

Care Quality Commission

Inspection Evidence Table

Bungay Medical Practice (1-4650275718)

Inspection date: **05 November 2018**

Date of data download: 07 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems 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
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	N/A
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	

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 and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>If a staff member commenced employment without all necessary checks having been complete, a risk assessment was completed. For example, we found a receptionist had a completed risk assessment due to a DBS not being completed and actions were immediately put in to place, such as no unsupervised contact with patients, weekly review meetings and shadowing other staff. Once the DBS was received, the risk assessment was reviewed.</p>	
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:	Yes March 2018
There was a record of equipment calibration. Date of last calibration:	Yes September 2018
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes June 2018
There was a log of fire drills. Date of last drill:	Yes September 2017
There was a record of fire alarm checks. Date of last check:	Yes October 2018
There was a record of fire training for staff. Date of last training:	Yes Booked December 2018
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Yes June 2017
Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p>	

Actions resulting from the fire risk assessment, such as fitting a fire exit sign had been completed.	
Health and safety Premises/security risk assessment carried out. Date of last assessment:	Yes January 2018
Health and safety risk assessment and actions. Date of last assessment:	Yes January 2018
Explanation of any answers and additional evidence: The practice completed a variety of risk assessments and checks to ensure the practice was safe for patients. Monthly checks of emergency lighting were undertaken to ensure it remained in good working order. The lift for patients and staff had been serviced in October 2018. A legionella risk assessment had been completed in May 2017. There were identified actions on the risk assessment, such as replacing a faulty tap which had been completed. Regular water testing was completed as per the risk assessment guidance. The practice took the safety of staff seriously and completed regular checks of panic alarms to ensure they were working appropriately.	

Infection control	Y/N/Partial
Infection risk assessment and policy in place.	Yes
Staff had received effective training on infection control.	Yes
Date of last infection control audit:	July 2017
The provider had acted on any issues identified in infection control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The practice utilised an external agency to complete an infection prevention and control (IPC) audit every two years. However, the practice completed regular checks to ensure the appropriate levels of IPC were maintained.	

Risks to patients

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

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes

Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinician review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

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

	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
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
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
The provider demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.09	1.04	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	8.6%	7.6%	8.7%	Comparable with other practices

Medicines management	Y/N/Partial
The provider 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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management 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 audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of	Yes

emergency medicines/medical gases.	
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Yes
Explanation of any answers and additional evidence:	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>The provider had noted that prescription turnaround time was a significant issue when they took over the practice. Therefore, they were engaged with a local initiative to reduce the workload of repeat prescriptions which was provided by the local CCG. The practice had also completed an overhaul of the management of signing prescriptions to ensure this was done in a timely manner. This had resulted in a significant improvement in the timeliness of repeat prescriptions and a reduction in phone calls to the dispensary by 96%.</p> <p>The standard operating procedure for the management of monitored dosage systems did not detail what should not be included in the packs, however staff were knowledgeable about this. When we</p>	

raised this with the practice, they informed us they would take immediate action to change this.

Track record on safety and lessons learned and improvements made

The practice had a good track record on safety issues. 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.	27
Number of events that required action.	27
Explanation of any answers and additional evidence: Staff were encouraged to raise any areas of concern relating to safety.	

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

Event	Specific action taken
There was a delay in a referral being sent for a patient.	This event was discussed in a meeting and clinicians were encouraged to use the referrals tab in clinical records. To safeguard against this happening again, the practice implemented a weekly audit to be run by secretarial staff to ensure all referrals were sent.
Incorrect medicines dispensed.	This event was discussed in both the dispensary meeting and clinical meeting. Dispensary staff had changed the labelling of stock to make it clearer and clinicians were sent a task to inform them of similar sounding medicine names.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understand how to deal with alerts.	Yes
Explanation of any answers and additional evidence: Alerts are received by the assistant practice manager and cascaded via tasks and weekly meetings to the relevant staff. Dispensary staff were also kept informed of relevant alerts and completed searches for any drug batches affected and reported back to the assistant practice manager. We looked at two recent alerts and found these were managed appropriately.	

Effective

Rating: **Good**

Please note: QOF data relates to 2017/18 unless otherwise indicated

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

	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' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Explanation of any answers and additional evidence: The clinicians we spoke with showed a good understanding of local and national guidelines. These were also available on the clinical system and staff discussed any updates in clinical meetings.	

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.99	1.14	0.83	Comparable with other practices

Older people

Population group rating: **Good**

Findings
<ul style="list-style-type: none">Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. The practice had identified 29% of the population as severely or moderately frail. Those identified as being frail had a clinical review including a review of medicines.The practice had a higher than average percentage of older people in their population, with 27% being over 65.

- The practice followed up on older patients discharged from hospital. Staff ensured their care plans and prescriptions were updated to reflect any extra or changed needs. The practice also reviewed any admissions to hospital from the care homes they supported to ensure the admission was appropriate. They used this as an opportunity to learn lessons and prevent any further admissions.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Following two events where emergency ambulances were unable to respond in a timely manner, the practice had funded a GP and nurse practitioner to attend pre-hospital emergency care courses to provide increased expertise in the management of patients requiring emergency treatment.
- The practice had an in-house community matron. The matron was utilised to review discharges, complete home visits and assisted with social issues. The matron has taken referrals from the dispensary at the practice and local pharmacies to review patients with medicine compliance issues and had implemented strategies to improve outcomes for these patients.
- The practice provided in house dermatology services as one of the GPs had basic dermoscopy skills (the examination of skin lesions). Following patient demand, the practice planned to send this GP on an advanced dermoscopy course and to upskill other GPs and nurse practitioners.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had 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 ensured that if blood tests were required, these were completed prior to the appointment with the nurse.
- 96.8% of patients with long term conditions were vaccinated against flu in 2017/18.
- 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- We reviewed data from the Quality and Outcomes Framework for 2017/18 and found the practice had achieved 100% for long term conditions including asthma, atrial fibrillation, COPD, and heart failure. The practice had achieved 89% for outcomes relating to diabetes which was in line with local and national averages.

Diabetes Indicators

Indicator	Practice	CCG	England	England
-----------	----------	-----	---------	---------

	performance	average	average	comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	74.1%	72.8%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.4% (81)	15.6%	13.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	73.3%	72.2%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	13.3% (103)	10.4%	9.8%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	85.4%	74.9%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	25.2% (196)	15.5%	13.5%	

Other long-term conditions				
Indicator	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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	82.4%	72.2%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.9% (111)	10.2%	7.7%	
Indicator	Practice	CCG	England	England

		average	average	comparison
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 (01/04/2017 to 31/03/2018) (QOF)	91.4%	86.0%	89.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.3% (34)	10.5%	11.5%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	89.2%	79.9%	82.6%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.3% (181)	4.9%	4.2%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	97.9%	84.2%	90.0%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.0% (46)	8.1%	6.7%	

Any additional evidence or comments
The practice noted there were some higher areas of exception reporting for mental health. However, this had been fully considered in the practice action plan for the next year and was being addressed.

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were in line with the target percentage of 90% or above. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. All new mothers were contacted on receipt of their discharge summary to ask if they needed a

review and were booked in for their six-week check with their baby.

- Vulnerable children were discussed at weekly multidisciplinary team meetings. To enhance this, the practice also held quarterly meetings with the health visiting teams as they were no longer available on site. However, the practice was able to contact them at any time if required.
- Nurses were trained and able to prescribe emergency contraception.

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017) (NHS England)	104	110	94.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	113	119	95.0%	Met 90% minimum (no variation)
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) (01/04/2016 to 31/03/2017) (NHS England)	113	119	95.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	113	119	95.0%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> • The practice's uptake for cervical screening was 78%, which was slightly below the 80% coverage target for the national screening programme. However, this was above the local and national average. • The practice's uptake for breast and bowel cancer screening was generally in line with the national average. • Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Cancer Indicators				
Indicator	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) (01/04/2016 to 31/03/2017) (Public Health England)	77.8%	73.7%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	79.0%	76.4%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.1%	58.1%	54.6%	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. (PHE)	55.8%	66.0%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	51.8%	49.6%	51.6%	Comparable with other practices

People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 89 deaths in the previous 6 months and 64% of these patients had died in their preferred place of care, compared to the national average of 39%. This was also 9% higher than when the practice was previously inspected. The practice had achieved this with proactive advanced care planning, monthly multidisciplinary team meetings and ensuring medicines that may be required at the end of life were prescribed appropriately. The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. There was a system for following up patients who failed to attend for administration of long term

medication.

- 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.
- 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.
- The practice offered annual health checks to patients with a learning disability.

Mental Health Indicators				
Indicator	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 (01/04/2017 to 31/03/2018) (QOF)	84.6%	86.7%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.8% (18)	16.5%	12.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	89.6%	84.7%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.8% (19)	14.3%	10.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.4%	80.9%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.0% (22)	8.5%	6.6%	

Any additional evidence or comments

We reviewed the overall achievement for mental health indicators and found a significant improvement. In 2016/17, the practice achieved 82% which was below the national average. However, in 2017/18, the practice had achieved 96% overall which was slightly above the national average. The practice noted

there were some higher areas of exception reporting for mental health. However, this had been fully considered in the practice action plan for the next year and was being addressed.

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. Where appropriate, clinicians took part in local and national improvement initiatives.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice were fully engaged with the local Clinical Commissioning Group dashboard and utilised this to monitor performance. For example, the practice had reduced the overspend in prescribing by 11% since the new provider had been in place. They had also reduced the prescribing of high risk antibiotics and planned to further improve this.</p>	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	98%	94%	96%
Overall QOF exception reporting (all domains)	12.7%	11.4%	10.1%

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

Improvement activity
The practice had completed an audit on liver function testing for patients on blood thinning medicines and found that 15% had not had the necessary tests. They implemented a system whereby all records were reviewed and discussed this in clinical meetings. On re-audit three months later, this had improved and had dropped to 5%.
The practice had completed an audit of patients with atrial fibrillation and assessed their needs for blood thinning tablets. The first audit showed 13% of appropriate patients had not been offered appropriate medicines. As a result, they had contacted patients and raised awareness in clinical meetings. On re-audit, this had improved and dropped to 7.5% and the remaining patients were contacted again.

Any additional evidence or comments
The practice regularly reviewed and monitored the care they offered through clinical audits and reviews of the services available. They had improved their performance for prescribing antibiotics generally and for high risk antibiotics.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes

	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Yes
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Yes
Explanation of any answers and additional evidence: The practice regularly communicated with other agencies to deliver coordinated care for patients. This	

included regular meetings with the social services team, district nurses, health visitors and the palliative care team.

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 be in need of 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
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.4%	94.3%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.3% (11)	0.6%	0.8%	

Consent to care and treatment

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

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

Caring

Rating: **Good**

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

CQC comments cards	
Total comments cards received.	Three
Number of CQC comments received which were positive about the service.	Three
Number of comments cards received which were mixed about the service.	None
Number of CQC comments received which were negative about the service.	None

Examples of feedback received

Source	Feedback
Interview with care home staff.	A care home supported by the practice reported that there had been major improvements in the care provided by the practice. They stated they had continuity of care with a regular GP and practice nurse and their relationships with patients and families was positive. Feedback from the care home was wholly positive about the changes in the practice and the attitude of all staff members.
CQC comment cards.	Comments reflected: "All positive, supportive, respectful and understanding." "The doctors and nurses have been fantastic, I couldn't have got where I am without the help I received." "A first-class service."

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11112	223	104	46.6%	0.94%

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	90.3%	88.9%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				
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 (01/01/2018 to 31/03/2018)	90.4%	88.0%	87.4%	Comparable with other practices
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 (01/01/2018 to 31/03/2018)	97.7%	95.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	82.5%	83.9%	83.8%	Comparable with other practices

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No*

Any additional evidence
Although the practice had not completed their own patient survey, they had fully investigated the results of the last published GP Patient Survey and completed an audit relating to appointment availability. The practice was pleased with their results relating to the outcomes for clinicians.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke with on the day of inspection reported they were involved in decisions about their care and staff were informative during consultations. They reported staff seemed happier within the last six months and that the practice was improving.
Interview with care home staff.	We spoke with a staff member at a local care home who reported the GP and nurse who visited the home were courteous and fully involved the care home staff, families and patients in care planning. They reported care for patients at the end of life had improved and enabled patients to make informed choices about the care they received at the end of life.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	90.7%	93.8%	93.5%	Comparable with other practices

Question	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:	

Carers	Narrative
Number of carers.	The practice had identified 230 patients as carers, which was approximately 2% of the practice population.
Support offered to carers.	There were leaflets available in reception to support carers and the practice staff were knowledgeable about local support services available for carers. The practice could also refer to the community matron to give support for carers or for any social issues.
Bereavement support.	The practice phoned or wrote to patients who had been recently bereaved to offer an appointment or telephone consultation. The practice was also aware of local support groups for patients and referred them appropriately.

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
Explanation of any answers and additional evidence:	

--

Source	Feedback
Patient interviews.	Patients we spoke with reported the staff were respectful and always treated them with dignity.

Responsive

Rating: **Good**

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

	Y/N/Partial
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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A full accessibility audit had been completed by the practice to ensure the premises was fully accessible for all patients. Actions had been identified and acted on, such as moving the doorbell to be more visible. The practice had also replaced all consultation beds to electric ones to make it easier and safer for patients and staff as the height and back was fully adjustable. Both staff and patients commented positively on this change.</p>	

Practice Opening Times	
Day	Time
Appointments available:	
Monday	7am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-8pm
Friday	8am-6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11112	223	104	46.6%	0.94%

Indicator	Practice	CCG average	England average	England comparison
-----------	----------	-------------	-----------------	--------------------

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.7%	95.3%	94.8%	Comparable with other practices

Any additional evidence or comments

The practice had reviewed the care offered to local care homes when the new provider took over. Feedback from the care home we spoke with was wholly positive about the standard of care offered and the accessibility of the practice. The practice completed weekly ward rounds and ensured continuity of care with the clinicians that attended. The home reported that if urgent visits were required, the practice was accommodating.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- The practice offered reserved slots for the community matron for new referrals such as follow up of hospital discharges, falls, dementia care, as well as acute home visits. The community matron held regular meetings with the district nurses and out of hospital team to discuss patients with the aim to reduce admissions to hospital.
- The practice offered weekly ward rounds at the local care homes, as well as at the local community hospital. The practice also held a weekly multidisciplinary meeting with the community hospital staff to further improve communication.
- Historically there had been a long wait for repeat prescriptions to be turned around. This had been fully reviewed and now they were turned around within 48 hours.

Population groups - People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Any non-responders for appointments for long term condition management were proactively followed up and called. The GP was informed if the patient failed to attend after two occasions, unless there was a need to inform the GP sooner.
- The practice arranged free community transport for patients who found it difficult to attend the surgery.
- A diabetes nurse specialist was hosted at the practice once per week to enhance the care for

diabetic patients.

Population groups – 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.
- Due to the same day team, all parents or guardians calling with concerns about a child under the age of 18 or young people requiring sexual health services, the practice were able to offer a same day appointment when necessary
- The practice offered a fortnightly contraceptive implant fitting service and family planning advice which had reduced waiting times for patients.
- The practice ensured midwives from both Suffolk and Norfolk were available to patients at the practice once per week so patients had equal access, no matter which county they lived in.

Population groups – 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. For example, extended opening hours on a Monday morning and Thursday evening.
- The practice was also part of a local CCG scheme to offer appointments on Saturdays.
- Patients could book online appointments, as well as email the practice and request prescriptions.
- The practice had an active social media presence as they recognised this was an effective way to communicate with patients in this population group.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice communicated well with the local traveller population who could use the practice address as a correspondence address.
- Patients with sensory impairment were flagged on the clinical system to ensure appropriate care was offered at every intervention by all staff members.
- A full accessibility audit had been completed by the practice to ensure the premises was fully accessible for all patients. Actions had been identified and acted on, such as moving the doorbell to be more visible.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

Population groups - People experiencing poor mental health (including people with dementia)
Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had good communication with the local dementia intensive support team and referred patients with complex needs as appropriate. Where dementia was diagnosed or suspected, any carers for the patient were offered a health check.
- The community matron offered a social assessment and referral process for any patients who required it.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

National GP 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 (01/01/2018 to 31/03/2018)	71.9%	71.0%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	67.0%	69.9%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	53.9%	64.1%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.5%	77.0%	74.4%	Comparable with other practices

Any additional evidence or comments

Although the practice had not completed their own patient survey, they had fully investigated the results of the last published GP Patient Survey and completed an audit relating to appointment availability. The audit was completed over a six-week period and reviewed every appointment made during that time. The audit showed many appointments that should have been routine appointments were seen as urgent same day appointments. As an action from this, the practice adjusted the number of same day appointments

offered and re-structured the same day team. The practice also found they did not offer enough telephone appointments and implemented 40 slots per day. They also found they did not offer enough routine appointments and therefore aimed to provide 50% of appointments as routine per day. They planned to review the results of these implementations to ensure patients were seen timely and by the appropriate clinician. The practice also reviewed the number of patients who did not attend their appointments and try an understand why this was.

The practice recognised that due to illness, a GP leaving the practice and maternity leave, the number of GP sessions had dropped by 57% for a short time period, which had led to increased locum use and decreased continuity of care. The practice had been successful in recruiting and widening their skill mix which had improved this issue. The partners continually monitored this and the effect on patient care.

Examples of feedback received from patients:

Source	Feedback
Friends and family test	The practice regularly reviewed their friends and family test data. They found that between January and September 2018, 82% of patients responded positively to recommending the practice.
Interviews with patients	Patients we spoke with on the day of inspection reported it had become easier within the past six months to get an appointment at the practice and that they were satisfied with the appointment they had been given.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

Complaints	
Number of complaints received in the last year.	39
Number of complaints we examined.	Three
Number of complaints we examined that were satisfactorily handled in a timely way.	Three
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
Explanation of any answers and additional evidence: The practice took complaints seriously and used them to drive improvement in the care provided by the practice. For example, a patient complained about the wording of a standard letter for long term condition reviews. The practice reviewed this and amended the template appropriately. The practice did not consistently document the details for the Ombudsmen but reported they would review this and act upon it immediately.	

Well-led

Rating: **Good**

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

	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 in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider had completed a full risk assessment when they first came into the practice. This included immediate areas for change, such as the management of prescriptions and actioning of results. It also included further areas for change including staffing and resilience, a change to the appointments system, workflow optimisation and management of referrals. This was constantly reviewed and updated to ensure the provider was making the appropriate changes.	

Vision and strategy

The practice had a clear vision and credible strategy to deliver 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 in place 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
Explanation of any answers and additional evidence: The vision was: <ul style="list-style-type: none">• To provide a modern, accessible, caring and flexible service to the community.• To provide individualised evidence based care that reflects quality and excellence throughout our services.• To maintain a multi-skilled team approach in the delivery of primary care services.• Ensure a culture of happy healthy staff and partners caring for each other and our patients.	

Culture

The practice had a culture of 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
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes
Explanation of any answers and additional evidence:	

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

Source	Feedback
Interviews with staff.	Staff reported that, within the past six months, team morale had greatly improved. They felt ownership over their roles and duties and felt empowered to be able to make decisions and raise areas for change. Staff reported they were happy and proud to work for the service and team cohesion had improved. Staff reported the partners and management team were approachable and asked for their ideas to drive the service forward.

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 in place 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: There were some documents that had not been fully updated and had the previous provider on them, however this had been identified and was part of their action plan. The practice reported these would be changed immediately. Staff were aware of who to contact within the practice if they required assistance.	

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 in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes

A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: The provider had a detailed action plan of areas that required change within the practice and had implemented several of these, such as an overhaul of the management of repeat prescriptions. Continual monitoring and audit was used as a tool to drive improvements and change within the practice.	

Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes
Explanation of any answers and additional evidence: The practice was fully engaged with the Clinical Commissioning Group and used information provided by them as a tool to identify areas of change.	

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The provider 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:	

Feedback from Patient Participation Group

Feedback

The Patient Participation Group (PPG) had met twice with the new partners. They reported the partners were open and honest about the changes required within the practice and were positive about gaining input from the PPG as changes were implemented. There were several action plans from these meetings which the PPG planned to be involved with, such as changes to the building to create a more welcoming

reception area and changes to the car park to increase the number of spaces available.

Any additional evidence

We spoke with a local care home supported by the practice. The care home reported the new partners met with them soon after taking over the practice and asked for their views on how to forge a positive working relationship. The home reported that, within the last six months, the care provided by the practice had greatly improved and access to nurses and GPs was easier.

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: The provider was keen to make changes within the practice and had implemented several changes since the last inspection. These were closely monitored and reviewed.	

Examples of continuous learning and improvement

The practice encouraged learning and improvement within the practice. For example, the practice was a teaching practice for medical students training to become GPs and had two trainees at the time of our inspection.

The practice also encouraged staff to request training. This was a key component of the appraisal system run by the practice and staff commented positively on this. Staff felt able to request training, such as a course on pre-admission to hospital care to improve the service offered to patients.

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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).