Care Quality Commission

Inspection Evidence Table

Civic Medical Centre (1-551155290)

Inspection date: 5 March 2019

Date of data download: 27 February 2019

Overall rating: add overall rating here

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

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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
One of the GP partners was the safeguarding lead. All staff undergo safeguarding update training annually and at a level appropriate to their role. Policies and procedures had been reviewed and updated to include information on identifying and reporting female genital mutilation (FGM), Child sexual exploitation (CSE) and Prevent (support to people at risk of joining extremist groups and carrying out terrorist activities). Staff demonstrated good knowledge and awareness in respect of safeguarding. The practice had identified their vulnerable patients and alerts were in place. Alerts were also placed on the records of patients and their families where protection concerns had been identified. GPs attended safeguarding meetings and submitted reports where relevant.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence: We looked at a sample of four staff recruitment files including those most recently recruited.	

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: November 2018	Y
There was a record of equipment calibration. Date of last calibration: November 2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: September 2018	Y
There was a log of fire drills. Date of last drill:	Partial
There was a record of fire alarm checks. Date of last check: 4 March 2019	Y
There was a record of fire training for staff. Date of last training: 2018	Y
There were fire marshals.	Y 3
A fire risk assessment had been completed. Date of completion: August 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Health and safety	**Y/N/Partial**
Premises/security risk assessment had been carried out. Date of last assessment: January 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2019	Y

Explanation of any answers and additional evidence:

The practice had not carried out any fire evacuation drills in the last twelve months. We were shown evidence that demonstrated fire safety training and fire evacuation training and drill was to be undertaken on 20 March 2019.

A health and safety policy was in place, the practice had recently completed an accompanying risk assessment.

We examined a sample of records relating to risk assessment and premises and equipment checks.

The practice is situated within a purpose-built health centre. The premises were managed and maintained under contracts by a facilities management company. We saw records from the contracted company demonstrating the required risk assessments and maintenance programmes were in place and had been reviewed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: June 2018	
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The healthcare assistant was the lead for infection, prevention and control. An audit had been carried out by the practice in June 2018. The practice was fully compliant with the infection control standards. Cleaning schedules were in place that were monitored. Infection control and prevention posters were in clinical rooms. Spillage kit available in key areas of the practice. Staff had received hand washing updates and training updates in infection prevention and control. A Legionella risk assessment had been undertaken in August 2017. We saw evidence of water temperature testing records documented by the maintenance team.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y

	Y/N/Partial
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: Staff said the division of labour was well organised at the practice to allow for cover and support where required. All clinicians had access to a validated sepsis tool through the IT system. Staff had undertaken training in awareness of sepsis and there was guidance for staff to refer to, they demonstrated a good understanding.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: When referrals were made (including a two-week referral), an explanation was given to patients about why an urgent referral had been made and the action to be taken if an appointment was not received within two weeks. There was a monitoring system in place for checking the referrals had been acted upon and an appointment received by the patient. (The two-week appointment system was introduced so that any patient with symptoms that might indicate cancer, or a serious condition such as cancer, could be seen by a specialist as quickly as possible).	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.96	1.07	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.8%	10.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.35	6.15	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.75	3.06	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: Medicines fridges were monitored with the minimum and maximum temperatures documented. Fridges were serviced annually. The practice used data loggers to accurately monitor the temperatures. The cold chain policy was displayed and staff were aware of what to do in the event of disruption in the cold chain. *(The 'cold chain' is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution. Maintaining the cold chain ensures that vaccines are transported and stored according to the manufacturer's recommended temperature range of +2˚C to +8˚C until the point of administration.)* Prescription pads were logged into the practice on receipt and with details of which room they were taken to, however printer script papers were left in printers when the room was not occupied including overnight. Following the inspection, the practice told us how they would ensure safety of these prescriptions by the use of printer drawer locks and remedial action had been taken in the interim. The practice had appropriate medicines, oxygen, pulse oximeters and an automated external defibrillator in place for medical emergencies. We saw evidence of regular documented checks on these.	

Medicines management	Y/N/Partial
The practice monitored prescribing to ensure this was safe and effective. For example. the practice had reviewed patients on high risk medicines and patients had received regular blood testing where required. We identified that reviews of patients had occurred to ensure appropriate prescribing of medication in accordance with patient safety alerts.	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	N/A
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	N/A
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	N/A
Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	N/A
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	N/A
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	N/A
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	N/A
Explanation of any answers and other comments on dispensary services:	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: Significant events and serious incidents were reported, analysed and documented. Feedback was given to staff involved and when improvements were needed. Significant events were analysed annually for themes and trends.	

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

Lessons were learnt from the significant events and appropriate action taken in all cases. The practice also logged, analysed and learnt from near misses. Significant events were discussed at practice meetings and themes and trends were identified.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Alerts were disseminated by the practice manager to partners and other clinical and relevant staff. The IT system in use (GPTeamnet) was able to communicate information such as alerts effectively, enabled monitoring and acknowledgement of alerts and documented actions taken where relevant. We saw examples of these being acted upon. A log of alerts was held. We were told of a recent review of patients on a medicine used in epilepsy which could be high risk for women of child bearing age.	

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: 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. The practice had a formal system of implementation of evidence-based guidelines, for example, National Institute of Health and Care Excellence (NICE) guidance by including them as a standing agenda item on the practice clinical meetings.	

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	1.14	1.15	0.81	No statistical variation

Older people

Population group rating: Good

Findings
• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. The practice worked with the local frailty team and 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. • Staff had appropriate knowledge of treating older people including their psychological, mental and

communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice worked with other organisations such as Age UK to develop initiatives to improve care and treatment for older people.

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 GPs and nurses worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- The practice 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 assessed and offered statins according to protocols.

- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England 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)	83.8%	82.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.0% (54)	13.7%	13.2%	N/A
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)	82.4%	79.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.9% (44)	9.4%	9.8%	N/A

	Practice	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)	86.9%	80.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.0% (74)	13.7%	13.5%	N/A

Other 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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	98.3%	74.9%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	22.3% (150)	10.6%	7.7%	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 (01/04/2017 to 31/03/2018) (QOF)	97.7%	90.2%	89.7%	Variation (positive)
Exception rate (number of exceptions).	14.0% (21)	11.3%	11.5%	N/A

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)	79.2%	81.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.7% (55)	4.5%	4.2%	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 (01/04/2017 to 31/03/2018) (QOF)	92.4%	91.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.7% (20)	5.0%	6.7%	N/A

Any additional evidence or comments

Families, children and young people   Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.

- The provider told us about their system in place to monitor and encourage children to receive the required immunisations. When appointments were missed the practice took appropriate action by offering opportunistic immunisations, contacting parents and offering flexible appointments. Non-attenders were discussed at clinical meetings, safeguarding meetings and with the health visiting service who were also informed of non-attendance and uptake concerns.

- 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.

- 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.

- Young people could access services for sexual health and contraception.

- Contraceptive advice, support and treatments were provided.

- Children under the age of 10years old were offered a same day appointment.

Child Immunisation	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) (01/04/2017 to 31/03/2018) (NHS England)	103	104	99.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	98	99	99.0%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) (NHS England)	98	99	99.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	97	99	98.0%	Met 95% WHO based target (significant variation positive)

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.   - Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.   - The practice was open until 8pm on a Tuesday to help accommodate appointments for students and working people.   - They offered Econsult (an online triage and consultation tool) to enable patients to receive care and treatment remotely.

Cancer Indicators	Practice	CCG	England	England

		average	average	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) (01/04/2017 to 31/03/2018) (Public Health England)	76.6%	72.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	82.4%	72.7%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	62.0%	54.9%	54.5%	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. (01/04/2017 to 31/03/2018) (PHE)	82.7%	73.7%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	41.5%	48.2%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was above the national and local averages but below the 80% coverage target for the national screening programme. To increase coverage of cervical screening the practice offered morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice and through social media. A recent social media publicity campaign had increased uptake at the practice.
- The practice's uptake for breast and bowel cancer screening was in-line with local and national averages

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those who misused drugs and alcohol and those with a learning disability. They were able to work with and signpost these patients to local support services.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice reviewed patients who resided in local nursing and care homes, carrying out weekly

ward rounds and home visits.

- Alerts were placed on the records of patients who needed additional support, for example, if they were unable to read, needed assistance in decision making or needed an interpreter service.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- 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 practices performance on quality indicators for mental health were in line with and above local and national averages.
- Staff had received dementia awareness training.

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 (01/04/2017 to 31/03/2018) (QOF)	97.6%	90.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	46.8% (37)	10.9%	12.7%	N/A
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)	96.0%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	36.7% (29)	8.6%	10.5%	N/A
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)	85.7%	85.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (11)	4.7%	6.6%	N/A

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.4	547.6	537.5
Overall QOF exception reporting (all domains)	6.5%	5.8%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

Several audits had been undertaken including antibiotic prescribing, management of asthma, anticoagulation therapy in AF and oral contraception audits. However, there was no formal audit plan or

programme based on local, national and service priorities. Where relevant this activity had resulted in improvements and changes to clinical management and medicines for individuals, in line with guidance.

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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
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
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Explanation of any answers and additional evidence:
End of Life care was coordinated and delivered in conjunction with other stakeholders and external agencies.

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice had a focus on encouraging self-care for patients. They had links to suitable information and sites on their website.	

Smoking 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)	97.6%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.0% (23)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: Clinicians told us how they supported patients to make decisions. Where appropriate, they told us they assessed and recorded a patient's mental capacity to make a decision. Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation principles. Consent was documented for joint injections and minor surgery.	

Caring   Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	25
Number of CQC comments received which were positive about the service.	25
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient Interviews	Patients told us the service was excellent and that patients were treated with care, dignity and respect. Patients told us staff were very caring, friendly and helpful and bent over backwards to assist and accommodate.
Comment cards	The comment cards were all very positive and described the service as excellent right through from reception staff to GPs. They said that patients were treated with kindness, care, dignity and respect, staff were approachable and went out of their way to help and care for them.

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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9856	254	113	44.5%	1.15%

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 (01/01/2018 to 31/03/2018)	93.8%	92.6%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	92.4%	91.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.9%	97.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	86.2%	89.5%	83.8%	No statistical variation

Any additional evidence or comments
The practice consistently achieves positive feedback in patient surveys.

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

Any additional evidence
The practice carried out its own satisfaction surveys. They reviewed these results and comments along with the national GP patient survey and the NHS Friends and Family Test (FFT) results to identify further areas where they could improve and to check on improvements in progress.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	**Feedback**
Comment Cards	Feedback described how the service was excellent. Staff listened to patients and were informative and helpful. Explanations were given in a clear and confident manner
	Comments indicated that care is delivered through joint agreement and mutual respect with good explanations given.
Interviews with patients.	We spoke to patients who were also members of the PPG and who said they felt they were involved in their care and treatment and clinicians gave good explanations.

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)	98.5%	95.7%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: The practice had access to and gave out information leaflets in different languages other than English. They had access to Language line translation services. They had information leaflets in easy read and large print formats. The practice had a hearing loop.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 95 patients as carers. This is 1% of the patient list
How the practice supported carers.	Carer status is flagged up on the patient record. Support to carers included: • Proactive identification of carers. • Signposts them to support groups and access to aid. • Offers of seasonal flu and shingles vaccinations. • Medication reviews. • Carers information leaflet available listing various support agencies and useful numbers. • Age UK carers service directory available.
How the practice supported recently bereaved patients.	Contact would be made and support offered. The practice would signpost them to other support services as appropriate.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: Reception PCs were shielded from the patients/public view. A sign post at reception asked people to stand away from the desk until called forward. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room or area to discuss their needs. Patients told us their privacy and dignity was respected by staff.	

Responsive   Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8.30am – 6.30pm
Tuesday	8.30am – 8pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Explanation of any answers and additional evidence:	
Further extended hours opening were available locally as part of the local GP Federation extended hours access.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9856	254	113	44.5%	1.15%

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)	94.9%	96.2%	94.8%	No statistical variation

Any additional evidence or comments

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.
- Older patients living in local care and nursing homes were proactively reviewed with home visits and ward rounds to the homes carried out weekly.
- Referrals were made to support services to assist older patients such as Age UK.
- The practice nurse carried out reviews for older patients in the over 65 and over 75 age groups.

People with long-term conditions   Population group rating: Good

Findings

- Patients with a long-term condition were offered an annual review to check their health needs were being appropriately met. Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs. Extended appointments were provided for long term condition reviews.

- 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.

- Multi-disciplinary meetings were held with social and health service practitioners to review patients with complex needs to ensure they had access to appropriate support.

- The practice referred patients to community health and social care services which supported patients with both their medical and social care issues.

Families, children and young people   Population group rating: Good

Findings

- Morning appointments were available from 8am. Evening appointments were available until 8pm on a Tuesday for families and school age children so that they did not need to miss school.

- Parents with concerns regarding children were always offered a same day appointment.

- 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.

- Meetings were held with the health visiting service to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.

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, prescriptions and appointments could be managed on-line, telephone consultations and EConsult were available, flexible length of appointments were offered.

- The practice was open until 8pm on a Tuesday. Pre-bookable extended hours appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation who provided these services

- The practice promoted electronic prescription management. Prescriptions could be ordered on-line and sent to a pharmacy of choice.

- The practice publicised self-care and directed patients with minor ailments to a pharmacy.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those who misused drugs and alcohol and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice referred patients to appropriate services such as drug and alcohol support, domestic abuse services, counselling services and to services for support with finances and employment issues.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.

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.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: There was generally positive feedback from patients about access to appointments. Patients could access a male or female GP of their choice.	

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)	70.3%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	62.4%	73.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	52.8%	70.6%	65.9%	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 (01/01/2018 to 31/03/2018)	78.3%	78.6%	74.4%	No statistical variation

Any additional evidence or comments
The practice was continually reviewing their appointment access system in order to improve availability of appointments and getting through to the practice by telephone.

Source	Feedback
Patient interviews	Patients we spoke with said they always got an appointment when they needed one including emergency and routine appointments.

Comment cards	We received 25 comment cards. All were positive about the service they received, one commented that sometimes they had difficulty getting a convenient appointment.

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.	8
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: • The complaint policy and procedures were in line with recognised guidance. There was an information leaflet and poster in reception regarding the complaints process. • There were templates for documenting, investigating and analysing when complaints arose. The practice would learn lessons from complaints and took into account any verbal or informal complaints when appropriate.	

Well-led   Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Staff reported that they felt well led and part of a team that worked well together. Succession planning was included in the strategy. Staff had lead roles both within the practice and with local external organisations and stakeholders.	

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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had a mission statement and values to provide high quality care and support to all their patients, treating them with dignity and respect. Staff could articulate the ethos of the practice of putting patients first and treating them as whole families. The practice was considering a five-year plan which would include staff development and succession planning.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence: The leaders had oversight of the service quality and performance. Quality improvement initiatives, that included audit, were evident. There were processes for providing staff with the development they needed. There were positive relationships between staff and teams. The practice focussed on staff wellbeing and build on the support and development of their staff.	

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

Source	Feedback
Staff Interviews	• Staff stated they felt respected, supported and valued. • Staff told us they were able to raise concerns. They had confidence that these would be addressed. • They told us there was good communication between all staff. Leaders and management were accessible and approachable. • They told us they had access to support and training to meet the requirements of their roles.

Governance arrangements

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

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

There were appropriate governance arrangements with third parties.	Y

Explanation of any answers and additional evidence:
The provider had policies and procedures in place to support the delivery of the service. Those we looked at were seen to be up to date with current legislation and guidance and were document controlled with issue and review dates.

The practice held a variety of clinical and governance meetings. Information was cascaded to staff at these meetings.

The IT Sytem (GPTeamnet) promoted good communication, governance and compliance. |

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:

The leaders had oversight of the service quality and performance. Quality improvement initiatives, that included audit, were evident. However, there was no audit program or plan in place that was based on local, national and service priorities.
The practice had a business continuity plan and an EU Exit business continuity place in place. | |

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 adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y

Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice sought patient feedback by utilising national and internal patient surveys and the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.The practice reviewed the comments to identify areas for improvement. Staff were able to contribute their views and suggestions at meetings, appraisals and at any time in discussions.	

Feedback from Patient Participation Group.

Feedback
The practice had an active patient participation group (PPG). They met regularly with the practice and told us they felt valued and were listened to. Communication was good and the practice kept them up to date with improvements and service developments.

Any additional evidence
There were processes for providing staff with the development they needed. Annual appraisals were meaningful and useful. There were positive relationships between staff and teams.

Continuous improvement and innovation

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

	Y/N/Partial

There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement
The practice was a forward-thinking practice and had a strategy and plans in progress for developments and improvements to both patient care and staff wellbeing. They took part in pilot schemes and innovative projects such as implementation of the GPTeamnet intranet system, the Patient Portal and the Cheshire and Merseyside Cancer Alliance 'Vague symptom' pilot. (The Patient Portal allows patients to access their real-time hospital data/results and has helpful links to support patients). The practice provided GP cover to care homes and nursing homes and worked with specialist teams caring for patients living in homes accommodating the frailest of the population. They proactively reviewed these patients at ward rounds and by telephone triage. The practice was a teaching and training practice which supports GP trainees and medical students.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator, or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	Z ≤-3
2	Variation (positive)	-3 < Z ≤ -2
3	No statistical variation	-2 < Z < 2
4	Variation (negative)	2 ≤ Z < 3
5	Significant variation (negative)	Z ≥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.
- 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.

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

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.