

Inspection Evidence Table

Firs Surgery

(1-7799557749)

Inspection Date: 28 November 2023

Date of data download: 27/11/2023

Overall rating: Requires Improvement

Context

Firs Surgery is located in an area with high levels of deprivation. Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is within the lowest decile (one of 10). The practice population is ethnically diverse, mainly White but with a significant proportion of patients from Asian and Black backgrounds. The population served is younger than the national average and has a similar ratio of male to female patients. The practice has a higher than average prevalence of depression and mental health.

Safe

Rating: Requires Improvement

We rated the practice requires improvement for providing safe services because there were some areas identified during our medicine reviews that needed improving to ensure patients received follow up.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y

There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a nominated safeguarding lead and deputy to support staff when needed. • There was a safeguarding register in place which we saw was regularly reviewed with other health and care professionals. • Safeguarding was a standard agenda item at clinical meetings. • Training records showed that all staff had been trained to a level appropriate to their roles and responsibilities in child and adult safeguarding. • Alerts were used on the clinical system to ensure staff were aware if there was a safeguarding concern. • All staff were DBS checked. • Training records showed that staff who acted as chaperones had received appropriate training. 	

Recruitment systems	Y/N/Partial
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.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed the recruitment records for two members of staff recently employed at the practice. These showed appropriate recruitment checks had been undertaken prior to employment. • Records of staff immunisations were maintained however, these did not include all immunisations in line with recommended guidance to help protect patients and staff or risk assessment undertaken in their absence. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment: 06/07/2023	Y
There was a fire procedure.	Y
Date of fire risk assessment: 24/07/2023	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p>	

- The practice shared with us risk assessments, service records and maintenance reports to demonstrate the upkeep of the premises. There were plans to refurbish and expand the practice in place.
- Records showed fire equipment was regularly checked and there was evidence of fire drills having been undertaken within the last 6 months to ensure staff knew what to do in the event of a fire.
- We checked a sample of clinical equipment and saw that they had undergone calibration and electrical safety checks, as appropriate to ensure they were working properly.

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: August 2023	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • During our site visit to the practice, we observed the premises to be clean and tidy. • There was a nominated lead for infection prevention and control (IPC). • IPC policies were available to staff via their computers. • An IPC audit had been undertaken in the last 6 months. Actions identified related to areas for the future refurbishment of the premises. • Cleaning was undertaken by an external provider and we saw completed cleaning schedules in place. • Staff were able to describe how they handled clinical specimens safely. • A legionella risk assessment had been undertaken and regular water checks were made on the premises. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice was in the process of recruiting a new receptionist. • Staff told us how they worked together to provide cover when needed during absences. • The practice regularly used locum staff and there was a locum pack in place to support staff who worked for the service on a temporary basis. • Training records seen showed staff had received training in basic life support and in sepsis. Staff we spoke with knew where emergency equipment was kept, when needed. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. 1	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Our review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. • Summarising of new records was carried out by clinical member of staff. • The practice had a system for monitoring urgent cancer referrals to ensure they were not missed. • Test results were reviewed and managed by the medical staff. 	

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	0.91	0.93	0.91	No statistical variation

Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)				
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2022 to 30/09/2023) (NHSBSA)	4.1%	7.1%	7.8%	Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2023 to 30/09/2023) (NHSBSA)	5.27	5.15	5.19	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	144.8‰	117.4‰	130.7‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2022 to 30/09/2023) (NHSBSA)	1.69	0.55	0.53	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2023 to 30/09/2023) (NHSBSA)	17.1‰	7.9‰	6.8‰	Variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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. 1	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 medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. 2	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y

If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> Nationally available prescribing data showed the practice was an outlier for hypnotic and multiple psychotropics prescribing. The practice had carried out an audit and taken actions to try and reduce prescribing in these areas. The audit showed a slight overall reduction in the prescribing of these medicines between 2021/22 and 2022/23 <p>As part of our inspection, we undertook clinical searches and reviewed a sample of records in relation to the safe management of medicines. The results of these searches and reviews showed that medicines were mostly well managed although there were areas identified where improvements were needed.</p> <p>We carried out searches and reviewed the records of a sample of patients on medicines that require monitoring due to the potential risk of adverse side effects. These included a disease modifying antirheumatic drug (DMARD) used to treat inflammatory conditions such as rheumatoid arthritis and a medicine used to treat high blood pressure. There were 7 patients on DMARDs all had appropriate monitoring in place.</p> <p>We carried out searches and reviewed the records of a sample of patients on 3 medicines commonly used in the treatment of high blood pressure and heart conditions. These medicines also require routine monitoring due to the potential risk of adverse side effects. Our searches identified 9 patients on the first medicine and 2 patients on the second medicine all of which had received appropriate monitoring. There were 260 patients on the third medicine of which 10 patients were showing as not having received appropriate monitoring. We reviewed 5 of the records and found 4 of the patients had not received appropriate blood tests and blood pressure monitoring in a timely way, thus placing them at risk. The practice advised that they had struggled to get these patients to come in for their monitoring.</p> <p>We reviewed a sample of medicines reviews for patients over 75 years on multiple medicines undertaken within the last 3 months and found appropriate reviews of medicines were undertaken.</p> <p>We reviewed patients with an asthma diagnosis that were issued 12 or more short acting inhalers in the last 12 months (an indication of poor asthma control). Our searches identified 18 patients and we reviewed the records of 5 of these patients. While we saw that all the patients had received a review of their asthma in the last 12 months it was not evident that their medicines had also been reviewed in that time.</p>	

- The practice was supported by a clinical pharmacist through their primary care network (PCN) arrangements who provided clinical supervision. One of the lead GPs also advised that they made time at the end of each clinic to review their case load.
- We found medicines held on site such as emergency medicines and vaccines were stored appropriately. There were systems in place for checking the temperature of the medicines fridge to ensure vaccines were stored in line with manufacturers' instructions. Records seen showed emergency medicines and equipment were checked regularly to ensure they were in date and fit for use when needed. Not all recommended emergency medicines were available or formally risk assessed to clearly set out action required should the medicine be needed. However, following the inspection the provider sent evidence that these were now stocked.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong however, systems and processes for sharing learning were not clearly demonstrated.

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.	Partial
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff we spoke with were aware of the systems in place for reporting incidents and able to give examples of incidents. • Staff told us that incidents were discussed as a standing agenda item at practice meetings. However, minutes of meetings had not been recorded to demonstrate what had been discussed. 	

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

Event	Specific action taken
A blood test that indicated a diabetes diagnosis was missed.	Patient contacted and a repeat blood test was undertaken to confirm diagnosis. The incident was investigated and staff made aware of the system for raising a task to minimise the risk of this happening again.

Staff unable to access IT system	The practice put in place business continuity plan and accessed systems remotely so that they could continue to operate. Relevant services were contacted to fix the IT issues. The incident was reflected on to see if anything could be done differently.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. 1	Partial
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> As part of our inspection we reviewed the practice's response to safety alerts. Two of the safety alerts related to combinations of medicines that should not be prescribed together. There were no patients on these combinations. <p>We reviewed patients of child bearing age on a range of teratogenic medicines that can cause adverse affects in unborn children if taken during pregnancy. Our searches identified 11 patients on these medicines of which we reviewed 5. These records showed that the patients had been informed of the risks.</p> <p>In 2018, the Medicines and Healthcare Regulatory Authority published alert relating to a medicine commonly used to treat high blood pressure where there was a risk of skin cancer in long term use. Our review of records found 29 patients on this medicine. We reviewed 5 of these records, 3 of the 5 records showed that the risks had been discussed with the patient and the medicine stopped. However, we noticed that all 5 of the patients had been contacted or contact attempted following announcement of the inspection. This did not provide assurance that the systems in place were fully effective when dealing with older but relevant alerts.</p> <ul style="list-style-type: none"> The practice used a clinical governance system for receiving safety alerts and recording action taken. These were managed by one of the lead GPs. 	

Effective

Rating: Requires Improvement

We rated the practice requires improvement for providing effective services because uptake of child immunisations and cervical screening programmes was significantly lower than national targets with a lack of clear actions to address. Our clinical searches and reviews showed that the management of patients with diabetes or potential to develop diabetes needed improving. There was also limited evidence that the wishes of patients at end of life were routinely discussed and documented.

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 mostly 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.	Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Partial
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> <ul style="list-style-type: none"> • Staff advised us that they used the weekly clinical meetings to discuss clinical issues and updates. We saw evidence that meetings took place however, minutes were not available to verify what was discussed. • Staff also advised that they worked closely with their Integrated Care System and Primary Care Network to improve the management of medicines. • Clinical staff told us about networks they were involved with where evidence-based practice was shared. • The practice made use of templates for undertaking long term condition reviews to ensure things were not missed. • Our review of clinical records in relation to medicines and long-term conditions showed effective follow up and monitoring was in place to ensure patients were kept safe in most areas reviewed. However, further work was needed to show monitoring follow up was consistently applied across all long-term conditions. 	

Effective care for the practice population

Findings
<ul style="list-style-type: none"> • Health checks, including frailty assessments, were offered to patients over 75 years of age. • Flu, shingles and pneumonia vaccinations were offered to relevant patients.

- Eligible patients were able to receive 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. There was a dedicated lead for learning disability reviews who was able to develop a relationship with patients and their families. Data available from the practice showed 20 out of the 36 patients on their learning disability register had received a health check since the 1 April 2023.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice held a palliative care register which they kept updated.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice signposted patients who misused substances to services locally available who were able to provide them with support.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. There was a dedicated member of staff who led on mental health reviews.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice hosted counselling services for patients with poor mental health.

Management of people with long term conditions

Findings

- As part of our inspection, we undertook clinical searches and reviewed a sample of clinical records for patients with or at risk of developing long term conditions. We found management of patients with long term conditions was mixed, the management of patients with diabetes in particular required improvement. For example:

We reviewed patients whose blood results indicated a diabetes diagnosis but were not coded as diabetic. There were 9 patients identified in our searches and we reviewed the records for 5 of these patients. We saw that the patients were receiving annual reviews and had been informed of their diagnosis. However, there were 3 patients whose diabetic blood tests indicated a diabetes diagnosis but had not been coded as such to ensure they received appropriate follow up for their condition.

Our searches identified 22 patients with diabetes whose blood tests and diabetic eye complications indicated poor diabetic control. We reviewed the records for 5 of these patients and found that 4 of the patients were not receiving adequate follow up for their condition. The practice advised that they had a plan to work with their Integrated Care System to develop a locality diabetes management programme for those with the most complex needs.

We reviewed patients with an asthma diagnosis who had received two or more courses of rescue steroids in the last 12 months (an indication of poor asthma control). Of the 5 records reviewed we found these patients were being appropriately managed with the exception of the recommended follow up after one week of taking the steroids to determine the level of improvement.

Our searches identified 89 patients with later stage chronic kidney disease all were up to date with monitoring.

Our searches identified 59 patients with hypothyroidism all were up to date with monitoring.

- The practice had systems in place for the call and recall of patients with long-term conditions for their annual review to check their health and medicines needs were being met.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Staff advised that patients with suspected hypertension were referred for ambulatory blood pressure monitoring. Staff also told us that the practice would lend out blood pressure monitors so that patients could record and monitor their own blood pressure.
- Patients with COPD were offered rescue packs.

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)	23	30	76.7%	Below 80% uptake
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)	30	41	73.2%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	28	41	68.3%	Below 80% uptake
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)	30	41	73.2%	Below 80% uptake
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)	39	47	83.0%	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 was not meeting the 95% WHO target or the 90% minimum target for child immunisation uptake. Staff told us that the practice had a relatively young population where parents of multiple children refusing to attend could affect the data. Those that did not attend were followed up to identify and discuss concerns and the health visitor informed. Staff told us that they tried to be flexible with child immunisation appointments and would carry them out opportunistically.
- Childhood immunisation indicators for immunisations given at age 1 and 2 were showing a downward trend.
- Following the inspection, the practice produced and forwarded us a plan to address the low uptake of child immunisations. They shared with us some of the challenges faced in getting patients to attend due to the patient demographics.

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)	13.9%	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)	55.7%	N/A	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	42.9%	53.2%	54.9%	No statistical variation
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). (6/30/2023 to 6/30/2023) (UKHSA)	69.2%	N/A	80.0%	Below 70% uptake

- Any additional evidence or comments**
- The practice had a low uptake of cancer screening programmes compared to the national average.
 - Staff told us how they had tried to work with people who were reluctant to come in for their cervical screening and gave an example of this. Patients were sent texts with videos so that they would know what to expect and undertook opportunistic screening.
 - The practice had information available in the waiting room to try and encourage patients to attend for various cancer screening. These were available in a range of languages.
 - Following the inspection, the practice produced a plan to address the low uptake of cervical screening. They shared with us some of the challenges faced in getting patients to attend due to the patient demographics.

Monitoring care and treatment

The practice had undertaken some quality improvement activity to review 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
Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years: The practice shared with us some of the clinical audits and quality improvement initiatives they were involved in. These included: <ul style="list-style-type: none">• An audit which reviewed the prescribing of hypnotic and anxiolytic medicines. These medicines are prescribed for anxiety and sleep disorders but have a propensity for dependency. The audit identified high levels of prescribing of these medicines between November 2021 and November 2022. The practice put in place strategies to reduce prescribing through education and reviews of usage. Between November 2022 and November 2023 prescribing of these medicines had reduced overall by 4.2%, there was also evidence of lower dosages prescribed for individual medicines.• The provider carried out a review in July 2023 of children prescribed adrenaline auto injectors (AAIs) following new guidance to ensure they were receiving the correct dose based on weight. Patients identified were followed up to ensure prescribing was in line with the guidance.• The practice carried out a review of patients on a medicine used in the treatment of diabetes following a safety alert which highlighted possible shortages. The practice reviewed all patients on this medicine and identified a plan of action in line with the guidance to minimise the potential risk.	

Effective staffing

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

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

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff we spoke with told us that the practice was supportive of their learning and development needs and were able to provide examples of this. • Staff received annual appraisals where they could discuss their development and learning needs. • The practice identified areas of mandatory training for staff. Our review of training records showed there was good uptake of this training. • We saw examples of role specific training for clinical staff for example, in relation cervical sample taking. • New staff received induction training specific to their role. 	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice held multi-disciplinary team meetings to discuss some of their most vulnerable patients. Staff told us that they invited other community health and social care staff to the meetings but had struggled to get them to attend since the pandemic. However, they maintained contact by other means when needed.</p>	

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y

Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice offered new patient and NHS Healthchecks to patients over 40 years. • The practice provided in house smoking cessation and weight management support. • The practice had links with a social prescriber, counselling services and other welfare services who regularly attended the practice for patients needing social and wellbeing support. • Patients at risk of developing diabetes were referred to pre-diabetes education programmes. 	

Consent to care and treatment

The practice 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. 1	Y
<p>Explanation of any answers and additional evidence.</p> <ul style="list-style-type: none"> • Records seen showed that medical staff had completed training relating to the Mental Capacity Act. • We found two DNACPR forms available, both were appropriately completed. • The practice did not undertake any procedures for which formal consent was required such as minor surgery and the fitting of intrauterine devices. 	

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
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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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We reviewed patient feedback from a range of sources and found this was positive about the way patients were treated by the practice. Staff received equality and diversity training as part of the practice's mandatory training. Training records showed this had been completed by most staff. The practice participated in the friends and family test where patients are asked to rate their experience of the service. Between January and November 2023 the practice had received 826 responses of which 93% of patients rated their experience as good or very good. The practice was a LGBTQ+ accredited practice, staff told us that they had to demonstrate their inclusivity to obtain this accreditation. 	

Patient feedback	
Source	Feedback
Patient feedback during inspection	We spoke with 7 patients as part of our inspection, including members of the practice's patient participation group. All were very positive about the service they received, patients told us they were treated with respect and described staff as friendly and kind. During our conversations with patients, we were given examples of situations where they felt the practice had gone above and beyond in supporting them.
NHS Website	There were 3 reviews left on the NHS Website, all were 5 star ratings. Two of the reviews were made in the last 12 months and described staff as amazing, lovely and helpful.
Google Reviews	The practice was rated 3.6 out of 5 stars based on 28 reviews. There were 11 reviews in the last 12 months, 7 were positive and stated they were happy with the service, 4 were negative commenting mainly on issues such as access.

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 (01/01/2023 to 30/04/2023)	80.8%	81.1%	85.0%	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	85.2%	79.3%	83.8%	No statistical variation

professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)				
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 (01/01/2023 to 30/04/2023)	86.7%	90.3%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	80.2%	65.2%	71.3%	No statistical variation

Any additional evidence or comments

Results from the latest GP National Patient Survey published in July 2023 were similar to local and national averages in response to questions about patient experience.

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was supported by third sector agencies who provided health and social wellbeing support to their patients. The practice made use of translation services when needed. 	

Source	Feedback
Interviews with patients.	Feedback received from patients told us that they felt listened to and involved in the care and treatment.

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 (01/01/2023 to 30/04/2023)	78.9%	87.3%	90.3%	No statistical variation
Any additional evidence or comments				
The practice scored below local and national averages for the question about involvement in decisions about care and treatment in the GP national patient survey.				
				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
Explanation of any answers and additional evidence:				
<ul style="list-style-type: none"> There was a range of information available to patients in the waiting area and practice website to support and raise awareness of local services available. Some of this was available in languages other than English. 				

Carers	Narrative
Percentage and number of carers identified.	128 (3.9% of the practice list size)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> There was information displayed in the waiting room to support carers. There was a nominated carers champion at the practice. Patients identified as a carers were given flexibility with appointments, offered flu vaccinations and referred to the social prescriber or for a carers assessment if they chose to be.
How the practice supported recently bereaved patients.	Staff told us that they sent condolence cards to patients who had been recently bereaved and signposted them to counselling services.

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

Explanation of any answers and additional evidence:

- Staff we spoke with told us how they would respect patients' privacy and dignity during examinations.
- Privacy curtains were available in the clinical rooms.
- Clinical rooms were away from the waiting area which reduced the risk of consultations being overheard.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a higher than average prevalence of depression, mental health and learning disabilities. Staff told us that they were working within their PCN to focus on these group of patients. • The practice told us how they made reasonable adjustments to try and support vulnerable patients for example, longer appointments were given to patients with poor mental health. • The practice made use of various organisations that provided social and wellbeing support to their patients in areas such as housing, employment and general wellbeing. • Staff we spoke with knew how to access translation services when needed. • A hearing loop was available for those hard of hearing. • Access into the practice was on level ground and there was a door bell for staff to support anyone with mobility difficulties to enter the practice. • Disabled toilet and baby changing facilities were available on site. • The practice was part of the safe surgeries initiative that aimed to remove barriers for people to access healthcare services. Staff were able to give examples as to how they proactively supported patients who struggled to access care. 	

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
Appointments available:	
Monday	9.30am to 12.30pm and 4pm to 6.30pm
Tuesday	9.30am to 12.30pm and 4pm to 6.30pm
Wednesday	9.30am to 12.30pm
Thursday	9.30am to 12.30pm and 4pm to 6.30pm
Friday	9.30am to 12.30pm and 4pm to 6.30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Nurse appointments were available until 6pm on a Monday and Tuesday so that school age children did not need to miss school.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were available to patients at other practices 6.30pm to 8pm Monday to Friday and on a Saturday 9am to 5pm as part of extended access arrangements in the locality.
- The practice held a register of patients living in vulnerable circumstances, for example patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The patient had a quiet area patients could wait if needed.

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> <ul style="list-style-type: none"> • Patients were able to access appointments by telephone or in person. • The practice offered same day appointments and pre bookable appointments up to 2 weeks in advance. • Urgent same day appointments were released twice each day to provide a greater opportunity for patients to call and obtain an appointment. • Extended access arrangements supported those who were unable to attend appointments due to working or other commitments during core hours to access services. • Feedback we received from patients about access was generally positive. Results from the latest GP National Patient Survey were significantly above local and national averages for questions about access. 	

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 (01/01/2023 to 30/04/2023)	86.6%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	74.0%	46.7%	54.4%	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 (01/01/2023 to 30/04/2023)	72.3%	47.4%	52.8%	No statistical variation

The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	75.9%	68.3%	72.0%	No statistical variation
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Source	Feedback
NHS.uk website (formerly NHS Choices)	There were no negative comments on the NHS website in relation to access.

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.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy they had been removed from practice list.	The practice reviewed the incident leading to the removal from the practice list and provided a response to NHS England.

Well-led Improvement

Rating: Requires

We rated the practice requires improvement for providing well-led services as the practice could not clearly demonstrate systems and processes for managing risks, issues and performance.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was undergoing changes within the leadership. The current provider had been in place since 2019 for what was initially planned to be a short-term arrangement to support the previous provider. At this inspection the current provider told us that they were planning on retiring and were supporting the hand over to a new partnership consisting of a clinical and non-clinical partner.• Leaders were aware of the challenges they faced in taking over the practice and spoke about how they were addressing these.• Staff we spoke with were positive about the leadership.• The practice was part of a local primary care network (PCN). A PCN is a group of practices that works together to address local priorities in patient care.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice shared with us a copy of their business continuity plan which set out their key aims.• The practice had plans in place to modernise and extend the practice to create more clinical rooms. Plans seen were currently going through an approval process.• The practice had a mission statement which was patient focussed. Staff we spoke with were aware of the mission statement and demonstrated a commitment to it.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Our conversations with the new leadership demonstrated they were passionate about delivering a high-quality service for their patients and this was reflected in the positive conversations we had with patients during the inspection. • Staff we spoke with were very positive about working at the practice and the support they received in relation to their wellbeing. They were confident about raising a concern if they needed to. • There was a nominated Freedom to Speak up Guardian who was independent of the practice. • The practice was able to demonstrate how it was working to create an inclusive service. • The practice had trained mental health first aiders. 	

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

Source	Feedback
Interviews with staff	Staff told us that the practice was a lovely place to work, there was lots of support. Staff were particularly complimentary about the practice manager.

Governance arrangements

There were clear responsibilities, roles and systems of accountability as a small practice however, governance arrangements needed to be strengthened to ensure they effective systems were in place for monitoring risks and performance.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice held a range of meetings that included all members of the staff team to ensure that key messages and any learning was shared. However, minutes of the meetings requested during the inspection had not been written up so there was no record of discussions that staff could refer back to. We were therefore unable to verify what was discussed and shared with staff. Staff told us that they had set up an internal messaging system to share information with staff. The practice had recently been working to move their practice policies onto an IT based governance system which staff had yet to fully familiarise themselves with. Staff we spoke with felt clear about their roles and responsibilities and there was a low turnover of staff. As a small practice staff told us that they regularly spoke with each other to share information. 	

Managing risks, issues and performance

Processes for managing risks, issues and performance were not clearly demonstrated as meeting minutes were not available.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Partial
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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> <ul style="list-style-type: none"> During our inspection we saw risk assessment in place in relation to health and safety and the premises and examples of recent clinical audits. The practice had a business continuity plan to support staff in the event of a disruption to the service and staff had been trained to respond to medical emergencies. However, in the absence of clearly documented meetings it was difficult to ascertain how performance and risk was identified and managed on an ongoing basis. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff told us that reports were routinely produced to support the call and recall of patients requiring ongoing monitoring for example, for their health conditions and medicines they were taking or as part of screening and immunisation programmes. • The practice leadership was aware of statutory notification requirements. As they were going through partnership changes the practice was reminded of the need to notify CQC of the changes and applications required to ensure they were correctly registered. 	

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> <ul style="list-style-type: none"> • The practice used NHS approved systems when consulting with patients. • Patients were advised that calls were recorded on the practice answerphone message. • Patients requesting online services were required to provide proof of identification and were given a password to access the systems securely. • Patients were asked to confirm their identity when contacting the service. • There was information about general data protection on the practice website. • Training records showed that all staff had completed information governance training. • New staff were required to sign confidentiality agreements when they started working at the practice. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice advised that they used information from the GP national patient survey, friends and family test, online reviews, and comments received to obtain feedback from patients. Feedback from patients overall was very positive. The practice had an active patient participation group (PPG), we saw from the minutes of meetings that they met on a quarterly basis. Staff had opportunities to provide feedback through the meeting structures, appraisals and informally. The practice worked collaboratively with their primary care network to help identify and address local issues. 	

Feedback from Patient Participation Group.

Feedback
Members of the patient participation group we spoke with told us that the practice would discuss areas for improvement with them and seek ideas how they could improve.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

- The practice was proactive in working to improve the patient experience, they were actively working with other organisations to address health inequalities and support patient wellbeing. For example, the practice was participating in a pilot project to provide housing support to patients where this was impacting on their wellbeing. They had also sought LGBTQ+ accreditation.

- The practice had identified specific health inequalities in their area in relation to mental health and were working to improve the support patients received in conjunction with their primary care network.
- There were some examples of clinical audits for example, to address areas of prescribing where the practice was an outlier.

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)	≤ -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 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 those aged 25 to 49, and within 5.5 years for those 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.