

Care Quality Commission

Inspection Evidence Table

Central Medical Centre (1-601368569)

Inspection date: 5 July 2021

Date of data download: 15 June 2021

Overall rating: Good

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

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
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
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
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes

Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 21 June 2021	Yes
There was a record of equipment calibration. Date of last calibration: 24 July 2020	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion: July 2020	Yes
Actions from fire risk assessment were identified and completed.	N/A ¹
Explanation of any answers and additional evidence: 1. We noted the fire risk assessment which had been carried out by an external consultant did not identify actions to be taken. We also noted that the practice did use risk assessments to ensure premises and equipment were safe to use.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2020	Yes
Explanation of any answers and additional evidence: Other risk assessments had been undertaken by the practice and included a disability Access audit and for Legionella disease. The risk assessment for the management of Legionella showed the practice was low risk. The practice had identified a gap in the water temperature testing but had prior to our on-site inspection arranged for this to be in place.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
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There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 10 June 2021 by in house team and 22 June 2021 joint with a member of the CCG infection prevention and control team.	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: We noted that the practice had included additional prompts to ensure they were considering the additional IPC measures relating to the COVID-19 pandemic. To ensure staff and patients were kept safe, the practice had installed screens between waiting room chairs and at the front reception desk. To ensure these were not seen as a barrier the practice had used approved toughened glass which was much clearer than other materials. This ensured patients could be monitored and not isolated from view of staff.	

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 ¹
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
Explanation of any answers and additional evidence: 1. The practice recognised the increase in workload within the practice because of the COVID-19 restrictions and latterly as more routine care was being offered and managed. Most staff reported that when all staff were available there was sufficient cover. However, some staff reported higher levels of stress due to some shortage of staff cover. For example, answering the telephones and undertaking other reception tasks. The practice and staff told us they were upskilling other staff to be able to ensure there was sufficient cover through all the roles. Most staff we spoke with told us they enjoyed learning new skills.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
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

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) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.57	0.75	0.70	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). (01/04/2020 to 31/03/2021) (NHSBSA)	9.5%	12.5%	10.2%	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 (01/10/2020 to 31/03/2021) (NHSBSA)	5.03	5.29	5.37	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	48.5‰	117.8‰	126.9‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	0.48	0.70	0.66	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) <small>(NHSBSA)</small>	3.3‰	5.8‰	6.7‰	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.	Yes ¹
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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 ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

Medicines management	Y/N/Partial
<p>1. The practice recognised the lower use of prescription stationery in the practice because of the availability of electronic prescription system direct to pharmacy. As a result, they only used prescription stationery in one room which was kept locked. This made managing the stationery safer and more effective.</p> <p>2. As part of our inspection we used a suite of clinical searches to ensure the practice managed and monitored patients appropriately. We reviewed some records of patients taking high risk medicines such as methotrexate and warfarin and lithium and found patients had been monitored appropriately and in a timely manner. We noted that prescriptions for Methotrexate and other high-risk medicines could only be issued by GPs.</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:	22
Number of events that required action:	22
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection, report published November 2017, we noted the practice should improve their monitoring of significant events and ensure discussions were recorded effectively. At this inspection we saw that improvements had been made. Staff we spoke with or had feedback from confirmed and gave examples of events discussed and changes made.</p>	

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

Event	Specific action taken
Low stocks of personal protective equipment	Due to staff holiday the practice had run low on PPE stock, the practice requested stock immediately and increased the amount of minimal stock they should hold. In addition, the rota was amended to ensure a named person was in place for leave cover.
Patient correspondence had been completed automatically and had not been passed to the relevant group to ensure any actions required were identified.	An audit was undertaken to measure how widespread the issue had been. Refresher training was undertaken, and monitoring processes put in place.

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>We saw the practice had a system for receiving and actioning safety alerts. From our suite of searches, we saw the practice had undertaken the appropriate reviews and monitoring. We looked at some patient records in relation to an alert which focused on patients identified as taking a combination of medicines, (Amlodipine and Simvastatin 40mg) and found no concerns. The pharmacist and pharmacy technician performed regular searches to monitor performance and safe prescribing.</p>	

Effective

Rating: Good

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

Older people

Population group rating: Good

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.• The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.• The practice carried out structured annual medicines reviews for older patients.• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none">• 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.• The practice told us they were developing new ways to manage patients' annual reviews to ensure they attended the minimum number of appointments necessary.• 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 ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	81.3%	76.5%	76.6%	No statistical variation
PCA* rate (number of PCAs).	2.4% (11)	11.3%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	91.8%	90.7%	89.4%	No statistical variation
PCA rate (number of PCAs).	13.4% (17)	14.4%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	91.3%	80.8%	82.0%	Variation (positive)
PCA rate (number of PCAs).	11.0% (17)	6.8%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	66.1%	69.8%	66.9%	No statistical variation
PCA rate (number of PCAs).	4.8% (26)	17.2%	15.3%	N/A

The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	72.7%	71.3%	72.4%	No statistical variation
PCA rate (number of PCAs).	6.7% (55)	8.6%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	78.8%	91.9%	91.8%	Variation (negative)
PCA rate (number of PCAs).	2.9% (2)	5.1%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	70.3%	72.1%	75.9%	No statistical variation
PCA rate (number of PCAs).	6.5% (35)	13.0%	10.4%	N/A

Any additional evidence or comments

We looked at the lower performance in those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020). We found the patients who were being treated with an anti-coagulation drug had been managed and monitored appropriately. All patients where a PCA code had been added had been clinically assessed.

Families, children and young people

Population group rating: Good

Findings

- The practice has not met the minimum 90% for five of five childhood immunisation uptake indicators. Nor has it met the WHO based national target of 95% (the recommended standard for achieving herd immunity). We discussed this with the practice, who recognised their lower performance. Information we saw showed the practice were proactive in trying to contact the parents or guardians of children requiring immunisations. For example, a review of 23 medical records of children due to be given immunisation in the first week of March 2021 showed:
- Seven patients attended their appointment following first contact. One patient was contacted again after they did not attend their appointment.
- Four patients attended after further messages/letters were sent.
- Three attended after the practice nurse telephoned them.

Of the eight that did not attend;

- Six did not respond to messages and calls sent and were not contactable even though the practice had tried to find any contact number from other members of the household records. The practice recognised they had a population who often left the country without informing the practice.
- One declined, even after a clinical discussion.
- One was on an extended period out of the country.

The practice told us they used letters and SMS texts in English and the patients first language. Several members of staff were multilingual and made telephone calls directly to the patient. In addition, where appropriate they flagged the medical records of the parents and guardians, in order to use any contact to encourage attendance.

- The practice engaged with the local communities by attending educational sessions such as at the local Mosques. In addition, one GP worked with Public Health England looking at ways to improve uptake of preventative health and gave local radio presentation and interviews.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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)	132	149	88.6%	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) (01/04/2019 to 31/03/2020) (NHS England)	145	181	80.1%	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) (01/04/2019 to 31/03/2020) (NHS England)	145	181	80.1%	Below 90% minimum
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)	150	181	82.9%	Below 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)	147	192	76.6%	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>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Educational sessions to the local community were provided to encourage working age people to attend for preventative health appointments.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

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: 31/12/2020) (Public Health England)	55.6%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	49.7%	68.1%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	39.7%	63.6%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	100.0%	91.3%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	22.2%	62.2%	54.2%	Tending towards variation (negative)

Any additional evidence or comments

We discussed the lower performance of cervical cancer screening with the practice. They recognised their lower performance and shared with us information about the work they had undertaken with the practice community to drive improvement. For example; a review of 20 records of patients, aged under 50 years old (the practice demography showed the practice had a larger than the CCG average of younger patients) showed:

- 85% of the patients had multiple contacts from the practice, including from clinical staff. These included letters, SMS messages and telephone calls in the patients preferred language.
- The practice had a higher number of pregnancies and births due to the practice demography meaning that sometimes patients were not able to have their screening test undertaken within the target timeframe.
- The practice was also aware of the different cultural challenges of providing cervical screening such as patients who preferred their screening undertaken by secondary care specialist consultants.

The practice had not been able to offer cervical screening during the COVID-19 pandemic restrictions, but had as those restrictions eased, offered appointments and increased communication with their community. This increased communication included educational talks and radio interviews to the local community with an awareness of any cultural needs that required consideration. They had worked with the CCG and with Public Health to look at good practice in other areas and implemented some of that learning.

We received information from the CCG that the practice had taken part in a local initiative which supported practices to hold additional clinics to address the backlog of cervical cancer screening for patients. The CCG confirmed the practice had taken part and were one of the higher performers in the area. The CCG told us, their data (a 29% improvement), which is unverified and not published showed this additional work had addressed some of the backlog of cervical cancer screening.

The practice shared with us their current (2021/2022) QOF performance data (this data was unverified) showed;

- The percentage of women aged 25 to 49 eligible for cervical cancer screening had increased to 62%.
- The percentage of women aged 50 to 64 eligible for cervical cancer screening had increased to 91%.

In addition, the practice was working with an electronic medical records specialists to ensure the patients front electronic record page was changed to enable clearer information ensuring any contacts would be used as opportunities to encourage patients to attend their various screening or follow up.

The practice had during the COVID-19 pandemic opened a dedicated area for new patients to register, this gave dedicated time with a staff member who was often able to speak with the patient in their preferred language or they were able to use a translation service. They recognised this was a good opportunity to share with patients how they can and should access proactive and preventative care.

In respect of patients who had not returned their bowel cancer screening kit, the practice contacted the patients to answer any concerns, using this opportunity to encourage them to return the sample for testing.

The data published in this report reflected the practice had a lower than the CCG and national average performance for the number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020). We reflected this was not necessarily a negative. The practice told us they referred and followed up attendance for patients where they had concerns about possible cancer. They told us about the challenges of comprehensive history and symptoms taking, especially when dealing with the higher percentage of patients who did not have English as a first language.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required although due to the COVID-19 pandemic restrictions all calls were telephone triaged first.
- All patients with a learning disability were offered an annual health check with the practice nurse lead and HCA who managed this group of patients. The practice had 41 patients with a learning disability and had offered them appointments for an annual review. In the past 12 months they had completed 80% of reviews. The practice told us a further five patients had appointments booked and they were liaising with the other patients and or their carers to encourage them to attend their appointments.
- 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.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires improvements.

Findings

We rated this population group as requires improvement because the practice did not have cohesive care plans in place for some patients experiencing poor mental health.

In addition, we found

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. This included reduced quantity of medicines and more frequent reviews with a GP.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QoF)</small>	60.7%	81.8%	85.4%	Tending towards variation (negative)
PCA rate (number of PCAs).	9.7% (9)	18.9%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed	50.0%	82.0%	81.4%	Variation (negative)

in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)				
PCA rate (number of PCAs).	5.9% (2)	9.3%	8.0%	N/A

Any additional evidence or comments

We discussed with the practice their lower performance in relation to care plans. They explained that although the patients had not been coded and did not have a copy of a detailed care plan, the practice had, through their consultation documents, all the required information. Records we looked at confirmed this. The practice recognised there was work to do in this area of developing more written care plans but reflected these needed to be in English and the patients preferred language to ensure they would be fully effective.

Monitoring care and treatment

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

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	498	533.9
Overall QOF score (as a percentage of maximum)	89.1%	95.5%
Overall QOF PCA reporting (all domains)	5%	5.9%

	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 practice had a programme of audits and searches they undertook to monitor and manage quality these included audits looking at improving cervical screening and baby immunisations uptake and coding of hypertension in medical records and the patients aged 75 and who were not on a disease register.

We looked at an audit undertaken in February 2020 in respect of patients of childbearing age taking a medicine sodium valproate and the associated risks in pregnancy. The audit showed some patients need some actions in relation to their management such as referral to specialist in secondary care. The audit was repeated in June 2022 and showed that although two patients were still awaiting to be seen by the secondary care specialists (significant delays due to the COVID-19 pandemic), all patients had been risked assessed and discussions had been held with the patients and or carers.

The practice had also undertaken an audit of patients who were receiving a vitamin B12 injection. The practice as a result were able to reduce this by 50% by offering alternative methods or by reflecting on current guidelines that showed patients did not require this injection at this time.

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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 ¹
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>1. Some staff we spoke with or who gave us feedback told us that they had access to development, but other staff told us that due to COVID-19 they had not had the opportunity. The practice had undertaken a staff survey which showed that 49% of staff reported they had been given the opportunity to learn and grow in the past year. The practice and staff recognised this had been difficult over the past year due to the COVID-19 pandemic and the workload implications. The practice told us they had implemented plans to enhance the personal development plans for staff. They had reviewed the skill mix within the practice and had given staff additional training to take on new roles to be able to work in different areas as practice and patients' needs dictated. For example, some admin staff had received training to support reception at busy times, other staff had been given training to manage patients repeat medicine requests. Staff told us they thought this was a benefit and gave them new tasks to learn.</p>	

Coordinating care and treatment

Staff worked work 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

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

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

Caring

Rating: Good

- At our last inspection, the report was published 22 January 2017, the practice was rated as requires improvement for providing caring services as data from the national GP Patient Survey was lower than the CCG and national averages.
- At this inspection we found the practice had improved and patients reported higher satisfaction and better experience with the care given by practice staff.

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.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Source	Feedback
Patients we spoke with or had feedback from	Patients we spoke with were complimentary about the care they had received from the practice including reception staff. They told us staff would often go the extra mile to help them.
NHS Choices	There were no comments posted in the past 12 months.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020)	84.7%	88.4%	88.5%	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 (01/01/2020 to 31/03/2020)	85.1%	87.2%	87.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their	96.9%	95.1%	95.3%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	83.3%	81.5%	81.8%	No statistical variation

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

Any additional evidence
The practice undertook a survey every year. The results for 2020/2021 included a response from 20 patients and showed all of the patients who took part in the survey reported the practice was good, very good or excellent in care and concern they treated patients.

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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available. Several members of staff, including clinical staff were able to communicate with patients in their first languages. Amongst others, these languages included Romanian, Polish and Urdu.	

Source	Feedback
Interviews with patients.	Most patients we spoke or had feedback from told us they were involved in decisions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their	85.3%	93.5%	93.0%	Tending towards

Indicator	Practice	CCG average	England average	England comparison
last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2020 to 31/03/2020)				variation (negative)

	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
Explanation of any answers and additional evidence: The practice employed some staff who were able to speak other languages such as Polish, Romanian and Urdu.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 173 (1.5% of the practice population) patients as carers.
How the practice supported carers (including young carers).	The practice used dedicated registration as a new patient to identify patients. Clinical staff were proactive during consultations to identify those who were carers, including those who shared the same household and cared for each other.
How the practice supported recently bereaved patients.	The clinical staff contacted bereaved patients to offer support at that difficult time and where appropriate the practice sent consolation cards. The practice was aware to consider any culture needs for the bereaved patients and their families at this difficult time.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice population had a high number of patients whose first language was not English and was fully aware and equipped to provide information in the patients preferred language.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
The practice offered a variety of appointments throughout these times.	

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice recognised they served a higher number of patients where language and cultural difference needed to be considered. A female GP was able to conduct consultations of all types in the patients preferred language. This was important as some patient were able to attend the practice or hold telephone consultations without bringing or using a family member to translate. This was particularly important during the COVID-19 pandemic.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Access to the service

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

National GP Survey results

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
Patients were able to make appointments in a way which met their needs.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
There were systems in place to support patients who face communication barriers to access treatment.	Yes
Patients with urgent needs had their care prioritised.	Yes
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Yes

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at	76.8%	N/A	65.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
their GP practice on the phone (01/01/2020 to 31/03/2020)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	77.2%	68.1%	65.5%	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 (01/01/2020 to 31/03/2020)	75.7%	64.2%	63.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2020 to 31/03/2020)	72.7%	77.1%	72.7%	No statistical variation

Source	Feedback
Patients we spoke with or received feedback from.	Patients told us they had found the practice was responsive to their needs and provided a high level of telephone consultations and where appropriate face to face appointments. Most reflected and the practice were aware of some telephonic issue which had resulted in patients waiting a long time for the phones to be answered. The practice told us they had address some of the problems by upskilling other staff members to support reception and had made changes to the answerphone message. On the day of the inspection, the practice also told us that the level of demand being received from patients was the highest they had ever known. They recognised this as being some delayed care as a result of the COVID-19 pandemic and were working hard to clear the unmet need backlog such as delayed referrals to secondary care. The practice had not been able to make these referrals due to the restrictions imposed due to the pandemic.

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.	Six
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Excessive waiting times to get through on the telephone	Changes were made to the answerphone message and staff were encouraged to work together and support receptionist. This included staff members receiving additional 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.	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

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	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

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: Staff we spoke with were generally positive about the leadership within the practice. Most felt they had been fully supported during the COVID-19 pandemic and had, if risk assessments supported been able to work from home. Staff told us they were able to discuss any concerns with the management team and the GP partners were easily available.	

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

Source	Feedback
Staff we spoke with	Staff told us they were proud to work at the practice and of the care and support they had given to their patients. They had worked with the challenges they faced of serving a population of diverse needs and communication challenges. The staff reflected their work with engaging with the community to increase the uptake of the COVID-19 vaccination programme, Peterborough had been nationally recognised as a higher risk area and lower uptake of the vaccines.

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

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
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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

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
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

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.	Yes
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

Feedback from Patient Participation Group.

Feedback
We spoke with members of the practice PPG who were supportive of the practice and the way they had managed through the pandemic. The members told us the practice listened to their feedback where possible made changes. The members also reflected that the practice had enabled them to join wider patient's forum to get a better understanding of the practice diverse population.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Examples of continuous learning and improvement.	
GPs within the practice were proactive with working with others to ensure their patients within the practice demography were understood. For example, they worked with members of their primary care network and federation to provide easy access to clinics for COVID-19 vaccinations and cervical	

screening. They engaged with local community groups including the local mosque and local radio, giving educational talks on subjects such as COVID-19 and the impact, proactive health prevention such as cervical, breast and bowel screening programme. There was ongoing work with others such as the CCG and Public Health England looking at reducing health inequalities and to ensure wider more national learning was considered and implemented as appropriate.

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).

- ‰ = per thousand.