

Care Quality Commission

Inspection Evidence Table

The Heron GP Practice (1-4577132069)

Inspection date: Remote Records Review on 9 March 2022 and On Site Visit on 10 March 2022

Date of data download: 07 March 2022

Overall rating: Good

Safe

Rating: Requires Improvement

We have rated the practice as requires improvement for providing a safe service, because:

- The provider did not require non-clinical staff who had direct contact with patients to be up to date with their routine immunisations or completed risk assessments for those staff were not up to date.
- Patient specific directions were not always in place to authorise the health care assistants to administer injections.
- The practice could not demonstrate that the cold chain had been effectively maintained, as on occasions the recorded fridge temperature had not been recorded or was outside of the required range of 2 to 8 degrees centigrade.

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

Safeguarding	Y/N/Partial
<p>The provider had a number of guidance documents to support staff, for example a safeguarding procedure covering both children and vulnerable adults, which was regularly reviewed to ensure this was updated in line with guidance and that relevant professional contact details were updated.</p> <p>The level of training required for individual staff groups was outlined in the safeguarding procedure. For example safeguarding children and vulnerable adults at level one and two was mandatory for all staff and level three vulnerable adult and children safeguarding training was mandatory for all professionally qualified staff.</p> <p>The practice used electronic codes and alerts on the patient records to identify for example, children subject to a child protection plan, and vulnerable adults. The practice maintained a list of patients where safeguarding concerns had been identified. We saw that regular monthly meetings were held to discuss children and vulnerable adults that clinicians were actively concerned about. The minutes of the meetings clearly identified any required action. The practice worked closely with the health visitors to share information and discuss patients of concern.</p> <p>Health care professionals external to the practice were able to input safeguarding information on to the electronic patient record. The practice added patients where a potential safeguarding concern had been identified to the next monthly meeting list. The information available for these patients was discussed and any required action agreed and recorded in the electronic record.</p> <p>The chaperone policy was accessible to all staff. The use of a chaperone was recorded in the patient electronic record. Staff who provided a chaperone service completed on-line chaperone training which was recorded on the e-learning system and all staff had enhanced DBS checks in place.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The provider maintained a recruitment and selection policy and we reviewed three staff records and found recruitment checks were carried out in accordance with regulations. The provider used an electronic recruitment system, which enabled applicant tracking to ensure all the required information was obtained.</p> <p>Staff were asked about their immunisation status as part of the recruitment process. However, the provider did not require non-clinical who had direct contact with patients to be up to date with their routine immunisations, or complete risk assessments if they were not up to date.</p>	

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	Yes
There was a fire procedure.	Yes

Date of fire risk assessment: Various dates	Yes
Actions from fire risk assessment were identified and completed.	
Explanation of any answers and additional evidence:	
<p>Staff induction included fire safety training and on-going training, as necessary. There was a fire evacuation procedure in place and a fire risk assessment incorporated into the health and safety risk assessment had been completed for both the Merlyn Vaz and St Matthews sites.</p> <p>The building management teams were responsible for maintaining fire safety with the buildings and completed the weekly fire alarm checks. We saw that the fire alarm system, emergency lighting and fire extinguishers had been checked and serviced as required. Fire drills were due to take place soon. Fire marshal training had been provided on 8 March 2022 for any staff within the organisation who wished to attend.</p> <p>The provider completed health and safety risk assessments for the areas of the buildings occupied by the service. Action had been taken to address any identified issues, for example, ordering replacement blinds and desks for consulting rooms.</p> <p>Both sites were supported by an estates team, who managed the servicing and calibration of equipment, portable appliance testing and replenishing of stock, for example, emergency medicines. We saw that there was an ongoing programme of testing across the organisation and that calibration and testing of equipment was up to date.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: various dates	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a risk rated infection prevention and control (IPC) action plan dated 3 March 2022 to address the issues highlighted in the annual IPC audits and monthly IPC spot check audits. A number of issues had been addressed and those outstanding clearly identified which member of staff was responsible and a date for completion.</p> <p>The practice had an infection control lead, who was supported by the provider IPC team. Random IPC spot checks were completed, for example, staff hand washing techniques, as well as Covid 19 compliance audits.</p> <p>The building management teams were responsible for the water systems management (Legionella). The legionella risk assessment for the St Matthews site had been completed in January 2022, and the next legionella risk assessment for Merlyn Vaz was due in October 2022.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All staff received training in basic life support, and how to respond to medical emergencies including sepsis. All staff, including locum staff, received an induction, and an information resource pack was available in all consulting rooms.</p> <p>The practice benefitted from being part of DHU Healthcare and had access to a staff pool to cover any potential shortfalls in staffing.</p>	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Clinical staff told us they monitored their own two-week wait referrals (urgent referrals to hospitals/specialist services) as they recognised that their cohort of patients although encouraged to contact the practice if they had not been contacted within the two-week period, would not always do so.</p> <p>Clinical searches the Care Quality Commission (CQC) conducted during the inspection indicated that systems were in place to review and act upon information received by the practice, including test results in a timely manner.</p>	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation although some areas required improvement.

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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.59	0.66	0.76	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). (01/01/2021 to 31/12/2021) (NHSBSA)	10.3%	9.1%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.28	4.68	5.28	Tending towards variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	83.8‰	95.4‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.64	0.81	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2021 to 30/09/2021) (NHSBSA)	3.4‰	6.1‰	6.7‰	Tending towards variation (positive)

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

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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We found that the practice had effective systems in place relating to the safe management of medicines. The pharmacy team completed regular audits to identify patients who required monitoring prior to prescriptions being issued and alerted the administrative team to invite these patients in for a blood test and any other required monitoring. We conducted remote clinical searches as part of this inspection and found that patients had been monitored in line with the current guidelines.</p> <p>We reviewed the records for two patients prescribed a specific group of medicines. We did not see any information in the patient notes to indicate that the GP had discussed with the patient about reducing the use of these medicines or being prescribed alternative medicines. The provider assured during the inspection that they would review the patient records and discuss at the next clinical meeting, to identify any learning.</p>	

Medicines management	Y/N/Partial
<p>The practice had a stock of medicines available in the event of a medical emergency and there was a system in place to monitor stock levels and expiry dates. However, the practice did not stock all of the suggested medicines and a risk assessment had not been completed.</p> <p>The practice maintained a log of Patient Group Directions (PGDs), which allowed registered health professionals to administer specified medicines to a pre-defined group of patients without them having to see a prescriber such as a GP or nurse prescriber. We saw these had been signed by all staff responsible for administering these medicines although most of these had been authorised after being signed by the practice nurses. The deputy clinical director explained that PGDs had all been reprinted and signed, as the original copies had been lost.</p> <p>The practice used patient specific directions (PSD). We saw these were in place to authorise the health care assistants to administer influenza, pneumococcal or shingles vaccines. However, PSDs were not in place to authorise the health care assistants to administer other injections, for example, vitamin B12 injections.</p> <p>We saw that blank prescriptions were kept securely within the practice, and locks had recently been fitted to the printer trays in consulting rooms. We saw that staff did not record details of the prescriptions when a new supply was received, however prescriptions were tracked when distributed around the practice.</p> <p>Staff had access to a cold chain and fridge temperature policy. We looked at the fridge temperature records at both sites. We saw a number of occasions that recorded fridge temperature was outside of the required range of 2 to 8 degrees centigrade. No additional information was recorded to indicate what action had been taken by staff or why the temperature may be out of range. We also noted that the fridge temperatures were not always recorded every day.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	66
Number of events that required action:	66
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoken with understood how to raise concerns and report incidents. Incidents were documented and logged through DATIX. DATIX is an electronic reporting system which helps organisations to learn from mistakes and take actions to keep people safe. All incidents raised with the organisation were reviewed by the governance team and a manager would be assigned to investigate and make any recommendations as required. All events were discussed at the division datix meeting, to ensure that any learning was shared across the wider organisation. Organisational staff were kept up to date with any learning or changes through newsletters, clinical updates and meetings.</p> <p>The provider maintained a significant event spreadsheet which gave practice management oversight. The practice held regular meetings and significant events were a regular agenda item. Investigations and learning outcomes from significant events were discussed and any policy updates or changes signposted to staff and trend analysis.</p>	

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

Event	Specific action taken
A patient was prescribed a medicine that they had a known allergy to by secondary care, the prescription was issued by the practice.	The member of staff did not check the home screen on the patient record or alerts for any known allergies prior to issuing the prescription. The member of staff had reflected on this and changed their working practice. The practice carried out a review to identify if any additional learning was required and for discussion at protected learning time session. The policies and procedures were updated to reflect the correct process to follow.
A patient discharge summary from secondary care indicated that investigative results were normal and no follow up was required when the results were abnormal and further investigations needed to be arranged.	On reviewing the patient's electronic notes, the practice identified the error with the discharge summary and reported their concerns to the relevant organisation. The patient was followed up and additional investigations requested.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an effective system in place for reviewing and actioning any Medicines and Healthcare products Regulatory Agency (MHRA) alerts. (The MHRA regulates medicines, medical devices and blood components for transfusion in the UK). The practice pharmacy carried out regular medicine searches based on MHRA alerts, including those based on medicine interactions. The remote clinical searches did not identify any patients prescribed medicines which were known to interact.</p>	

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.

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: Staff told us they were introducing Ardens software (a clinical decision support tool), to promote consistency and safety through the use of templates. This system incorporated current evidence based practice.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">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.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. The specialist learning disability nurse was supporting the practice nurses to complete these checks.
- 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 assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. The practice worked with the Primary Care Network (PCN) mental health nurse to support patients and improve the quality of the care plans for these patients.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice aimed to book two dementia reviews per month to ensure ongoing management for these patients.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered home blood pressure monitoring.
- Patients with COPD were offered rescue packs.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England)	118	136	86.8%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	130	159	81.8%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	131	159	82.4%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	131	159	82.4%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	124	164	75.6%	Below 80% uptake

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

Any additional evidence or comments

The practice had not met the minimum 90% target for all five childhood immunisation uptake indicators. Staff described the challenges around engaging with patients due to language barriers (both verbal and written) and patients spending extended periods of time out of the country. They recognised that they needed to engage with the local community to increase the awareness around the importance of immunisations to promote uptake and plans were in place to achieve this.

Staff described how they followed up with parents when children were not brought for immunisations, the information was shared with the health visiting service, and each case discussed at the safeguarding meetings. Staff told us they were introducing Arden software (a clinical decision support tool), to promote consistency and safety through the use of templates. The system could be used to generate a letter for parents to sign, indicating that they declined childhood immunisations for their child.

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: 30/09/2021) (Public Health England)	56.0%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	47.0%	40.1%	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)	43.3%	54.3%	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)	50.0%	56.4%	55.4%	No statistical variation

Any additional evidence or comments
The practice was aware that their cervical cancer screening uptake was below the target of 80%. Staff described the challenges around engaging with patients due to language barriers (both verbal and written) and patients spending extended periods of time out of the country. Staff told us they were able to send out invite letters in a range of languages. They commented that patients often booked appointments and then did not attend. Staff tried to carry out opportunistic screening and health promotion when patients attended the practice for appointments. The practice had plans to engage with the local community through the local mosques and Sure Start groups.

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

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

The provider had a schedule outlining the rolling programme of audits to be completed for all clinicals working in primary care. The plan included audits completed on a monthly basis for each cohort of staff looking at:

- Clinical notes: assessing history taking, examination, differential diagnosis and management planning for a range of clinical conditions.
- Referral audits: looking at patient outcomes, appropriateness of referrals and adherence to local referral pathway criteria.
- Themed audits: may include chronic disease management, minor illness management and end of life care.

The audits would be analysed quarterly to identify, share and learn from any significant positive and negative themes.

The pharmacy team completed regular audits to identify patients who required monitoring prior to prescriptions being issued and alerted the administrative team to invite these patients in for a blood test and any other required monitoring.

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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they were offered the opportunity to attend training and to further develop their skills. Staff completed online essential training and attended regular protected learning afternoons.</p> <p>We saw that training opportunities for clinical staff were discussed at the clinical meetings and staff encouraged to attend. The provider was supporting a member of staff to study to become a nurse associate. Another member of staff had an interest in women's health and was undertaking additional training in long acting reversible contraception.</p> <p>Staff received regular supervision and annual appraisals. The competency of all clinical staff was checked through regular audits of consultations and prescribing.</p> <p>All staff completed a corporate induction programme, as well as site specific and role specific inductions. Competency tools were used to assess the skills and knowledge of clinical staff.</p> <p>The practice provided a resource pack in each consultation / treatment room, which contained useful information to assist staff to fulfil their role within the practice.</p>	

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.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice held monthly palliative care meetings with the multidisciplinary care team to co-ordinate care for this cohort of patients. Health visitors and school nurses were also invited to the practice safeguarding meetings.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
Explanation of any answers and additional evidence: The practice website contained a range of health promotion material. Patients were referred to the healthy lifestyle hub for support and information on maintaining a healthy lifestyle. Patients were able to self-refer to smoking cessation services. Clinicians told us that patients living with type 2 diabetes or at risk of developing diabetes could be referred to the Diabetes Village, based within the same building, to access services and support to assist them to effectively manage their diabetes.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: We saw that clinicians completed health and social care plans called ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) which targeted patients' wishes and the care they required. This incorporated an assessment of mental capacity and details of the patient's resuscitation status (for example, if cardiopulmonary resuscitation should be given or not). We saw that the plans were reviewed with patients, providing the opportunity for discussion and updating of decisions, including the removal of the plan where applicable.	

The practice held monthly palliative care meetings with the multidisciplinary care team. Clinicians told us that ReSPECT forms and prescriptions for anticipatory medicines (medicines prescribed to manage distressing symptoms) were completed at the same time to prevent any delay in people receiving the care they required.

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: Staff received appropriate training in providing a chaperone service as well as equality and diversity and customer care.	

Patient feedback	
Source	Feedback
NHS Website	Six reviews had been posted between February and December 2021. The main themes outlined in five of the reviews were around getting through to the practice to make an appointment and the attitude of some of the reception staff. One review, although negative about reception, was positive about the GPs at the practice. Another review contained positive comments about all staff working at the practice and being offered telephone consultations in a timely manner.
Information received by the Care Quality Commission (CQC)	CQC had received five negative comments about the service between February and October 2021. Two of these comments made reference to the attitude of reception staff and the unwillingness of staff to pass on messages.

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)	85.8%	85.1%	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)	82.5%	83.0%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	88.6%	93.6%	95.6%	Tending towards variation (negative)
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)	68.3%	75.7%	83.0%	Tending towards variation (negative)

Any additional evidence or comments

We reviewed the most recent published National GP Patient Survey results for the practice to the previous results for 1 January 2020 to 31 March 2020. One hundred and fifty-four respondents returned the survey, a response rate of 30%. We saw that all four indicators had decreased from the 2020 survey. The largest decrease in satisfaction was around the patient's overall experience of GP practice. The provider was aware that the challenge around getting through to the practice on the telephone impacted on patients' overall experience of the practice. As a consequence the upgrade to the telephony system had been completed at Merlyn Vaz and was ongoing at St Matthews.

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

Any additional evidence

The practice was conducting an online survey via the website to understand patients experience of making an appointment at the surgery and the ease in which they can get through by telephone. They were also looking to understand what other ways patients may have contacted the surgery.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice population was very diverse and as a consequence a range of languages were spoken. A number of practice staff were able to converse with patients in their language. The practice regularly used translation services to support patients during consultations. The clinical staff described the challenges of ensuring that patients understood the information that was being shared, especially in relation to attending secondary care appointments. The practice experienced a high number of patients who did not attend secondary care appointments and efforts were being made to discuss this with patients to try and understand the reasons why.</p> <p>The practice worked closely with the primary care network (PCN) social prescriber to support patients with further information and access community services.</p>	

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)	89.3%	90.0%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Information leaflets could be provided in easy read or different formats . Staff told us that information could be translated if required. However, information about support groups and self-care advice was available on the practice website, which could be translated into a range of languages.</p>	

Carers	Narrative
Percentage and number of carers identified.	We saw that the practice had identified 82 patients as carers. This represented 0.8% of the practice population. However, the practice also had a below average number of older patients within the practice population.
How the practice supported carers (including young carers).	The practice told us they were in the process of developing an information pack that would be shared with all identified carers.
How the practice supported recently bereaved patients.	<p>The practice supported bereaved patients through an initial telephone call, followed by a condolence card and information about support organisations. Bereaved families could be referred to counselling services if required.</p> <p>In recognition of the religious and cultural observances of some patients, the practice would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.</p>

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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: Both the main and branch sites provided level access with patient facilities located on the ground floor. A hearing loop was available for patients who had a hearing impairment. Car parks with designated disabled spaces were available at both sites.	

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

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none"> 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 was supported by the Home Visiting service for those patients who needed to be seen at home.
- 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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were also available to all patients at additional locations within the area. Appointments were available during the day, in the evening and at weekends and on bank holidays.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. For example, double appointments where appropriate and appointments and the beginning or end of surgery to minimise waiting times.
- The practice in conjunction with the Clinical Commissioning Group and Primary Care Network had established a drop-in vaccination clinic at a local mosque to increase uptake of the covid-19 vaccination within the local Somali population.

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	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patients were offered a range of appointments, including prebookable and urgent, on the day appointments. Patients were added onto a list and triaged by the clinicians. Face-to-face appointments were offered based on clinical need and were available in the morning and afternoon. Several designated emergency appointments were also available each day and used at the discretion of the clinicians once the telephone consultation list was full.</p> <p>Staff told us that patients were rarely asked to call the practice the following day if there was no availability as the clinicians accommodated requests for appointments. They told us that patients often arrived at either site either without an appointment or after their appointment time.</p> <p>Pre-bookable appointments were available to book with the practice nurses and the health care assistants, for long term condition reviews, blood tests, cervical screening and childhood immunisations.</p>	

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)	58.1%	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)	55.1%	63.7%	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)	63.7%	63.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	69.8%	75.1%	81.7%	Tending towards variation (negative)

Any additional evidence or comments

The provider was aware that the challenge around getting through to the practice on the telephone impacted on patients' overall experience of the practice. The provider had recognised through the survey results and feedback from patients that the telephone system for both sites was not fit for purpose. As a consequence the upgrade to the telephony system had been completed at Merlyn Vaz and was ongoing at St Matthews. Staff told us following the upgrade the number of complaints about getting through on the telephone had decreased. Staff had also attended customer service training in response to complaints received.

Source	Feedback
NHS Website	Six reviews had been posted between February and December 2021. The main themes outlined in five of the reviews were around getting through to the practice to make an appointment and the attitude of some of the reception staff. One review, although negative about reception, was positive about the GPs at the practice. Another review contained positive comments about all staff working at the practice and being offered telephone consultations in a timely manner.
Comments received Care Quality Commission (CQC)	Five negative comments had been received by the CQC between February and October 2021. The main themes outlined in these comments were around telephone access, unable to get an appointment, and the attitude of reception staff and unwillingness to pass on messages.

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.	17
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	17
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The provider had recognised through a review of the complaints received that the telephone system for both sites was not fit for purpose. As a consequence the upgrade to the telephony system had been completed at Merlyn Vaz and was ongoing at St Matthews. We could see that the number of complaints regarding telephone access had decreased following the introduction of the new system.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient had concerns around the telephone system, repeated attempts to call the practice, and unable to get an appointment when required.	The practice acknowledged the issues raised and offered an apology to the patient. As a result to the number of complaints about telephone access, the telephony system has been upgraded. The patient was offered an appointment with an appropriate clinician.
Complaint about the attitude of a member of reception staff.	An apology was offered to the patient. The performance of the member of staff was reviewed, and areas for improvement identified, for example customer care. The staff member was required to complete additional training and dedicated time had been allocated for this. A review of learning from complaints was planned for the next practice learning event meeting.

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider understood the challenges associated with managing the service, and supporting the patients registered there. Staff told us they were trying to create safe boundaries for patients and staff and educate patients about how to access the services provided. Historically not all patients had engaged with the appointment system but had turned up at the practice wanting to be seen and were sometimes reluctant to be seen at the other site. Staff told us this was slowly changing and patients were more willing to be seen at either site, and the majority of patients booked appointments	

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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The provider vision, strategy and values were displayed on the provider website. The vision and values were incorporated into the recruitment and appraisal process, to ensure that staff upheld the core values of the organisation.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us they were able to raise any issues or make suggestions, either during meetings or as issues arose, and they would be listened to and supported as required. Information about access to a Freedom to Speak up Guardian was visible in the practice.</p> <p>The provider recognised the importance of supporting the well-being of staff. Staff had access to private healthcare, free refreshments and £50 vouchers at Christmas. Staff told us prior to the pandemic, the provider had also supplied cakes, biscuits and fruit. The provider operated the Limelight award scheme, which recognised individual members of staff for their contribution, and they received an award and a £50 voucher.</p>	

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

Source	Feedback
Staff interviews	<p>Staff told they were proud of the ethics, culture and spirit of the staff team. Staff felt supported and valued in their work.</p> <p>They felt able to make suggestions or raise any concerns. They said they were able to raise queries or concerns with any member of the management team, and they would be listened to and their comments taken on board. They told us support for their wellbeing, both professionally and personally, was available and confidentiality would always be maintained.</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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The practice was supported by the wider organisation, and staff were clear about the roles and responsibilities within the organisational structure.	

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.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: The provider had developed a risk rated service improvement plan, incorporating organisational leadership, systems and structures, CQC, clinical services, HR, people and people management, workforce and skill mix, systems and process, IT & technology, safety and governance and people's experience and quality. The provider monitored progress against the delivery of the improvement plan.	

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

Explanation of any answers and additional evidence:

To meet the demands of the COVID-19 pandemic, the appointment system had been reviewed, and the majority of consultations had initially been done remotely. Face to face appointments were provided at the clinician's discretion. The management team continued to review the appointment system to meet the demands of patients. Reception staff completed a non-medical triage questionnaire for each patient, and the clinicians reviewed the information and contacted the patients accordingly.

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: The provider used performance information and audits to review and improve performance.	

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

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.	Yes
The practice had an active Patient Participation Group.	No
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The practice was in the process of developing a Patient Participation Group (PPG). Information explaining about the PPG was included on the front page of the practice website, and details of how to advise the practice if a person was interested in joining. The practice had sent out SMS messages asking patients to contact the practice if they were interested in finding out more about the PPG. A notice board had also been set up in reception. The practice indicated that five patients had expressed an interest and were being spoken individually about joining the PPG. An initial introduction meeting has been provisionally arranged for the first week in April 2022.</p> <p>The practice recognised that registered patients spoke a variety of languages, making communication a challenge. They were considering setting up listening groups for patients whose first language wasn't English and supporting these groups through interpreters, as well as separate female and male listening groups, to provide support and educational talks on specific topics.</p>	

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>There was a focus on learning and improvement, especially from significant events, complaints, clinical audits as well as staff training and development.</p>	

Examples of continuous learning and improvement

The provider told us that they were a member of a Clinical Commissioning Group wide ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) group. The aim of the group was

to introduce the use of ReSPECT forms across the CCG, and provide appropriate training so that clinicians were competent and confident to have the discussions with patients and complete the forms. There were also plans to use electronic forms across all sectors and improve the quality of the information included in the document.

The practice was participating in a pilot project run by the Child and Adolescent Mental Health Services (CAHMS). Staff had direct access to the CAHMS Primary Mental Health Team, for support to children experiencing low mood and anxiety needing immediate low level support.

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.
-
- ‰ = per thousand.