

Care Quality Commission

Inspection Evidence Table

The Plane Trees Group Practice (1-628591161)

Inspection date: 17 January 2019

Date of data download: 18 December 2018

Overall rating: Good

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
Policies were in place 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
Systems were in place 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

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>The lead GP attended quarterly safeguarding meetings. Additional patient specific information was provided for case conference discussions when required.</p>	

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.	N
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Newly recruited staff completed a medical questionnaire and access to occupational health services was available if required. At the time of our visit immunity to hepatitis B for clinical staff was reviewed. Full immunisation status for staff was not carried out. The practice told us they would review their approach in this regard.</p> <p>There were systems to monitor staff car insurance details to ensure they were covered to carry out home visits.</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:	Y March 2018
There was a record of equipment calibration. Date of last calibration:	Y March 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y January 2019
There was a log of fire drills. Date of last drill:	Y October 2018 (actual evacuation). Fire drill planned for January 2019
There was a record of fire alarm checks. Date of last check:	Y 16 January 2019
There was a record of fire training for staff. Date of last training:	Y Online training - ongoing
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y December 2018
Actions from fire risk assessment were identified and completed.	Y
The practice had recently carried out a non-drill fire evacuation procedure after the fire alarm button was pressed by a child in the play area of the waiting room. Following this, the fire alarm button had been re-sited to prevent a recurrence of an accidental triggering of the alarm. The fire system had recently been upgraded to include the fitting of extra fire detectors.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y 16 January 2019

Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y December 2018
<p>The practice employed a handyperson who visited the practice monthly and carried out any tasks for repair indicated by staff.</p> <p>Each area of the practice was reviewed daily by the lead person for that area, and any health and safety risks were logged for resolution by the appropriate person.</p> <p>During our visit, we noted that the walls in one of the clinical rooms were in a poor state of repair, having damage to the plaster around the couch area. The practice told us they had a three-year premises improvement plan in place, agreed with the landlord. Following receipt of the draft report, the practice provided evidence which showed these refurbishments were part of the plan.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Y May 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 most recent infection prevention and control (IPC) audit had identified that waste bins in the patient toilets needed to be replaced with foot operated lidded bins. This had been completed. A clinical waste bin had been placed in the patient toilet for sample pots, along with the normal waste bin.	

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
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.	Y
When there were changes to services or staff the practice assessed and monitored the	Y

impact on safety.

Practice staff had received training on sepsis. There were also prompts on the clinical system to aid clinical assessment.

There were a number of patients at the practice under the care of the Syrian Vulnerable Persons Resettlement Programme. Of 50 people who were resettled in the district, 36 of these were registered at the practice. Home office funding was provided to support the provision of additional support during their first year of settlement. The practice had developed a vulnerable adult protocol to help meet the needs of this group of patients. This had been shared with the CCG to disseminate to other practices. Face to face interpreters were available, and this group of patients had access to support workers to help them navigate the NHS and social care systems and processes.

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
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our visit the practice was in the process of digitising all patient clinical paper records. A buddy system was in place for the management of test results. Clear protocols were followed by non-clinical staff in relation to management of correspondence, referrals and test results.</p>	

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)	1.09	1.09	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)	7.9%	6.5%	8.7%	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.	Y
Staff had the appropriate authorisations in place 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 in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	N/A

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
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 in place 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 were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had developed a protocol for the clear documentation and coding of all controlled medicines prescriptions, and these were monitored.</p> <p>Non-medical prescribers' prescribing activity was periodically reviewed.</p> <p>The practice participated in the Campaign to Reduce Opioid Prescribing (CROP). Systems were in place for GP review of each repeat prescription request for opioids. We saw evidence that they had reduced their prescribing by 1% between June and August 2016.</p> <p>During our inspection we identified three patient group directions (PGDs) which were out of date. The practice disposed of these and replaced with updated and signed PGDs before we left the building.</p> <p>Vaccine fridge protocols had been improved and disseminated following an incident when the vaccine fridge thermometer failed to display the correct temperatures. All staff had received cold chain training and demonstrated an awareness of the appropriate action to take in the event of future issues occurring.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	28
Number of events that required action:	19
Explanation of any answers and additional evidence: The practice made use of the 'DOCMAN' system to collate and analyse significant events. The 'DATIX' system was also used for incidents requiring external notification. Significant events were discussed at GP meetings and disseminated through the DOCMAN system to all staff.	

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

Event	Specific action taken
Vaccine fridge failure	Failure of vaccine fridge thermostat. A number of patients were found to have received vaccinations and immunisations during this period. A full explanation and apology was offered, and they were re-vaccinated. The practice changed their processes, including the addition of another thermometer. Data loggers were downloaded three times weekly to closely monitor temperature patterns within the vaccine fridges. In addition, the amount of vaccine stock was reduced to avoid unnecessary overstocking.
Emergency medicines	Emergency medicines, used in the case of suspected heart attack had been used by one of the GPs, taken from the spare stock. The replacement medicines, which should have been in stock, could not be found. As a result, checking procedures were improved, and two additional replacement medicines were ordered and kept in stock to ensure any used stock could quickly be replenished.

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: Staff were able to describe recent patient safety alerts, and actions taken. We saw evidence that the information was logged on the DOCMAN system.	

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.	Partial
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
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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that clinical updates were included in GP meetings. Nursing staff did not attend these meetings. They told us they accessed updates via the clinical system or through their own mechanisms. Following receipt of the draft report, the practice informed us that all updates were accessible to all on their internal communications folder. Further, they told us the lead nurse was invited to attend practice meetings on a monthly basis, and cascaded relevant information to other members of the nursing team.</p>	

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)	0.85	0.76	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. 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.
- Before the inspection we sought feedback from a residential home for older people. They told us the service they received from the practice met the needs of their residents.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review. This was carried out in the month of their birthday. Those patients with more than one long-term condition were offered one appointment to discuss all their needs. Practice staff liaised with community health staff to co-ordinate care for those patients with more complex needs.
- Staff had received up to date and relevant training to enable them to carry out reviews in line with up to date guidance.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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) <small>(QOF)</small>	81.4%	76.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.8% (26)	8.2%	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) <small>(QOF)</small>	73.9%	75.1%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.9% (48)	7.2%	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)	86.0%	77.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.1% (55)	11.8%	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)	82.1%	74.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (28)	5.5%	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)	90.7%	85.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.6% (6)	9.6%	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)	85.3%	83.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (38)	3.1%	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)	85.8%	88.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (8)	6.0%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with, or above the World Health Organisation (WHO) targets.
- 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 monitored those children who were not presented for appointments in the practice or at secondary care appointments. Telephone or text contact was made to the family, and staff liaised with health visitors when appropriate.

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 influenzae type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (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 booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	90	96	93.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	89	96	92.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	89	96	92.7%	Met 90% minimum (no variation)

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.
- The practice had achieved the highest number of patients registered for online access in the Calderdale CCG area (49% of patients). We saw local quality dashboard document to confirm this. This enabled patients to book or cancel appointments and order repeat prescriptions.
- The practice had developed an MJOG (text reminder) app which was free to download for patients. They were encouraging uptake of this, which would remove the cost of text reminders to the practice, and would enable more information, including images, to be sent to patients.
- 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.

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Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	77.4%	77.5%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	58.6%	67.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	60.2%	59.1%	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)	69.2%	69.5%	71.3%	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)	34.2%	49.2%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way with palliative care and district nursing staff, providing personalised care to this group of patients.
- The practice participated in the Syrian Vulnerable Persons Resettlement Programme, and worked alongside support workers and other local support services to meet the specific needs of this group of patients.
- There were a number of military veterans registered at the practice, including those who had acted as interpreters during the Afghanistan conflict. These patients were identified and provided with additional support and information as appropriate.
- Those patients with learning disability were identified and a register held. Annual reviews were offered to review the needs of this group of patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

People experiencing poor mental health

Findings

- 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 smoking cessation services.
- There was a system for following up patients who failed to attend for administration of long-term medication to treat serious or enduring mental health conditions.
- When patients were assessed to be at risk of suicide or self-harm the practice had access to mental health crisis teams to provide urgent assessment and support.
- The practice was a 'dementia friendly' practice. 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.
- Practice staff had access to 'Insight' and other talking therapy services, and patients were referred, or able to self-refer to these services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.1%	88.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	13.4% (9)	12.9%	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)	90.2%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.0% (6)	11.9%	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)	83.9%	80.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (3)	6.7%	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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	554.48	Data unavailable	537.5
Overall QOF exception reporting (all domains)	4.8%	4.7%	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

- An audit had been carried out to review the number of patients being prescribed a combination of medicines used to treat depression, which had been found to cause heart arrhythmias (irregularity of heart beat). The practice was able to demonstrate a reduction in the numbers of patients being prescribed both medicines together. All affected patients had been contacted, alerts were placed on their records, and a discussion in relation to the suitability of this combination of medicines together had been discussed with all patients; with the aim of discontinuing this in all cases.

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. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence: The practice had a proactive approach to learning and training which helped to ensure staff were equipped to fulfil their role to the best possible standard. Staff at all levels were encouraged to undertake accredited training over a two-year period. All new recruits were advised of this expectation. A graduation ceremony was held each year to celebrate staff achievements.</p> <p>Staff appraisals were mostly up to date at the time of our visit. The practice manager and operations manager had their appraisal date planned for February 2019. There were plans in place to introduce a system of carrying out staff appraisals in the month of their birthday.</p>	

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)	Y
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 services.	Y
Explanation of any answers and additional evidence: District nursing staff were based within the practice premises, which enabled easy access to liaison and informal communication. In addition, three monthly multidisciplinary meetings were held with community staff to discuss complex cases and plan shared care arrangements, including end of life planning.	

Helping patients to live healthier lives

Staff were engaged 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:	
<p>Smoking cessation was offered in house by the practice nurse. Substance misuse services were available in the town centre, close to the practice site. A local authority 'Better Living' service offered weight management and exercise support.</p> <p>In addition, the practice held an annual 'Health Awareness Day', where health and community organisations supported practice staff to engage with patients around healthy lifestyle initiatives.</p> <p>New patient reviews were carried out, and patients were signposted to appropriate services according to their identified needs.</p> <p>The practice was part of Calderdale Group Practice. The group were looking towards matching staff skill mix across the group to help meet the needs of the population. Central systems, such as correspondence management systems were being looked into at the time of our visit.</p>	

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)	95.3%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (18)	0.6%	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: Verbal or implied consent was obtained for some procedures. Childhood vaccination and immunisation and surgical procedures required written consent which was scanned onto the patient record. Staff we spoke with demonstrated an awareness of additional considerations to be taken into account when seeking consent from minors, or patients who lacked capacity, and described appropriate actions to be taken in such cases.	

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
Explanation of any answers and additional evidence: A number of people of Syrian origin had settled in the area and were registered at the practice, as was a cohort of people previously acting as interpreters for the British army in Afghanistan. The practice had arrangements in place to ensure the additional vulnerabilities and needs of these patients were taken into consideration, and efforts made to provide any support required, such as face to face interpreters, or signposting to relevant local support services.	

CQC comments cards	
Total comments cards received.	7
Number of CQC comments received which were positive about the service.	6
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment card	Caring staff, and my current GP treats me with dignity and respect. However, it's difficult to get appointments and I now have to get two buses just to drop my prescription off.
Comment card	Staff were considerate and prompt.
Comment card	Friendly receptionist. My needs were responded to at the right time.

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
8450	302	119	39.4%	1.41%

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)	86.3%	91.4%	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)	87.3%	90.6%	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)	99.2%	96.6%	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)	86.8%	88.1%	83.8%	No statistical variation

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

Any additional evidence
The practice had a presence on social media. They used this platform as a means of gauging patient experience and gathering feedback. They had used this information to understand areas where more information was needed, for example, they had posted details of loneliness and mental health support strategies over Christmas, and placed information on their practice website to reinforce such issues. They told us they responded to all patient comments, both negative and positive.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice demonstrated their understanding of accessible standards requirements. Specific needs were identified at the point of registration, and in an ongoing manner. Alerts were placed on patient records to guide staff.</p>	

Source	Feedback
Interviews with patients.	<p>(1) Just registered at the practice. Has been supported to register for online access. Reception staff have been helpful. Not yet seen GP, nurse was very good.</p> <p>(2) Moved from Afghanistan three years ago. Easy to get appointments, but not always given antibiotics when I would like them.</p>

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient	91.4%	94.1%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)				

	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 easy read format	On request
Information about support groups was available on the practice website.	Y
Information leaflets could be requested in different language when needed. Staff were able to print information in larger font for patients with visual impairment. A hearing loop was available in the practice for patients with hearing impairment. One staff member was trained to level two British Sign Language interpreter.	

Carers	Narrative
Percentage and number of carers identified.	131 (2% of the practice population).
How the practice supported carers.	Patients were screened when registering as new patients. If they identified themselves as a carer they were given a carers' pack. A GP liaison worker was available from the local voluntary carers' association to provide advice and support as needed. The practice also shared the Calderdale Carers newsletter. Heath screening was carried out as part of the new patient check, with patients being signposted to other support agencies as required. An annual seasonal flu vaccination was also offered.
How the practice supported recently bereaved patients.	A letter was sent to the family of the deceased. Bereavement support information was provided at this time. Telephone calls were also made by the GPs when appropriate. Staff were supported by a 'death protocol' on the clinical system, which ensured all relevant agencies were informed of the death to prevent inappropriate contact being made by another agency.

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: Ambient music was played in the waiting area to help mask conversations. In addition, a notice was placed at the reception desk requesting patients stand back from the desk to respect the privacy of the	

person in front. A privacy screen had also been fitted to enhance confidentiality.

The practice was also in the process of acquiring a new telephone system, due to be installed in April 2019, which would be more intuitive and be able to recognise calls waiting and allow for easy diverting of calls to avoid the need for 'overspill' calls to be answered by the person on the front desk.

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	7am to 6.30pm
Tuesday	7am to 6.30pm
Wednesday	7am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday to Friday	Appointments were available throughout the day.
Extended Access Hub	In addition, patients were able to access appointments at another location via the extended access scheme, 6.30-8pm Monday to Friday, and weekends and bank holidays between 10am and 2pm.
Sharing records arrangements	The practice had access to the Medical Interoperable Gateway (MIG) which enabled practice staff to access the hospital system and vice versa. Out of hours information was shared via the data transfer system (DTS), and information migrated directly into the patient record.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8450	302	119	39.4%	1.41%

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)	98.8%	94.9%	94.8%	No statistical variation

Older people

Population group rating: **Good**

Findings

- Patients were supported by the practice team 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.
- Patients over 75 years were offered an annual holistic review, offered in the month of their birthday.
- We sought feedback from a residential home for older people before our inspection. They told us that, along with CCG 'Quest' matrons, they received a responsive and sensitive service from the practice. Quest matrons are a CCG funded service which provides regular input into residential and nursing homes for older people, and acts as a triage/liason service in partnership with GP practices.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment, offered in the month of their birthday.
- 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.
- Housebound patients were seen at home.

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.
- The practice met regularly with the health visiting team to discuss families with additional needs to plan and coordinate care.
- Congratulations new birth cards were sent upon the birth of a baby, giving information in relation to new baby checks and the childhood vaccination and immunisation programme.
- Patient advisors had received training which ensured unwell children were given same day access to a clinician.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Access to online services was available. The practice had registered 49% of their practice population for this service, this was the highest number in the CCG area. We saw a local quality dashboard document to confirm this.
- The practice was open from 7am on Monday, Tuesday and Friday, to accommodate working patients before normal working hours began.
- Repeat prescriptions, ordered before 12.30pm were issued on the same day. Those requested after 12.30pm were issued the following day.
- Pre-bookable appointments were also available to all patients at a nearby extended access service from 6.30pm to 8pm Monday to Friday, and from 10am to 2pm on weekends and bank holidays.

**People whose circumstances make them vulnerable
group rating: Good**

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Learning disabled patients were categorised as having mild, mild with complex needs, moderate or severe; and were reviewed at an annual holistic health check. Extended appointments were offered.
- People in vulnerable circumstances were easily able to register with the practice, including Syrian refugees and Afghan veterans. The needs of these patients were supported along with input from local community and voluntary groups.
- Staff had received training in domestic violence. Patients were signposted to Calderdale domestic abuse hub when appropriate for additional support.
- A carers' register was in place, and additional support was offered according to circumstances.

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

Findings

- Staff we spoke with demonstrated a good understanding of the complexities associated with enduring and severe mental health issues.
- The practice was accredited as a dementia friendly practice. There were systems in place to identify early onset signs of dementia and appropriate signposting was carried out. Annual dementia reviews were offered and non-attenders were followed up.
- The practice had access to additional support services such as 'Insight' for patients requiring psychological support.
- We sought feedback from a care home for people living with dementia before our visit. They told us the practice provided a responsive and proactive service to their residents.

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
<p>Explanation of any answers and additional evidence:</p> <p>An appointment protocol was in place. This guided reception staff in managing home visit requests. All requests were recorded for review by the GP on call, who triaged the patients and distributed any home visits to the most appropriate clinician.</p>	

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)	78.8%	76.2%	70.3%	N/A
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)	78.6%	73.6%	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)	71.9%	68.2%	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)	81.0%	78.9%	74.4%	No statistical variation

Any additional evidence or comments

The practice monitored patient survey results closely. They had noted that numbers of patients able to access their GP of choice had fallen from the year before. They investigated this, and found that a number of patients had self-directed to another clinician, being aware that their clinician of choice was not in work on a particular day.

Source	Feedback
NHS Choices	<p>(1) The staff have been excellent. I was well informed about the appointment, and was offered earlier appointments due to cancellations.</p> <p>(2) I do not attend the surgery very often, but when I do I cannot fault the service they provide.</p>

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We noted that correspondence to complainants did not include Parliamentary and Health Services Ombudsman (PHSO) details. The practice told us they would enhance patient experience of making a complaint by adding these details to correspondence in future.</p> <p>Although the summary of complaints, and the examples of complaints we viewed had not resulted in changes to practice procedures, we confirmed, from discussion with staff, that complaints were discussed in clinical meetings and actions were taken when appropriate to change or improve systems within the practice.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint in relation to being signposted to pharmacy for wasp sting which resulted in treatment at accident and emergency.	The practice reviewed the decision to signpost the individual to the pharmacy in this case, and found it to be appropriate.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y
Explanation of any answers and additional evidence: The leadership team was stable, with no imminent losses to the partnership in the practice in the pipeline. However, the leadership team demonstrated their awareness of the need to put succession plans in place for key staff.	

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 in place 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 developed a mission statement, with input from all staff during an away day: "Plane Trees Group Practice aims to provide excellent patient care in a happy working environment which values practice and personal development, respects people and is based on achievable and realistic goals".	

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: We heard of examples where staff behaviours inconsistent with the practice values were appropriately and sensitively handled.	

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

Source	Feedback
Staff member	Happy working environment. Listen to patients and staff.
Staff member	Caring, open, professional, trusted.

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.	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 practice made use of an inclusive document management system, 'DOCMAN' where policies, protocols and other internal practice documents, such as meeting notes, were stored. All staff had access to this system, at a level appropriate to their role and designation.	

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.	Y
There were processes in place 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
<p>Explanation of any answers and additional evidence: The practice list had recently reduced due to patient relocation or death. The practice was reviewing their options in relation to amendments to practice boundaries to help increase the list size. They identified external funding arrangements as a potential future risk, and engaged themselves in local opportunities and pilots in order to maximise funding when possible. Working at scale, as part of Calderdale Group Practice, was one such initiative.</p>	

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 held regular away days, where full staff engagement was encouraged. Staff views were sought, formally and informally, to help shape the future direction of the practice.	

Feedback from Patient Participation Group.

Feedback
Meetings have been less regular than previously, but there is regular email communication. The agenda is jointly developed and agreed, with standing items such as staffing, buildings, appointments, telephone system, with opportunity to discuss other matters. They have listened to patient feedback, for instance in relation to confidentiality at the reception desk, a privacy screen has been installed.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice placed a high emphasis on staff training and progress. Staff at all levels were supported to undertake accredited training, relevant to their role or planned development, every two years. This was further supported, as 50% of the time was reimbursed, with the remainder being taken in staff members' own time. Travel costs and the cost of the course was covered by the practice. The emphasis on staff development and training helped ensure that staff were able to fulfil their roles to the best possible standard.	

Examples of continuous learning and improvement

The practice benchmarked their performance against other practices in the Calderdale area, as part of the Performance Dashboard Quality Committee Performance Summary. We saw that across a number of indicators, including prescribing, referrals and other patient indicators, the practice had received a RAG rating of green across all indicators.

A number of staff held positions external to the practice in the local health economy, such as the LMC, Calderdale Group Practice and the CCG.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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:

<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.