients (approximately 4% of the practice population) who were also carers, this included young carers.
How the practice supported carers (including young carers).	There is a dedicated member of the patient services team who was responsible for the management and co-ordination of carers advice to both patients and other members of the clinical and administration teams. Newly identified carers were given a printed support pack which included information on local and national carer support resources. Carers, including young carers, were offered an annual review and a flu vaccination.

How the practice supported recently bereaved patients.	For expected deaths the practice ensured that the family are supported including regular home visits by the patients usual GP. Recently bereaved patients were contacted by their usual GP and signposted to appropriate services or offered a consultation. The practice also contacted other services involved in the care of the deceased to ensure that the family were not contacted to book appointments or reminders sent.
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#### 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

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
<p>The practice phone lines are open 8am to 6:30pm Monday to Friday. The practice offered pre-bookable appointments through the GP federation from 6pm to 7pm on Mondays and Tuesdays, 6pm to 8pm on Wednesdays and 9am to 1pm on Saturdays.</p> <p>When the practice was closed, patients are directed to NHS 111 or the local accident and emergency department depending on the seriousness of the concern.</p>	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> <li>Patients had a named GP who supported them in whatever setting they lived. One of the partners led in Continuity of Care.</li> <li>The practice was responsive to the needs of older patients and offered home visits, urgent appointments and longer appointments for those with enhanced needs and complex medical issues.</li> <li>The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.</li> <li>As the practice was a member of a GP federation additional nurse appointments were available 3 evenings a week and Saturday mornings so for school age children did not need to miss school.</li> <li>All parents or guardians calling with concerns about a child were offered a same day appointment when appropriate.</li> </ul>

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability. One of the GPs was the homeless lead for the local area.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers. This was well advertised with posters at the entrance to the surgery and in the reception area. The practice was able to act as a correspondence address for important documents for this group of patients such as hospital letters.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, for example offering longer appointments and appointments at times when the practice was quieter.
- During the pandemic in response to patient feedback the practice introduced social media accounts to help keep patients up to date with news about the practice.
- The practice showed us specific examples of where they had responded flexibly to meet patient needs. For example, sending test results by text message and an online prescription to a pharmacy local to a patient who was on holiday in another part of the UK, members of staff escorted a patient who had difficulty remembering when their appointments were to the practice and a hospital appointment when their booked transport didn't turn up and consecutive appointments booked where possible to reduce the number of visits to the practice.

## 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.	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 (including those who might be digitally excluded).	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> <p>In April 2023 the practice had changed the way it offered GP appointments from a pre-bookable system to a same day triage system in response the changes to the GP contract. Staff had received appropriate training in the new system and a letter had been sent out to all patients regarding the change. The letter explained the new system, the potential disadvantages and advantages, who the patient's usual GP was and which days they worked. The letter also explained how appointment requests would be handled once the practice had reached safe capacity for the day. Appointments for nurses, health and well-being coach and health care assistants were available to prebook up to two weeks in advances.</p> <p>Patients were able to request appointments by telephone, in person or online. The practice telephone system was upgraded to a cloud-based telephony system. This offered benefits to patients with a queue system so patients knew what position they were in the queue and a call back facility so patients did not have to wait on the line or keep dialling the practice as if they selected this option they would automatically be called back</p>	

when they reached the front of the queue. The system also offered additional benefits such as telephone consultations being recorded when GPs were working from home.

Since the Pandemic and lockdown, the practice had increased consultation rates so there were 40% more consultations in October 2021 compared with October 2019 and 10% more face to face consultations October 2021 compared with October 2019.

Since August 2022, the Senior Leadership team, had focused on offering more face to face appts in response to feedback from patients. In October 2022 there was an increase of 17% which meant nearly 50% of all appointments were face to face appointments.

The practice hosted the federation service offering enhanced access appointments 3 evenings a week and Saturday mornings which meant patients could prebook appointments at their own surgery.

### 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	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)	67.6%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	59.2%	58.1%	56.2%	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 (01/01/2022 to 30/04/2022)	46.1%	57.0%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	71.0%	73.7%	71.9%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	In the last 12 months 4 reviews had been left for the practice. Three of these were positive regarding accessing appointments and 1 was negative about delays in being able to book an appointment.
CQC share your experience	We had received 7 contacts regarding the practice in the last 12 months, of these 2 were negative about accessing appointments and 1 was positive.

**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.	16
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 of learning from complaints.

Complaint	Specific action taken
Patient presented with an eye problem and was booked an appointment with GP.	Patient could have been signposted directly to a specialist eye service. Patient services team were reminded that patients could be directed to the specialist eye services without having to see the GP. This could result in quicker treatment for patients in the future.

## Well-led

**Rating: Good**

At our previous inspection the practice was rated as requires improvement because:

- Systems for assessing, monitoring and improving the quality and safety of the service were not always effective.
- Leaders lacked oversight of some processes and therefore failed to identify risks when those processes did not operate as intended.
- The practice did not always act on appropriate and accurate information.

At this inspection we found:

- Systems for assessing, monitoring and improving the quality and safety of the services were effective.
- Leaders had oversight of the processes and procedures operating in the practice and were assured that these were operating as intended.
- The practice was acting on appropriate and accurate information.

### 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:  The provider told us they had ensured reflection and team learning to improve their overview of all processes, following our previous inspection.  Staff we spoke with told us that the practice had a truly open-door policy and all leaders were visible and approachable. Staff also told us that they felt well supported and wouldn't hesitate to raise ideas, suggestions or concerns with leaders and they believed they would be listened to.  There was a leadership development programme and succession plan in place which included further recruitment.	

### 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us that they had all been involved in developing the practice's vision and values and they were proud of these. The practice had also run a competition amongst the staff and partners to design the new surgery logo.</p>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>Leaders in the service told us that they had made staff well-being a priority and we saw evidence of staff well-being initiatives. We saw that the practice maintained a specific staff well-being file in which the initiatives were recorded, Examples of staff well-being initiatives included all GP's have one work-from-home day, all GP's have a standing desk. The daily coffee meeting is well attended providing a physical break from extended computer use, a change of environment as well as a supportive teaching opportunity for clinicians. Other initiatives included a shout out board which was regularly updated with positive comments received about the practice and individual staff members. Staff told us that they valued the effort that the leaders had made to support their well-being.</p>	

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

Source	Feedback
Staff interviews and questionnaires	<p>Staff told us that they enjoyed coming to work and that they were proud to work at the surgery. Staff described an open-door culture which was very supportive. Staff told us they felt that communication in the practice was excellent and they were well informed. Staff also told us that they felt listened to and that the practice acted on their ideas and suggestions for improvements.</p> <p>Staff told us that the culture and morale in the practice had improved a lot over the last 18 months with a big focus by management on staff well-being. They gave us examples of staff well-being initiatives such as a well being day where they received a day off without having to use annual leave if their birthday fell on a</p>

	working day, personalised birthday and Christmas cards from the partners and a shout out board where compliments about the surgery and individuals were displayed for all staff to see. Staff told us these initiatives had a positive impact on well-being and morale and helped make the practice an enjoyable place to work.
External staff survey	<p>In 2022 the practice had commissioned an external company to run a staff satisfaction survey. The survey had a high response rate (27/35 staff approximately 78%) and scores were benchmarked against other comparable practices. The overall responses included that staff felt:</p> <ul style="list-style-type: none"> <li>• the practice was continually improving with good staff engagement</li> <li>• they had a reasonable amount of work and clarity on what was expected of them</li> <li>• there was good encouragement from partners and management especially in taking actions suggested by staff</li> <li>• an ability to influence how the practice operates</li> <li>• the partners listen to them and their views and ideas, valuing the contribution they make and caring about them</li> <li>• that staff and team successes are celebrated within the practice</li> <li>• good support from each other, within their own teams</li> <li>• staff are proud to be part of the practice.</li> </ul> <p>The survey also identified some areas for improvement which the partners and management took on board and have been working to address. For example, better feedback about what is going on in the practice. The practice has introduced a more frequent meeting structure for all team meetings, including daily clinical meetings and the practice manager sends out a weekly newsletter about what is going on in the practice. Staff told us they thought communication had improved and found the weekly practice manager newsletter useful.</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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y

### 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
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection we found that whilst the practice had systems in place these were not always effective and leaders lacked oversight of these. For example, staff vaccination records, recruitment records, infection control action planning, monitoring of prescription stationary, keeping Patient Group Directions (PGDs) up to date, and recording, analysing and sharing learning from complaints and significant events.</p> <p>At this inspection we found that systems and processes were effective and leaders in the service had oversight of these to ensure they were operating as intended. We reviewed records of staff vaccination, recruitment, training, infection control audits and action plans, monitoring of prescription stationary, PGDs, significant events and complaints and found these were all up to date, clearly recorded and accessible to all appropriate leaders and members of staff.</p> <p>Staff were encouraged and supported to undertake further training to develop personally and support improvement in the practice.</p>	

### 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

### 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
Staff are supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A board displaying how patients' data is processed in the form of a Privacy Notice, was displayed in the waiting room and contained up to data contact details. A risk assessment for remote working was recently carried out.</p> <p>The practice telephone system was upgraded to cloud-based telephony in November 2022 due to the benefits this offered patients and the practice, including the recording of telephone consultations whether the GP was working from the practice or from home.</p>	

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
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

#### Feedback from Patient Participation Group.

Feedback
<p>The PPG met with the practice manager and a GP partner every 4- 8 weeks. The meetings were in person but members could also join through video conferencing facilities.</p> <p>The practice used feedback from the PPG to help tailor services. For example, the PPG gave feedback regarding changes to the appointment system which was listened to and acted upon.</p>

#### Continuous improvement and innovation

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

	Y/N/Partial
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There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

### Examples of continuous learning and improvement

The practice initiated a pilot of the GP in Mental Health Service (GPiMHS) which was successful and has now been rolled out across local practices. This service was designed to be an interface between primary & secondary care, but based within primary care, giving reassurance & familiarity that patients have with their family GP. This allowed for greater engagement and improved mental health outcomes. The service comprised of a mental health practitioner and a psychologist, with psychiatrist support/oversight where necessary, which was especially helpful for management of psychopharmacology (Psychopharmacology is the study of drugs that affect mood, behaviour and cognition). The GPiMHS service allowed more time to explore complex mental health problems and their treatment than would be possible in routine GP consultations for example evidence based self-empowerment and support strategies with appropriate follow up.

One of the GPs was the Homelessness clinical lead for the local practices. The practice ran a pilot project to promote accessibility to all, including those who had no fixed abode, and delivered training regarding this to other local practices.

The practice involved all clinical staff groups in their audit programme, which was comprehensive and demonstrated improvement through re-audits.

The practice had employed a health and well-being coach who provided longer appointments for patients who wanted to make changes to their lifestyle, for example patients who were likely to develop diabetes or who wanted to lose weight.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
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.