

Care Quality Commission

Inspection Evidence Table

Beacon Medical Practice (1-591810663)

Inspection date: 22 October 2020

Date of data download: 29 September 2020

Overall rating: Requires Improvement

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

Safe

Rating: Good

At our previous inspection on 22 November 2109, we rated the practice as being inadequate for providing safe services. This was because;

The practice did not have clear systems and processes to keep patients safe and did not have the appropriate systems in place for the safe management of medicines.

At this inspection on 22 October 2020, we found the practice had made significant improvements.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 24th September 2020 (Skegness) Date of last inspection/test: 21st November 2019 (Chapel St Leonards) Date of last inspection/test: 11th September 2020 (Ingoldmells)	Yes
There was a record of equipment calibration. Date of last calibration: 30 January 2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 24 September 2020	Yes
There was a log of fire drills. Date of last drill: 26 June 2020	Yes
There was a record of fire alarm checks. Date of last check: 28 May 2020	Yes
There was a record of fire training for staff. Date of last training:	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 1 March 2020	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 1 February 2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 February 2020	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 15th April 2020 (Skegness) Date of last infection prevention and control audit: 19th March 2020 (Ingoldmells) Date of last infection prevention and control audit: 23rd June 2020 (Chapel St Leonards)	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes (1)
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Explanation of any answers and additional evidence:

(1) The practice had radically revised their process for booking appointments and providing consultations for patients as a result of the coronavirus pandemic. This entailed moving to total telephone triage. The potential impact on patients had been considered and reception protocols were in place to help ensure the safety of patients. However, we noted that the reception triage protocol did not make specific mention of unwell children or patients that presented at the practice rather than go through the telephone triage system. We pointed out our concerns and we were subsequently provided an updated version that fully addressed the issues. We were provided with assurances that all staff had been made aware of the revised protocol.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes (1)
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>(1) At the time of inspection, the practice was prevented by CQC from registering new patients other than new born children of existing patients and looked after children. However, for these patients the system was appropriate. Those who could not be registered were signposted to services who were able to register them as new patients.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) (NHS Business Service Authority - NHSBSA)	1.06	1.03	0.85	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2019 to 30/06/2020) (NHSBSA)	9.3%	10.3%	8.6%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2020 to 30/06/2020) (NHSBSA)	6.45	5.58	5.35	Tending towards variation (negative)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2020 to 30/06/2020) (NHSBSA)	1.88	2.31	1.92	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had reduced the 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 when compared to the results for the same period in the previous 12 months.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Ten
Number of events that required action:	Ten

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

Event	Specific action taken
Blood test results entered onto wrong patient record	Ensure labels for samples are printed individually
Delayed histology results	Issues reported to the local pathology department and established an internal audit process to ensure that all the results were acted on in timely manner

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

Effective

Rating: Good

At our previous inspection on 22 November 2109, we rated the practice as being inadequate for providing effective services. This was because;

- Patients with long term conditions were not having their healthcare needs met.
- Cervical cancer screening uptake was below target

At tis inspection we found the practice to have made significant improvements.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2019 to 30/06/2020) <small>(NHSBSA)</small>	0.85	0.99	0.70	No statistical variation

Older people

Population group rating: **Good**

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: **Requires improvement**

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice had worked with an external organization to develop and implement an effective recall system for managing reviews of patients in this group.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	67.6%	78.8%	76.6%	Tending towards variation (negative)
Exception rate (number of exceptions).	19.2% (333)	10.0%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the	64.6%	87.9%	89.4%	Significant Variation (negative)

Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>				
Exception rate (number of exceptions).	5.6% (61)	10.0%	12.7%	N/A

Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	90.5%	94.0%	91.8%	No statistical variation
Exception rate (number of exceptions).	1.3% (10)	3.2%	4.9%	N/A

Any additional evidence or comments

The practice told us the numbers of asthma and COPD reviews completed were lower during the period from 1st April 2019 to 31st March 2020 due to the long-term absence of the Chronic Disease Nurse. They now had a team of Advanced Health Care Assistants who were able to complete parts of the review meaning that the Chronic Disease Nurse would only need to do the parts of the review that were beyond the HCA remit.

Families, children and young people

Population group rating: Good

Findings

- The practice had met the minimum 90% for all of four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for two of four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice made its facilities available to the Midwifery team to ensure that expectant mothers are able to receive care close to their home. The practice offered six week mother and baby checks and this was done at the same time as the baby's first immunisations.
- The practice nurses were competent to talk to young people sensitively about contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	190	205	92.7%	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) (01/04/2018 to 31/03/2019) (NHS England)	168	184	91.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	176	184	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	176	184	95.7%	Met 95% WHO based target

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

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> 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. Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The practice had recently set up a Facebook page and was able to promote health information to all patients, but it is thought that many people who used social media were those in this age range. The practice offered the use of their Ingoldmells premises to the extended hours service which enabled patients in the local area to be seen at a surgery close to their home in the evenings and at weekends.

Cancer Indicators	Practice	CCG average	England average	England comparison
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The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2020) (Public Health England)	75.0%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	66.2%	73.6%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	52.1%	60.6%	58.0%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	63.7%	55.4%	53.8%	Tending towards variation (positive)

Any additional evidence or comments

While still not reaching the 80% target the practice had improved their cervical cancer screening rates from 69.3% at the previous inspection to 75% at this inspection. The CCG average was 74.35%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- Those patients with complex needs were discussed at the Neighborhood Team meeting to ensure that they received a holistic approach to their needs.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was significantly higher than CCG and national averages.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QoF)</small>	94.8%	84.9%	85.4%	No statistical variation
Exception rate (number of exceptions).	43.9% (76)	25.3%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QoF)</small>	98.1%	84.5%	81.4%	Significant Variation (positive)
Exception rate (number of exceptions).	18.7% (49)	9.7%	8.0%	N/A

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	514	536.8	533.9
Overall QOF score (as a percentage of maximum)	91.95	96.03	95.15

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

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

- (1) At the previous CQC inspection it was found that anticoagulation results were recorded in the proprietary anticoagulation software, but these results did not automatically populate the patient notes held on the clinical system. As a result, improvements have been made and anticoagulation practitioners now recorded INR results in the clinical system to ensure consistency and that anticoagulation medication was being issued based on current test results.
- (2) Dedicated Emergency Care Practitioners had time allocated to look at hospital discharges and to review patient's care on discharge from hospital.
- (3) The practice had undertaken a review of all patients in receipt of thiazide-like diuretics following an incidence of it causing abnormal blood results.
- (4) The practice had carried out an audit of chronic kidney disease Stage 3 patients who were not on statins and as a result the patients were reviewed and started on the appropriate statins. Then second cycle of audit showed significant improvement.

Any additional evidence or comments

Overall QOF points attainment had improved from 479.5 points (85.8%) over the previous year.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

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

Indicator	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	89.5%	95.0%	94.5%	Variation (negative)
Exception rate (number of exceptions).	0.3% (25)	0.8%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Requires improvement

At our previous inspection in November 2019, we rated the practice as requires improvement for providing caring services. This was a result of the dissatisfaction expressed by patients.

At this inspection we found the practice had not made any significant headway in addressing the issues and we have therefore again rated the practice as requires improvement.

Kindness, respect and compassion

Feedback from patients was mixed about the way staff treated people.

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

Source	Feedback
Complaints received by CQC	Complaints received by CQC showed that some patients and carers were unhappy with the attitude of some members of staff including receptionists and GPs.
Lincolnshire Healthwatch	We reviewed the comments received by Healthwatch. Generally, people were understanding of the pressures GP practices found themselves under and many spoke positively of their interactions with staff
Practice	The practice provided us with examples of compliments that had been received.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020)	75.0%	87.6%	88.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2020 to 31/03/2020)	72.6%	86.5%	87.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2020 to 31/03/2020)	86.0%	94.7%	95.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	47.6%	81.1%	81.8%	Significant Variation (negative)

Any additional evidence or comments

All four of these questions showed a marked drop in patient satisfaction when compared to the previous survey. The average decrease was 5.9%.

Question

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

Y/N

Yes

Any additional evidence

The practice conducted a patient survey between 1st February 2020 and 31st March 2020. There were 82 respondents which represented a very small sample of the number of patients who had been seen during that period. The results demonstrated dissatisfaction as in the national GP patient survey, although the levels of dissatisfaction were somewhat less. No further surveys had been undertaken since March 2020.

The practice had prepared an action plan based on the National Patient Survey. Any improvements will not be quantifiable until further surveys are completed.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

Source	Feedback
Interviews with patients.	No interviews with patients were conducted.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2020 to 31/03/2020)	87.7%	92.6%	93.0%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	509 which was 2.4% of the practice list
How the practice supported carers (including young carers).	The practice sign-posted cares to other support services and agencies. Carers information was displayed in patient waiting areas
How the practice supported recently bereaved patients.	The practice sent a letter to the next of kin offering support.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Responsive

Rating: Inadequate

At our inspection on 20 November 2019, we rated the practice as being inadequate for providing responsive services because;

This was because patient feedback and evidence we found on the day showed that the practice was not providing sufficient clinical appointments to meet the needs of the patient population.

The areas of concern affected all population groups, so we rated all population groups as inadequate.

At this inspection we found that the practice had made significant improvements regarding appointment availability but there were still concerns regarding access to those appointments, in particular there was a high level of dissatisfaction with telephone access. Although we saw that improvements had been made the improvements were not embedded and the provider had not undertaken any comprehensive review of patient views to assess the effectiveness of those changes.

As these over-arching issues affect all population groups, we have rated all the groups as inadequate.

Responding to and meeting people's needs

Services did not always meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who needed translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	Skegness
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

	Chapel St Leonards
Monday	8am to 4.30pm
Tuesday	8am to 4.30pm
Wednesday	8am to 4.30pm
Thursday	8am to 4.30pm
Friday	8am to 4.30pm
	Ingoldmells
Monday	8am to 4.30pm
Tuesday	8am to 4.30pm
Wednesday	8am to 4.30pm
Thursday	8am to 4.30pm
Friday	8am to 4.30pm
GP extended hours appointments were available from 6.30pm to 8pm Monday to Friday and 8.30am to 7pm on Saturday, Sunday and bank holidays at the Ingoldmells branch surgery and delivered by a different healthcare provider.	

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2020 to 31/03/2020)	84.0%	93.9%	94.2%	Significant Variation (negative)

Any additional evidence or comments

The percentage of patients who stated their need were met had decreased from 90.1% in the previous survey.

Older people

Population group rating: Inadequate

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Inadequate

Findings

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

Families, children and young people

Population group rating: Inadequate

Findings

- Additional appointments were available until 8pm on a Monday and Tuesday for patients in this population group. Pre-bookable appointments were also available to all patients at the extended hours hub which operated from 6.30pm to 8pm Monday to Friday and either 9am to 1pm or 10am to 2pm on Saturday, Sunday and bank holidays
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Monday and Tuesday. Pre-bookable appointments were also available to all patients at the extended hours hub which operated from 6.30pm to 8pm Monday to Friday and either 9am to 1pm or 10am to 2pm on Saturday, Sunday and bank holidays.

People whose circumstances make them vulnerable

Population group rating: Inadequate

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.
- At the time of inspection, the practice was prevented from registering new patients by CQC, but staff signposted those wishing to register to alternative services.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Inadequate

Findings

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

Timely access to the service

People were not able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritized.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2020 to 31/03/2020)	20.1%	N/A	65.2%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	21.0%	65.3%	65.5%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2020 to 31/03/2020)	33.9%	62.3%	63.0%	Variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	44.9%	72.8%	72.7%	Variation (negative)

Any additional evidence or comments

Patient satisfaction in these four questions had deteriorated when compared to the previous survey. The satisfaction rate for patients' overall experience had halved from 42% to 21%. The practice acknowledged that there were problems with their telephone system but there was little evidence that they had taken any steps to analyse the data that was available with a view to adjusting their process to improve the patient experience. We were told that additional telephone lines had been installed but they could not evidence any quantifiable impact. Post inspection the practice provided us with data that showed that there had been an improvement in call waiting to be answered times. CQC had and continues to receive regular complaints regarding difficulties in accessing the service.

We were informed the move to a total telephone triage system brought about by the coronavirus pandemic had significantly increased pressure on the telephony system, but the feedback provided by the GP Patient survey pre-dated the change.

Staff we spoke with told us they needed more staff as patients are having to wait on the phone for up to an hour. The queuing system did not work well. As they had not had a new telephone system, staff had to write down the numbers to try to answer in order but sometimes the lines were so busy it blocked them from being able to transfer calls or ring out. They have fed this back to management but had not yet been informed about what was going to happen.

At our previous inspection on 20 November 2019, we looked at the numbers of clinical appointments that had been available. In the week commencing 12 August 2019 there had been 818 consultations. In the week commencing 23 September 2019 there had been 669 consultations. In the week commencing 11 November 2019 there had been 617 consultations.

At this inspection we again looked the numbers of clinical appointments and found the practice had significantly increased appointment availability. We saw that there had been a steady and sustained increase and from the week commencing 24 February 2020 the number of appointments had never dropped below 70 per 1,000 patients per week.

In the week commencing 28 September there had been 2,386 (112.81 per 1,000 patients)

In the week commencing 5 October there had been 2,602 (123.19 per 1,000 patients)

In the week commencing 12 October there had been 2,687 (127.22 per 1,000 patients)

We were informed by the practice this increase in appointment availability was a result of increased availability of clinicians due to the triage system as well as an increase in the number of sessions being worked by GPs, when compared to the last inspection. The employment of a clinical pharmacist had also contributed to freeing up clinicians' time. The decrease in patient list size was a contributory factor in an improved appointment to list size ratio.

Source	Feedback
For example, NHS Choices	Despite this increase in appointment availability CQC had continued to receive a steady flow of complaints regarding access to appointments. These related in the main to the difficulty in getting through to the practice who were operating a telephone total triage system to make an appointment in the first instance. Data we looked at from the provider telephone system showed lengthy delays. On one day the average time taken to answer calls being 45 minutes.

Listening and learning from concerns and complaints

Complaints were not always listened and responded to improve the quality of care.

Complaints	
Number of complaints received in the last year.	33
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Due to Covid 19 infection and prevention control issues complaints information and packs were not openly displayed but were available from reception staff or by telephone request. Information was available on the practice website.</p> <p>There was little evidence of the practice responding in a positive way to complaints and poor patient satisfaction in respect of access to the service being used to make improvements.</p> <p>The practice kept a record of compliments received, although the records we were provided with lacked detail in most cases.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient needs to regularly book blood tests and has difficulty getting through on the phone	Practice have created task to call patient weekly to book test on the patient's behalf.
One theme arising as a result of complaints is that patients were finding it difficult to access the surgery by telephone	Additional telephone lines had been installed. Some of the lines were protected so clinicians could still return triage calls Calls were monitored so that, when volumes and/or wait times increased, additional staff could be "logged in" to the system to assist with answering calls The practice were looking at alternative telephone system suppliers
A theme arising from complaints was the attitudes of staff including GP's	The practice listened to call recordings resulting in a complaint. These call recordings were played to the staff to whom the complaints related to encourage them to reflect on their behavior and attitude
Confusion regarding when flu vaccination would be available	Made reception staff aware of delivery dates so they can start booking vaccinations

Well-led

Rating: Requires Improvement

At our previous inspection in November 2019, we rated the practice as inadequate for providing well-led services. This was because;

- Leaders could not show the capacity and skills to deliver high quality, sustainable care.
- The practice culture did not support high quality, sustainable care.

- The overall governance arrangements were ineffective.
- The practice did not have clear and effective process for managing risks, issues and performance.

At this inspection we found that the practice had made improvements.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Partial (1)
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Since the previous inspection in November 2019, the partners had appointed a full-time practice manager and a new CQC Registered Manager was now in post. We found that this had resulted in a change in culture with a more positive and engaging outlook. Our views were supported by the Clinical Commissioning Group who assured us that the practice was now fully engaged and committed in driving forward improvement.</p> <p>(1) At our previous inspection we had found the management structure of the practice to be fractured and unclear, with managers unsure of their responsibilities, and little or no resilience if any key member of staff was absent from the practice, for example, because of sickness. Although the situation was much improved, there were still areas where resilience needed to be improved to ensure continuity the absence of key members of staff.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Partial (1)
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes

Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: (1) There was limited evidence of staff meetings being held as a means of engaging and improving the quality of service provided. Although we were assured they did take place, they were not whole staff meetings and were team meetings with the heads of department. The meetings content or actions derived from the meetings were not documented. The Patient Participation Group had not been operating during the covid pandemic period so there had been no opportunity to engage with the group.	

Culture

The practice had a culture which drove high quality sustainable care

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

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

Source	Feedback
Two members of staff	Told us they didn't have meetings, didn't feel involved and the last practice meeting was last November after the CQC inspection.
One member of staff	Told us that they didn't feel involved and had not had a meeting during the covid period.

Governance arrangements

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

	Y/N/Partial
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There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Partial (1)
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: (1) Whilst the practice had made significant improvements since the previous inspection the partners had still not made positive steps to address the poor GP patient survey results and in particular the known issues with the telephony, despite it having been a significant issue for some years.	

Appropriate and accurate information

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

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

(1) The practice had not taken the opportunity to use the data held within the telephony system as a means of identifying and improving performance	
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If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes (1)
(1) Tasks were automatically received if any unusual access to a patient record was made. Audits were undertaken of staff access to records and appropriate action taken if a problem was identified. Staff records and those of their families were restricted so that a Partner or manager needed to unblock a record to allow access.	

Engagement with patients, the public, staff and external partners

There was limited evidence that 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.	Partial (1)
The practice had an active Patient Participation Group.	Partial (2)
Staff views were reflected in the planning and delivery of services.	Partial (3)
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ol style="list-style-type: none"> (1) There was limited evidence of patient views being acted upon, for example regarding the telephone system. (2) Due to COVID there had been no PPG meetings since March 2020. An attempt was made to hold an on-line meeting without success as only one member managed to log in on the day. There were plans to try again. We viewed the minutes of the last PPG meetings. (3) As staff meetings were not recorded there was limited evidence of their views being considered. The provider assured us that they would commence recording all meetings from now on. 	

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.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

Health care assistants had been up-skilled and received additional training to enable them to undertake certain elements of long-term condition reviews.
 The practice had employed a clinical pharmacist, to complete medicines audits and medicines reviews of patients. This had freed up time for GPs to offer more clinical appointments.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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