

Care Quality Commission

Inspection Evidence Table

The Millwood Partnership (1-544494391)

Inspection date: 24 February 2022

Date of data download: 11 February 2022

Overall rating: Good

At our previous inspection on 26 November 2019, we rated the practice requires improvement overall. The practice was rated requires improvement for effective and responsive services and good for safe, caring and well-led services.

At this inspection we have rated the practice as good overall because sufficient improvements had been made in both the effective and responsive questions. All key questions are now rated as good.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> Staff we spoke to were able to identify safeguarding leads. Staff were up-to date with safeguarding training appropriate to their role and there was a system in place to monitor compliance. There were regular multidisciplinary meetings. Since the last inspection the practice had introduced a dedicated home visiting team who cared for patients who may be vulnerable. There was processes in place to ensure Out of Hours services had access to relevant safeguarding information. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We reviewed four staff files, two clinical and two administrative, for recruitment since our previous inspection, or staff who roles had changed since the last inspection. We found that there was a system in place to request references, however we saw limited evidence of a system in place to follow up on references which had not been received. In two of the four files we reviewed we did not see evidence of full employment history. Following our inspection, the practice had taken steps to strengthen the recruitment process. The practice had oversight of staff immunisation records and staff within the practice had responsibility for ensuring this was maintained. We saw evidence of a system in place to monitor staff vaccination status and identify any actions required as part of the induction process. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various dates	Y
There was a fire procedure. Date of fire risk assessment: 21/02/2022	Partial
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had carried out individual staff risk assessments, for example COVID-19 risk assessments, and made adjustments to enable staff to continue in their roles. Staff we spoke to told us they able to undertake work remotely and/or from an identified COVID-19 secure site. We saw evidence of weekly fire alarm testing and call point testing, however on the day of inspection we saw that the system in place to identify the use of a fire exit did not alert staff to a potential hazard. The practice had undergone extensive building works and recent changes had affected the fire alert system. Following the inspection, we saw evidence that this risk had been actioned and was being resolved. We saw evidence that staff had undertaken fire safety training, and there was a system to identify staff who required additional training. 	

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. Date of last infection prevention and control audit: Millwood Surgery 02/09/2021 & Falkland Surgery 14/07/2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Both practice sites had maintained or improved on their infection prevention and control outcomes from the previous year. Infection Prevention and Control (IPC) policies had been updated to include guidance on management during the COVID-19 outbreak.We saw evidence of a practice development plan during the COVID-19 pandemic which included results of a vaccination programme, and 100% uptake of vaccination of staff.On the day of inspection, we saw evidence of infection control measures in place including paper towels for hand drying, alcohol gel dispensers around the practice and PPE available for both staff and visitors.We spoke to staff who told us that building renovations during the COVID-19 pandemic had resulted in the reception area for patients being temporarily moved. Patients had not been able to enter the building in the usual way and patients had been triaged through an external window. On the day of inspection, the reception area had been reopened and barriers were in place to keep staff safe. Staff told us there was a plan in place to install screening in the reception area.	

Risks to patients

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

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

- There was information available to patients informing them of signs and symptoms of sepsis. Staff we spoke to were able to describe actions they would take to respond to medical emergencies.
- Staff had access to a care navigation booklet which included information sheets on common ailments to assist with signposting for appropriate follow up, for example sore throat, back pain and urinary tract infection.
- Systems were in place to ensure emergency medicines and equipment were checked on a regular basis.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• During our remote searches, evidence confirmed that whilst there was a system for processing and summarising patient's notes, we identified some examples of patients who had been coded incorrectly on the clinical system. This had not led to patient harm and all patients identified had been followed up.• We reviewed the management of test results and found that results were documented in a timely manner.	

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) (01/10/2020 to 30/09/2021) (NHS Business Service Authority - NHSBSA)	0.76	0.80	0.71	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2020 to 30/09/2021) (NHSBSA)	6.8%	11.7%	9.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2021 to 30/09/2021) (NHSBSA)	5.40	5.78	5.32	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	188.3‰	196.0‰	128.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2020 to 30/09/2021) (NHSBSA)	0.46	1.04	0.63	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	11.6‰	12.0‰	6.7‰	Tending towards variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	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

Medicines management	Y/N/Partial
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 structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We saw evidence of a risk assessment in place to identify and manage the security of blank computer prescription forms. • At the last inspection we saw that Patient Group Directions (PGDs) were signed and authorised by the appropriate members of staff. However, we noted that some were signed by staff who had recently joined the practice and they were not authorised. At this inspection we saw evidence that staff had the appropriate authorisation to administer medicines and there was an induction system in place for new starters. • Staff we spoke to regarding the number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA) told us that the number of patients prescribed was influenced by secondary care prescribing. • Remote searches carried out by the inspection team showed medicine management was mainly carried out in line with national recommended prescribing guidance. We saw evidence of a process in place for monitoring high risk medicines and where we saw evidence of a small number of patients who had not been monitored in line with guidance during the inspection but 	

Medicines management	Y/N/Partial
were not at risk. We saw the practice had undertaken action to mitigate potential future risk of harm.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	15
Number of events that required action:	15
Explanation of any answers and additional evidence: <ul style="list-style-type: none">At the last inspection we saw that the majority of significant events were discussed in meetings, and that they were a standing item on agendas for clinical meetings. Department heads shared learning from events and staff we spoke to could identify learning from recent events. However, we did not see evidence that all events had been discussed in meetings.At this inspection we saw evidence of learning events discussed at staff meetings and staff we spoke to demonstrated awareness of recent learning. Since the last inspection all staff had access to a central system to access minutes where significant events had been discussed.	

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

Event	Specific action taken
COVID positive patient seen at the practice	A deep clean undertaken within the practice. Staff had been reminded of infection prevention and control measures.
GP letter sent to incorrect patient	Apology given, case was discussed at clinical meeting and staff reminded to check three forms of identification.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We reviewed the records of twelve patients prescribed two medicines in the last six months, which were subject to a medicines alert when used in combination. We found that not all patients had undergone recent medication changes in line with national guidance, however this had not caused patient harm. Following the inspection, the practice reviewed all patients identified in the searches and had taken action to recall patients and undertaken medicine reviews where appropriate.	

Effective

Rating: Good

QOF requirements were modified by NHS England 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.

At the last inspection we rated the practice as requires improvement overall for providing effective services as the population groups of people with long term conditions and people experiencing poor mental health (including people with dementia) were rated as requires improvement because:

- Outcomes relating to long term conditions and mental health were below average. The practice had a clear plan in place to address this and improve it. We rated the other population groups as good.

During this inspection, we rated the practice as good overall for providing effective services. This is because:

- Remote clinical reviews undertaken as part of the inspection demonstrated compliance with the monitoring of patients with long term conditions.
- The practice had proactively engaged in regular meeting with clinical and non clinical staff to address overdue Chronic disease reviews and medication reviews caused by the pandemic. The practice had prioritised those patients most at risk.
- The practice had formalised pathways in place for chronic disease management.
- Care had continued for housebound and patients whose situation may make them vulnerable throughout the pandemic.
- Since the last inspection the practice had employed a mental health liaison team member and two social prescribers.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y

There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had adopted a total triage system during the COVID-19 pandemic. Staff told us how patients were prioritised and we saw evidence of guidance for clinical and non-clinical staff to support decision making. • We saw examples of pathways for recall, including pathways for blood monitoring, rheumatoid arthritis and overdue medicines reviews. • Staff told us there were regular meetings in place to monitor referral pathways and design templates for pathways. • Staff told us that information from the new system was analysed to tailor specific patient cohorts and assist in prioritising patient care and treatment. • The practice had identified clinical leads for care homes, mental health and integrated care. 	

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice provided care and treatment to the residents in local care homes. We spoke with representatives of these organisation who told us the practice accommodated patient's need by providing regular face to face ward rounds. Patients had received effective reviews and supportive care throughout the COVID-19 pandemic.
- Since the last inspection the practice had identified and recruited additional roles including a social prescriber, mental health practitioner and first contact physiotherapist. In addition, the practice had implemented a dedicated home visiting team, including nurse practitioners and paramedics to provided care t housebound patients and local care homes. The team provided same day responses for review and proactively reviewed patients, in particular frail or end of life patients.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. The practice told us they had prioritised checks in line with national guidance during the COVID-19 pandemic.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice had recently employed a dedicated mental health liaison member of staff.

Management of people with long term conditions

Findings

- At the last inspection we asked the practice to improve their review process for patients with long-term conditions. During this inspection, remote clinical searches demonstrated that the system had been embedded and treatment was in line with national guidance.
- At the last inspection we noted that a small number of patients with blood tests showing a possible risk of diabetes had not been followed up. During this inspection, remote clinical searches demonstrated patients were being reviewed in line with national guidance. The practice had a plan in place to monitor both pre-diabetic and diabetic patients through systematic recall and monitoring and through opportunistic monitoring, where appropriate. Staff told us that Healthcare Assistants had been trained to undertake foot checks. Patients were referred to external agencies to assist in supporting patients and were provided with supportive information and signposting. Since the last inspection the practice had recruited additional nursing staff specialising in diabetes management.
- We saw evidence of pathways for newly diagnosed and recalled patients with diabetes, atrial fibrillation and hypertension, chronic obstructive pulmonary disease (COPD) & Coronary Heart Disease
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice had introduced the use of condition specific templates for monitoring and recall.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice had developed in house guidance which staff were able to access.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with COPD were offered rescue packs, if clinical indicated. The practice had a supportive system in place to follow up on a patients' requiring a rescue pack.
- Patients with asthma were offered an asthma management plan.

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) (01/04/2019 to 31/03/2020) (NHS England)	159	163	97.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	155	162	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	155	162	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) (01/04/2019 to 31/03/2020) (NHS England)	153	162	94.4%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	184	197	93.4%	Met 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

Cancer Indicators	Practice	CCG average	England average	England comparison
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: 30/06/2021) (Public Health England)	78.6%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	72.3%	70.2%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	71.0%	70.4%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	49.1%	53.8%	55.4%	No statistical variation

Any additional evidence or comments

A snapshot of the uptake of cervical screening was below the 80% Public Health England target at 78.6%. This demonstrated a reduction during the COVID-19 pandemic. Staff we spoke to described a system in place to monitor uptake.

The provider had acknowledged that there had been difficulties in the uptake of cervical cancer screening during the COVID-19 pandemic and had continued to provide access to the service in line with NHS England and CCG guidance. We were assured by the provider that there would be a continued focus and the practice had a plan in place for future monitoring.

The practice offered early and late appointments and dedicated staff had been identified to target non-attenders. On the day of inspection, we saw evidence of a targeted cancer screening promotion to patients and that patients were able to request an appointment with a Nurse using the practices online appointment system.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

We saw evidence of an audit of Edoxaban, a medicine used to prevent stroke and blood clots in patients with certain heart rhythm problems in February 2022. The audit reviewed blood test monitoring and creatine clearance; a marker for how quickly the body excretes the medicine through the kidneys. The audit identified areas of improvement, including raising awareness with staff of the need to monitor creatine clearance and recommendations.

We saw evidence of an audit of the two week wait (2WW) referral process in February 2022 by the clinical lead for The Gold Standard Framework in Palliative Care (GSF). The aim of the audit was to establish whether referrals were compliant with the National Institute of Clinical Excellence (NICE) guidelines. The audit reviewed a selection of referrals within a four-week period. The results demonstrated 100% compliance with NICE guidelines.

Any additional evidence or comments

We saw evidence of a range of safety improvement audits completed throughout the year, however we did not see evidence of second cycle audits to demonstrate whether the changes made had resulted in an improvement.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw evidence of a staff training matrix containing training essential to individuals' roles, including safeguarding training, infection control and equality and diversity. All staff had access to their own training record.• The practice encouraged staff training and development and staff who had recently joined the practice were positive about the induction programme.• Staff we spoke to told us appraisals had not taken place during the COVID-19 pandemic, staff had been offered a supportive conversation as an alternative to reflect staff wellbeing and provide any additional support. Staff we spoke to had found this process supportive.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff told us the COVID-19 vaccination programme commenced at the practice in December 2020. The practice had been identified as the best performing GP practice within the top performing Clinical Commissioning Group (CCG) in the country for the first wave of vaccinations. The practice had worked together with the Primary Care Network (PCN).	

- We spoke to members of the local council and other social groups who told us they had worked closely with the practice during the pandemic and had worked in partnership to help deliver the COVID-19 vaccination programme which included assisting with marshalling and car parking management.
- The practice held a monthly multi-disciplinary meeting to review patients with multiple and complex needs.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw evidence of signposting patients to services to support the management of their own health. 	

Any additional evidence or comments

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial

Explanation of any answers and additional evidence:

- We carried out a search of the practice records system to review how the practice was recording Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions. We found that the practice had recorded a range of information in these cases. We reviewed three cases and found that in one case, a completed DNACPR form could not be found. We were told that the original DNACPR form had been completed by a secondary care provider. Staff were unable to describe a process for scanning the forms into the practice records system. This meant that we could not see if all decisions had been appropriately assessed by clinicians within the practice.

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Patients were signposted to support services through the practice website.• The practice worked closely with the local travelling community.	

Patient feedback	
Source	Feedback
Nhs Choices	Since the previous inspection in November 2019, there had been seven reviews on NHS Choices with an average of 2.7 stars . Comments included: <ul style="list-style-type: none">• “ Brilliant practice”• “ A cold welcome” The practice had responded to some of the comments.
Healthwatch Norfolk	Since the last inspection, there had been 28 reviews on Healthwatch with an average of 3.5 stars out of five, based on a total of 86 reviews. Comments included: <ul style="list-style-type: none">• “ Lack of response”• “Pleasant experience always” The practice signposted members of the public to share their experience so that everyone had the same chance to be heard.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	93.0%	90.3%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	92.4%	90.3%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	97.4%	96.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	85.4%	85.3%	83.0%	No statistical variation

Any additional evidence or comments

Since the last inspection, the percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021) had improved from 90.7% to 97.4%, and above both the CCG and England average.

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

Any additional evidence

The practice did not carry out its own patient survey during the COVID-19 pandemic. The practice had recently engaged in feedback from patients through a texting system and had plans in place to restart patient feedback surveys.
The practice had responded to some of the comments on NHS Reviews.

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 had employed two social prescribers who were able to direct patients to a wider range of resources, for example sources of legal and welfare advice.	

Source	Feedback
Interviews with patients.	Patients we spoke to on the day of the inspection were positive about their experiences.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	94.2%	94.6%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had access to a telephone interpretation service to facilitate communication with patients who did not speak English fluently. • We saw evidence of signage used in the practice to assist patients with communication barriers. 	

Carers	Narrative
Percentage and number of carers identified.	We saw that 233 patients had been identified as carers which was 1.1% of the practice population. This was a reduction since the last inspection of 2%. Staff told us that the practice had contacted carers during the pandemic and had removed patients who no longer had caring responsibilities.
How the practice supported carers (including young carers).	The practice pro-actively identified carers as part of the registration process, through the care planning process and through routine enquiries and during consultations.
How the practice supported recently bereaved patients.	The practice had employed two social prescribers who were able to direct patients to a range of bereavement resources.

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:	

Responsive

Rating: Good

At the previous inspection we rated the practice and all the population groups as requires improvement for providing responsive services because:

- Outcomes relating to the GP patient survey for access were below local and national averages. The practice had a plan in place to improve patient satisfaction and had completed a survey which showed some improvement. This required further embedding.

At this inspection we found that the GP patient survey for access was in line with local and national averages and this key question is now rated as good.

Responding to and meeting people's needs

The practice organized 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> <p>At the last inspection we saw that some patients reported it was difficult to access the service. The practice had taken some measures to address this and had reviewed patient satisfaction which was increasing. However, the issues affecting accessing the service affected all population groups, and therefore all population groups had been rated as requires improvement.</p> <p>At this inspection we saw that some patients had reported difficulty in access the service. The practice had undergone extensive building works during the COVID-19 pandemic and had to adapt the ways in which patients could access the building safely during this time. Extending the practice had increased consulting room capacity.</p> <p>The practice had adopted a total triage model during the COVID-19 pandemic using a combination of telephone, online and face to face consultations. Non-digital user were supported by carers or taken through the online form by a member of the administrative staff over the phone or in person.</p> <p>Since the last inspection the practice had introduced a dedicated home visiting team to undertake visits to housebound patients and care homes. We spoke to local care homes who told us that the service provided a same day response to resident needs and the team had proactively reviewed residents for medicines management and end of life care. The team had provided weekly on-site ward rounds throughout the pandemic.</p>	

External stakeholders we spoke to told us that feedback from patients had been positive in accessing services, particularly during the COVID-19 pandemic.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-8pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Falkland's site:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was open until 8.00pm on a Monday. Extended access appointments were available locally at weekends.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none">• Patients were able to access appointments through an online booking system. All requests were triaged on the day by a GP and directed to the relevant clinician for an appointment on the day. Patients had access to GPs, advanced nurse practitioners, nurses and pharmacists to suit their needs. The practice continued to see patients face to face throughout the pandemic and adjustments made to those unable to access or engage in remote services.• The week prior to the inspection the practice had provided approximately 3,000 . These included consultations with GPs, nurses, pharmacists, social prescribers, mental health worker, physiotherapists and the home visiting team.• The practice website was up-to-date and included information about how to book an appointment, what to do in an emergency or when the practice was closed.• The practice had implemented a total triage system. Online forms were completed by patients via the website, with the option of telephone access for those without online access or those with difficulty in completing forms.• Reception staff were trained in care navigation to assist in signposting other more appropriate services to patients if required.	

- Staff had access to a daily live dashboard showing the number of online appointments requests.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	63.6%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	71.0%	74.5%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	66.8%	70.8%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	86.1%	85.4%	81.7%	No statistical variation

Any additional evidence or comments

Since the last inspection :

- The percentage of respondents to the GP patient survey who had responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019) had increased from 39.2% to 63.6%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019) had increased from 40.0% to 71.0%.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019) had increased from 42.8% to 66.8%.
- The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2019 to 31/03/2019) had increased from 50.3% to 86.1%.

The practice had introduced an online consulting appointment system via the practice website, with the option of telephone access as needed. Patients were offered a range of appointments including by telephone, email or seen face to face the same day or the next day where possible.

During the inspection patients we spoke to had not experienced any difficulties in access to an appointment, and we saw that appointments had been booked to respond to patient need, for example after school appointment times.

Patients were able to access appointments with their named GP if requested, and patients had access to appointments at both practice sites.

The practice had identified a safe limit of patient contact for each clinician, however staff told us patients with urgent needs were still able to access appointments when clinically appropriate.

We saw evidence that access requirements and monitoring was discussed in practice meetings.

Source	Feedback
Online feedback (NHS Choices/Google Reviews)	<p>Some patients had reported difficulties in accessing the online appointment system and some patients had reported difficulties in accessing the building for appointments.</p> <p>During the inspection we heard staff supporting patients to access the online system. We heard from staff that access to the reception area had been difficult due to the impact of COVID-19 IPC measures and the ongoing building works during the pandemic. Risk assessment had been put in place to keep staff and patients safe.</p>

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.	10
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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had responded to written complaints. In the examples we reviewed the final letter with the outcome of the complaint had been sent to the patient in line with the practice's complaints policy. During the inspection we identified that not all patients had been able to raise a formal complaint by telephone or in writing in a timely way. Following the inspection, the practice had taken action to review the complaints policy and documentation to ensure that information was clear to patients; staff were clear about roles and responsibilities and all complaints were recorded and monitored in a central system. Whilst we saw evidence that complaints were a standard agenda item at practice meetings, we could not see evidence that complaints were routinely discussed to drive continuous improvement. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Triage, potential red flag systems missed by reception staff	Meeting arranged with complainant; additional staff training arranged.
Delay in diagnosis, communications	Meeting arranged with complainant and apology given. Chest pain algorithm highlighted to reception staff for training

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice had a management team in place, the team met regularly to share ongoing issues and development plans, in particular the recent building extension. The practice management team comprised of the Practice Manager, Finance Manager and Operations and IT Manager. We saw evidence of regular meetings with team leaders to review, prioritise and address any identified backlog in clinical reviews resulting from the COVID-19 pandemic. Since the last inspection the practice had introduced a partners meeting, the meetings reviewed high level priorities; systems; management ;capacity and considered future planning. The practice had undergone extensive development over the last 18 months, we saw evidence of regular change management meetings. One member of staff had recently enrolled in a Clinical Commissioning Group led leadership programme.	

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: Staff we spoke knew and understood the vision, values and strategy. We saw evidence of the values displayed in the practice. We saw evidence that practice development plans was in place, this included plans to manage building development actions and the implementation of the online consulting system.	

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.	Partial
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"> During the inspection we identified that not all patients had been able to raise a formal complaint by telephone or in writing in a timely way. Following the inspection, the practice had taken action to review the complaints policy and documentation to ensure that information was clear for patients; staff were clear about roles and responsibilities; all complaints were recorded and monitored in a central system. 	

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

Source	Feedback
Staff feedback	<p>Staff told us they enjoyed working at the practice and felt supported. Staff told us they had felt protected through the COVID-19 pandemic. Staff had been supported to work remotely or at a different location to protect vulnerable staff at risk of contracting COVID-19.</p> <p>Staff told us they felt part of a team and had been supported with their wellbeing during the COVID-19 pandemic. Staff told us that roles had been adapted to support staff when required.</p>

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y

There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had undergone significant development during the COVID-19 pandemic, we saw evidence of an identified management lead for premises development.</p> <p>Staff were clear about their roles and responsibilities. Two members of the management team were leads within the local Primary Care Network.</p>	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	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
Explanation of any answers and additional evidence:	
We saw evidence of processes for managing risks, issues and performance. For example, clinical meetings routinely discussed learning from significant events. We saw evidence of a range of meetings where performance and improvements were discussed.	
However, some of the practice assurance systems required strengthening, including recruitment, complaints, the manage safety alerts and clinical coding.	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y

Explanation of any answers and additional evidence:

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
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	
We saw evidence of a total triage policy, which included guidance on communicating with patients online.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The Patient Participation Group (PPG) had not been active during the COVID-19 pandemic but staff told us there were plans in place to recommence the group.	

Feedback from Patient Participation Group.

Feedback
We spoke to a member of the PPG who found the practice open and honest and information had been shared with the practice regarding concerns and compliments they had received from members of the public.

Any additional evidence

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: We saw evidence of continuous learning; we saw evidence the clinical and non-clinical meetings routinely discussed learning from events. Since the last inspection the practice had introduced an online consulting system. We saw evidence that staff had discussed areas of learning and improvement for both patients and staff since implementing the system. We saw evidence of staff training and development both internally and externally. Staff had access to a centralised system to identify individual training needs.	

Examples of continuous learning and improvement

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.
-
- %o** = per thousand.