

Care Quality Commission

Inspection Evidence Table

Abbey Road Surgery (1-539525756)

Inspection date: 17 January 2019

Date of data download: 09 January 2019

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 |
| 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). | Partial |
| 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 |
|--|-------------|
| <p>Staff had access to safeguarding e-learning modules and all clinical staff members had completed safeguarding training to the appropriate level for their role. However, during our inspection we found one non-clinical staff member had not completed safeguarding adults or children training. Shortly after our inspection, the practice provided us with evidence to confirm that this had now been completed.</p> | |

| Recruitment systems | Y/N/Partial |
|--|-------------|
| <p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p> | Y |
| <p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p> | Y |
| <p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p> | Y |
| <p>Staff had any necessary medical indemnity insurance.</p> | Y |

| Safety systems and records | Y/N/Partial |
|--|--------------------|
| There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 21/09/2018 | Y |
| There was a record of equipment calibration. Date of last calibration: 13/04/2018 | 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: 07/2018 | Y |
| There was a log of fire drills. Date of last drill: 10/01/2019 | Y |
| There was a record of fire alarm checks. Date of last check: 10/01/19 | Y |
| There was a record of fire training for staff. Date of last training: 03/2018 | Y |
| There were fire marshals. | Y |
| A fire risk assessment had been completed. Date of completion: 18/10/2018 | 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: 29/03/2017 | Y |
| Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 25/05/2017 | Y |

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. | Partial |
| Date of last infection prevention and control audit: 08/01/2019 | |
| 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 |
| <p>Explanation of any answers and additional evidence: Staff had access to e-learning modules and all of the staff we spoke with demonstrated an awareness of appropriate infection prevention and control (IPC) standards. All clinical staff members had completed IPC training to the appropriate level for their role. However, during our inspection we found three non-clinical staff members had not completed IPC training. Shortly after our inspection, the practice provided us with evidence to confirm that all staff members had now completed IPC training.</p> <p>An external contractor collected clinical waste from the practice on a weekly basis. A Legionella risk assessment was in place and the practice carried out water temperature checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p> | |

Risks to patients

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

| | Y/N/Partial |
|---|-------------|
| There was an effective approach to managing staff absences and busy periods. | 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 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 |
|--|---|

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 |

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) <small>NHS Business Service Authority - NHSBSA</small> | 1.10 | 1.00 | 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) <small>(NHSBSA)</small> | 7.4% | 8.9% | 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 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 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 for the safe ordering, receipt, storage, administration, balance checks | n/a |

| Medicines management | Y/N/Partial |
|---|-------------|
| 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 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 |

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: | 16 |
| Number of events that required action: | Six |

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

| Event | Specific action taken |
|---|---|
| Incorrect referral letter given to patient. | The practice had introduced an uncollected letter procedure to ensure uncollected patient letters were reviewed on a regular basis and returned to the referring GP for review. |
| Child immunisation appointment incorrectly scheduled. | Staff were reminded to carry out the necessary checks prior to scheduling an appointment for child immunisation. |

| 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: The practice had a clear process in place to ensure safety alerts were reviewed and a record was maintained of the action taken in response to alerts where appropriate. | |

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 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 |

| 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) <small>(NHSBSA)</small> | 1.47 | 0.67 | 0.81 | No statistical variation |

Older people

Population group rating: Good

| Findings |
|---|
| <ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. 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. |

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- 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.
- The practice had the highest local referral rate to the National Diabetes Prevention Programme for high risk patients during 2017/2018.

| 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> | 88.9% | 78.0% | 78.8% | No statistical variation |
| Exception rate (number of exceptions). | 27.4% (146) | 10.8% | 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> | 89.6% | 75.1% | 77.7% | No statistical variation |
| Exception rate (number of exceptions). | 6.0% (32) | 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) <small>(QOF)</small> | 80.2% | 79.6% | 80.1% | No statistical variation |
| Exception rate (number of exceptions). | 21.1% (112) | 12.7% | 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) <small>(QOF)</small> | 78.3% | 76.0% | 76.0% | No statistical variation |
| Exception rate (number of exceptions). | 2.0% (11) | 6.4% | 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) <small>(QOF)</small> | 91.6% | 91.7% | 89.7% | No statistical variation |
| Exception rate (number of exceptions). | 13.0% (23) | 13.1% | 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) | 86.5% | 81.8% | 82.6% | No statistical variation |
| Exception rate (number of exceptions). | 2.5% (31) | 3.6% | 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) | 86.2% | 90.1% | 90.0% | No statistical variation |
| Exception rate (number of exceptions). | 3.3% (3) | 5.2% | 6.7% | N/A |

Any additional evidence or comments

During our inspection we checked a sample of records for patients with diabetes, and found all of these patients had received appropriate reviews or had been invited for a review. Exception reporting was higher than local and national averages for some diabetes indicators. However, the documents we reviewed demonstrated that this was due to patients reaching their maximum tolerated dose (the highest dose of a medicine or treatment that does not cause unacceptable side effects). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with 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 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.

| 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) | 104 | 113 | 92.0% | Met 90% minimum (no variation) |
| The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England) | 110 | 118 | 93.2% | Met 90% minimum (no variation) |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England) | 110 | 118 | 93.2% | 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) | 110 | 118 | 93.2% | 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.
- A health and wellbeing specialist from the local public health team held a weekly session at the practice and provided information and advice about diet management, they also provided motivational and behavioural support.
- 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.

| 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) (01/04/2017 to 31/03/2018) (Public Health England) | 69.5% | 75.0% | 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) | 70.4% | 72.3% | 70.1% | 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) | 47.6% | 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. (01/04/2017 to 31/03/2018) (PHE) | 72.7% | 62.6% | 70.3% | 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) | 61.3% | 55.7% | 51.9% | No statistical variation |

Any additional evidence or comments

The practice had undertaken clinical audits on the number of two week wait cancer referrals. These audits resulted in the practice increasing the number of referrals made and detection rates.

The practice had introduced alerts to their clinical system in order to identify relevant patients and encourage uptake to national screening programmes. Clinical staff opportunistically encouraged patients to attend and the practice promoted national screening campaigns and displayed information in patient waiting areas.

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 homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. The

practice provided a shared care scheme with a local drug and alcohol service which provided a weekly clinic at the practice.

- The practice reviewed young patients at a local residential home.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

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 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice referred patients to a pilot project in place to improve the diagnosis of dementia. A weekly clinic was held at a local community hospital.

| 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) | 95.6% | 91.1% | 89.5% | No statistical variation |
| Exception rate (number of exceptions). | 5.6% (4) | 13.6% | 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) | 97.1% | 93.0% | 90.0% | No statistical variation |
| Exception rate (number of exceptions). | 4.2% (3) | 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) | 83.3% | 82.7% | 83.0% | No statistical variation |
| Exception rate (number of exceptions). | 6.7% (3) | 7.9% | 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) | 558.8 | 540.7 | 537.5 |
| Overall QOF exception reporting (all domains) | 7.1% | 5.2% | 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:

The practice routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements. For example, the practice undertook an audit on patients with type two diabetes receiving cholesterol lowering medicine. This audit was repeated and the results showed the practice had improved the number of these patients receiving a statin. (Statins are a group of medicines that can help lower the level of low-density lipoprotein (LDL) cholesterol in the blood).

The practice had completed an audit on the number of adult patients that had been prescribed a prolonged course of prophylactic antibiotics and had experienced a re-occurring urinary tract infection. (Antibiotics are sometimes given as a precaution to prevent, rather than treat, an infection. This is known as antibiotic prophylaxis). This audit was repeated and the results showed the practice had reduced the number of patients receiving these antibiotics by 75%.

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. | Partial |
| 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 |

Explanation of any answers and additional evidence: The practice had a programme of learning and development and staff members attended local Clinical Commissioning Group (CCG) led training days which were held on a quarterly basis. However, at the time of inspection the practice was unable to demonstrate how they ensured learning was completed for all staff members in a timely manner. For example, during our inspection we found gaps in staff training records for three non-clinical staff members. Shortly after our inspection, the practice provided us with evidence to confirm that these staff members had now completed the training required for their roles.

Senior staff at the practice told us that there was protected time in place for staff learning and

development. However, during our inspection two non-clinical staff members told us that they did not have protected time for learning and development.

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 three 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 |
| 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: The practice worked closely with a multi-disciplinary rapid response service in place to support older people and others with long-term or complex conditions to remain at home rather than going into hospital or residential care. | |

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 |

| Smoking Indicator | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of patients with any or any combination of the following conditions: | 97.9% | 94.8% | 95.1% | No statistical variation |

| | | | | |
|---|--------------|------|------|-----|
| 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) <small>(QOF)</small> | | | | |
| Exception rate (number of exceptions). | 0.6% (13) | 0.6% | 0.8% | N/A |

Any additional evidence or comments

A smoking cessation clinic was held at the practice on a weekly basis.

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 |

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: During our inspection we observed that staff members displayed a kind and caring approach towards patients. | |

| CQC comments cards | |
|--|------|
| Total comments cards received. | 12 |
| Number of CQC comments received which were positive about the service. | 12 |
| Number of comments cards received which were mixed about the service. | Zero |
| Number of CQC comments received which were negative about the service. | Zero |

| Source | Feedback |
|---|--|
| CQC comment cards | Patient comments demonstrated that they felt all staff were helpful, caring and treated them with dignity and respect. |
| Patient Participation Group members (PPG) | Feedback from PPG members showed that they felt staff treated them with dignity and respect and were kind and caring. |

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 |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 9157 | 335 | 92 | 27.5% | 1.00% |

| 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) | 80.8% | 87.1% | 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) | 80.8% | 85.9% | 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) | 95.2% | 95.6% | 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) | 74.3% | 81.0% | 83.8% | No statistical variation |

Any additional evidence or comments

The practice reviewed the results from the National GP Patient Survey and also carried out their own patient survey on a regular basis. National GP Patient Survey results were discussed with all practice staff and the practice took steps to make improvements where required.

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

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 |
| Explanation of any answers and additional evidence: The practice displayed information about local services and available support. The practice participated in a local social prescribing scheme and a session was held at the practice monthly. The practice referred patients directly to the service and had supported patients in areas such as accommodation and occupational therapy. (Social prescribing involves helping patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or a local charity). | |

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) | 94.8% | 93.5% | 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 an electronic check-in desk which was available in different languages. | |

| Carers | Narrative |
|--|--|
| Percentage and number of carers identified. | The practice held a register of carers, with 187 carers identified, which was approximately 2% of the practice list. |
| How the practice supported carers. | The practice's computer system alerted staff if a patient was also a carer. The practice had a dedicated carers noticeboard in the patient waiting area and a member of the administration team acted as a carers' champion. Staff worked with local organisations and provided information about services offering support to carers. |
| How the practice supported recently bereaved patients. | Staff told us that if families had experienced bereavement a GP contacted them and arranged a visit or discussed the services available to support them. |

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: Staff recognised the importance of patients' dignity and respect. However, the size of the reception area meant that there was a lack of privacy when patients spoke with reception staff. | |
| Staff were aware of this and made efforts to maintain privacy and confidentiality. A notice was displayed | |

in the reception area to promote patient confidentiality.

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 |
| Explanation of any answers and additional evidence: The practice participated in the local area winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice, including during the out of hours period, for an urgent appointment rather than travel to the local A&E department. The practice had offered 1,040 additional appointments between November 2017 and April 2018 and had seen 962 additional patients during this time. | |

| Practice Opening Times | |
|-------------------------|-------------------------|
| Day | Time |
| Opening times: | |
| Monday | 8am – 6.30pm |
| Tuesday | 8am – 6.30pm |
| Wednesday | 8am – 6.30pm |
| Thursday | 8am – 6.30pm |
| Friday | 8am – 6.30pm |
| Appointments available: | |
| Monday | 9am - 1pm and 3pm - 5pm |
| Tuesday | 9am - 1pm and 3pm - 5pm |
| Wednesday | 9am - 1pm and 3pm - 5pm |
| Thursday | 9am - 1pm and 3pm - 5pm |
| Friday | 9am - 1pm and 3pm - 5pm |

National GP Survey results

| Practice population size | Surveys sent out | Surveys returned | Survey Response rate% | % of practice population |
|--------------------------|------------------|------------------|-----------------------|--------------------------|
| 9157 | 335 | 92 | 27.5% | 1.00% |

| 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) | 93.3% | 94.1% | 94.8% | No statistical variation |

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice was able to offer home visits via the Acute In-Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.
- Named GPs carried out a weekly visit to a local care home for continuity of care. We spoke to a senior staff member who described the service provided as good and responsive to needs of their residents.
- In recognition of the religious and cultural observances of some patients, the GPs would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Outstanding

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice held regular meetings 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.
- The practice had commenced afternoon open sessions for patients with long-term conditions. The practice targeted frequent attenders and held a session on diabetes in September 2018. The purpose of this session was to raise awareness of diabetes, its prevention and complications and the care that people with diabetes require. This session was hosted by GPs, nurses, senior staff

and administrative staff members and was attended by 17 patients. Patients received health checks, health reviews and flu vaccinations. Six patients were referred to secondary care services. All 17 patients completed a feedback form and 16 patients said that they felt there was more support available to them to manage their diabetes. Thirteen patients said they felt more confident in managing their diabetes.

- The practice held a session in October 2018 for patients with COPD. This session was attended by 18 patients and seven patients were referred to secondary care services. All 18 patients completed a feedback form and said that they felt there was more support available to them to manage their COPD. Seventeen patients said they felt more confident in managing their COPD.
- A multi-disciplinary session for patients with hypertension was also held in October 2018. This session was attended by 11 patients and four patients were referred to secondary care services. All 11 said that they felt there was more support available to them to manage their hypertension and that they felt more confident in managing their hypertension.
- The practice held a session in November 2018 for patients with asthma. This session was attended by 14 patients. One patient was referred to a secondary care service. Seven patients completed a feedback form and six patients said that they felt there was more support available to them to manage their asthma. Five patients said they felt more confident in managing their asthma.
- The practice was planning on holding further sessions for patients who frequently attended the practice and were considering sessions on dementia and regular A&E attendees.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 6.30pm on a Thursday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A community midwife held a clinic at the practice on a weekly basis.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered yellow fever vaccination centre.

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.
- An electronic prescribing service (EPS) was available which enabled GPs to send prescriptions

electronically to a pharmacy of patients' choice.

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice nurse offered an in-house phlebotomy service and was able to take blood samples from patients for the required testing.
- Pre-bookable appointments were also available to all patients at a local GP practice within the area, as the practice was a member of a GP federation. Appointments were available from 6.30pm to 8pm weekdays and from 8am to 12pm on Saturdays and Sundays.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 25 patients on their learning disability register and had completed 21 health checks with these patients since April 2018.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had implemented a coding and alert system to ensure staff members were able to identify and support vulnerable patients.

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.
- The practice referred patients to the Improving Access to Psychological Therapies (IAPT) team and encouraged patients to self-refer.

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: The practice provided a telephone triage and call back service led by a duty doctor. All home visit requests were clinically assessed by a duty doctor. | |

| 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) | 53.8% | 63.5% | 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) | 59.9% | 63.0% | 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) | 53.5% | 59.5% | 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) | 68.5% | 71.5% | 74.4% | No statistical variation |

Any additional evidence or comments

The practice monitored the results from the National GP Patient Survey and had taken steps to make improvements where required. For example, the practice had increased the number of staff members managing incoming telephone calls during busy periods and were in the process of upgrading their telephone system to enable more people to be held in a queue position. The practice had also increased time for administrative tasks to ensure clinics ran on time.

| Source | Feedback |
|-------------------|---|
| CQC comment cards | Patients were positive about the care and treatment received. Patients commented that they received timely care and were satisfied with the service provided. |

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. | Five |
| Number of complaints we examined that were satisfactorily handled in a timely way. | Five |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman. | Zero |

| | 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: Information about how to make a complaint or raise concerns was available and it was easy to do. The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. | |

Example(s) of learning from complaints.

| Complaint | Specific action taken |
|--|--|
| Dosage change to a patient's medicine without them being informed. | Practice policy updated to ensure medicine changes made in response to safety alerts will be explained in a letter to the patient if they are uncontactable via telephone. |

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. | Partial |
| There was a leadership development programme, including a succession plan. | Y |
| Explanation of any answers and additional evidence: All of the staff we spoke with told us that the GPs were approachable. The majority of staff members told us that senior practice staff were visible and approachable. However, some staff members told us that they had experienced some difficulties with senior practice staff and this was having an impact on their work. | |

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 |

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. | Partial |
| 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: During our inspection, we found that a recent staff related issue had caused some negativity within the practice. Senior staff had taken some steps to improve staff morale and acknowledged that they needed to do more work in relation to this. | |

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

| Source | Feedback |
|------------------|--|
| Staff interviews | The majority of staff we spoke with told us that there was a good relationship with staff and managers and they were able to raise concerns and report when things went wrong. |

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: Structures, processes and systems to support good governance and management were clearly set out, understood and effective. All of the staff members we spoke with told us that there were clear roles and responsibilities in place. | |

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 |

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 |
| 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 |

Feedback from Patient Participation Group.

| Feedback |
|---|
| Members of the Patient Participation Group told us that they worked closely with the practice and their suggestions to improve patient access and experience had been acted on. |

Continuous improvement and innovation

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

| | Y/N/Partial |
|---|-------------|
| There was a strong focus on continuous learning and improvement. | Y |
| Learning was shared effectively and used to make improvements. | Y |
| Explanation of any answers and additional evidence: The practice monitored performance and had improved their programme of clinical audits. The practice was proactive in encouraging uptake to national screening programmes and had arranged for patients to have their screening carried out at an alternative location, which resulted in less travelling for patients and an increase in uptake. The practice was innovative in educating and supporting patients with long-term conditions and participated in local projects and initiatives to improve outcomes for the local population. | |

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.
- 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.