

# Care Quality Commission

## Inspection Evidence Table

### ICO Health Group - Chinbrook Surgery (1-541888168)

Inspection date: 21 February 2019

Date of data download: 19 February 2019

## Overall rating: add overall rating here

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

**Safe**

**Rating: Good**

#### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<ul style="list-style-type: none"><li>The practice had clinical leads and deputy leads for both child and adult safeguarding.</li><li>All staff received regular training on safeguarding with non-clinical staff being trained to level 1</li></ul>	

Safeguarding	Y/N/Partial
<p>and all clinical staff being trained to level 3.</p> <ul style="list-style-type: none"> <li>Enhanced DBS checks were undertaken on all staff.</li> <li>We saw evidence that all policies were reviewed on an annual basis and that they were available to staff via a shortcut on the desktop of each computer.</li> <li>Regular meetings were held. These included monthly clinical meetings and six weekly safeguarding meetings attended by health visitors, district nurses and social workers.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance. Certificates seen for all clinicians.	Yes
<ul style="list-style-type: none"> <li>All staff (including non-clinical staff) had been offered Hepatitis B and MMR vaccinations. This, and the immunisation status for all clinicians was recorded.</li> <li>Annual professional registration checks were undertaken to ensure that all clinicians were appropriately qualified and registered with their regulatory bodies. We saw evidence of this and that appropriate indemnity cover was in place for all clinical staff.</li> </ul>	

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 October 2018	Yes
There was a record of equipment calibration. Date of last calibration: 5 April 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 15 January 2019	Yes
There was a log of fire drills. Date of last drill: 7 February 2019 - monthly	Yes
There was a record of fire alarm checks. Date of last check: 15 January 2019 - annually	Yes
There was a record of fire training for staff. Date of last training: 4 January 2019	Yes

There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 30 August 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> <li>The cleaning company carried out COSHH assessments on their cleaning products and safety data sheets for all products were seen in the cleaning cupboard.</li> <li>Fire drills were carried out monthly but the fire alarm was only tested when the alarm company carried out annual servicing of the system.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 30 August 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 30 August 2019	Yes

### Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 13 December 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
After the recent infection control audit, the chairs in the waiting room were replaced with seats which had material that could be easily wiped clean in the event of soiling. All the sealing strips between the floors and the walls were also replaced.	

### Risks to patients

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

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

unwell patient and had been given guidance on identifying such patients.	
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or another clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<ul style="list-style-type: none"> <li>• Staff could cross cover and support colleagues in the event of unplanned absences.</li> <li>• We saw evidence of individual role based induction checklists.</li> <li>• All clinicians have had sepsis training and we saw an observation list for signs of sepsis which was kept in reception. All reception staff also knew how to react to patients presenting with, or developing, chest pain or shortness of breath.</li> </ul>	

### 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The 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.	Yes
<ul style="list-style-type: none"> <li>• All new patient records were safely processed and the practice had a dedicated staff member who summarised all new patient records.</li> <li>• There was a buddy system in place to cover if a GP was on annual leave or there were unplanned absences. This ensured that all test results, letters, etc. were always dealt with promptly and without delay.</li> <li>• The practice recorded urgent referrals on a spreadsheet kept by practice. The appointment was booked by the secretary, in consultation with patient, either at the time of the referral letter being done or within 24 hours. The spreadsheet is regularly checked by the secretary to ensure that, not only has the appointment been made, but that the patient has attended. If not, the secretary would contact the patient.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.87	0.73	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)	7.0%	9.5%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	6.61	5.78	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	3.42	1.95	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes

Medicines management	Y/N/Partial
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We examined the emergency drugs box and found that it did not contain some recommended medicines, or risk assessments to justify why they were not present. These included Glycerol trinitrate (GTN), a spray used to relieve angina (chest pain); Hydrocortisone which is used to treat a variety of skin conditions (e.g. insect bites, poison oak/ivy, eczema, dermatitis, allergies, rash, etc.) by reducing the swelling, itching, and redness that can occur in these types of conditions, and furosemide which is used to reduce extra fluid in the body (edema) caused by conditions such as heart failure, liver disease, and kidney disease. It can also lessen symptoms such as shortness of breath. We were subsequently told that the GTN spray was stored in a drugs cabinet which was separate from the main emergency drug box.</li> <li>Serial numbers of prescriptions were recorded when they arrived at the surgery and prescriptions were securely stored. However, serial numbers were not subsequently recorded when used in consulting rooms, treatment rooms, etc. The practice has since revised their recording procedures to include this detail.</li> <li>The practice employed a part-time pharmacist adviser who dealt with discharge summaries, prescription queries, repeat medication requests and medication reviews.</li> </ul>	

## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	11
Number of events that required action:	11

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

Event	Specific action taken
<p>On opening the surgery one morning it was noted that the power was off. On restoring the power, it was seen that the temperature of the vaccine fridge was above eight degrees centigrade.</p>	<p>The power was reset and enquiries commenced as to whether the efficacy of the vaccines had been compromised. Vaccination clinics due to take place that day were cancelled.</p> <p>Following due diligence enquiries, the vaccines were disposed of.</p> <p>Further enquiries revealed that the alarm company were aware that the power had been cut off at 11pm the previous day but did not have a current contact number to alert staff. Updated contact lists were circulated so that, if the situation reoccurred, staff could be alerted and take appropriate action.</p>
<p>Whilst conducting a routine stock check, it was noted that a medicine had passed its use by date.</p>	<p>All rooms were checked and further expired medicines were found. These were disposed of and replacements ordered.</p> <p>A new checking procedure was introduced and it was agreed that the Practice Manager would be made aware of any medicines that were within three months of their expiry date, so that replacements could be ordered prior to the expiry dates of existing stock.</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Yes</p>
<p>Staff understood how to deal with alerts.</p>	<p>Yes</p>
<ul style="list-style-type: none"> <li>• Safety alerts arrived via email to the practice manager who then distributed them to GPs and the practice's clinical pharmacist. GPs reported back if a search was needed and the pharmacist would review all medication alerts and deal with patient searches, etc. A spreadsheet was kept which listed all the alerts and actions taken so that it could be reviewed at any time and discussed in clinical meetings.</li> <li>• Recent safety alerts that we were shown included one concerning the short supply of EpiPens, whereby the shelf life had been extended. Patients had been contacted and made aware of this.</li> </ul>	

## 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. Discussed in clinical meetings. Email updates from NICE	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Email updates were received from The National Institute for Health and Care (NICE) and these were discussed in clinical meetings.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.41	0.44	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- 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.
- 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>	74.0%	76.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.7% (52)	11.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.0%	79.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.8% (45)	9.1%	9.8%	N/A
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>	78.3%	78.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.7% (68)	11.2%	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	75.4%	75.0%	76.0%	No statistical variation

RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	1.9% (12)	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) <small>(QOF)</small>	91.4%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.1% (22)	9.4%	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) <small>(QOF)</small>	79.8%	81.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.1% (33)	5.3%	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) <small>(QOF)</small>	95.7%	87.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.0% (8)	9.6%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Childhood immunisation uptake rates for 2017-2018 were slightly below the World Health Organisation (WHO) targets. The practice was aware that they had missed the target rates by not being able to vaccinate between five and seven children. A more robust recall system had been introduced and unverified data showed that the practice was now achieving the target figures for 2018-2019.</li> <li>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.</li> <li>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.</li> <li>Young people could access services for sexual health and contraception.</li> </ul>

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)	102	119	85.7%	Below 90% minimum (variation negative)
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)	114	135	84.4%	Below 90% minimum (variation negative)
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)	115	135	85.2%	Below 90% minimum (variation negative)
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)	118	135	87.4%	Below 90% minimum (variation negative)

### Working age people (including those recently retired and students)

### Population group rating: add rating here

Findings
<ul style="list-style-type: none"> <li>The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>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.</li> <li>Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> </ul>

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)	67.3%	69.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer	66.9%	65.2%	70.5%	N/A

in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>				
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) <small>(PHE)</small>	36.8%	44.1%	55.1%	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) <small>(PHE)</small>	66.7%	79.3%	70.5%	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) <small>(PHE)</small>	52.4%	61.6%	51.9%	No statistical variation

### Any additional evidence or comments

- The practice was aware that their cervical cancer screening figures were slightly below national averages and below the NHS England 80% coverage target but had taken steps to address this by appointing a “Cytology Champion” who had been very active in recalling patients and contacting non-responders. They had also checked patient records to confirm that information contained had been correctly coded. As a result of this proactive approach, unverified data for the current QOF year showed that their screening rate had increased and, at the time of inspection, was 78%.
- The practice was also aware that their cancer screening and review rates were below the local and national averages but we saw evidence to show that one of the local hospitals had an intensive regime of treatment and follow up and that patients stayed under the care of the oncologist. Despite this, the practice had also recently appointed a “Bowel Screening Champion” who would be following up non-responders to bring these figures in line with local and national averages. They had also completed an audit in November 2018 which had resulted in an increased uptake by recalling patients who did not attend for screening.

### People whose circumstances make them vulnerable

Population group rating: **Good**

#### Findings

- End of life care was delivered in a coordinated way which considered 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.

### 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.
- All staff had received dementia training in the last 12 months.

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) <small>(QOF)</small>	84.0%	90.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.3% (17)	10.7%	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) <small>(QOF)</small>	94.2%	90.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.2% (8)	8.1%	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) <small>(QOF)</small>	84.4%	86.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	13.5% (7)	4.5%	6.6%	N/A

#### Any additional evidence or comments

- Although comparable with local and national averages as regards completing comprehensive care plans for patients with schizophrenia, bipolar affective disorder and other psychoses the practice had a high exception reporting rate. This was because the practice found it very difficult to engage with some of this cohort despite contacting them via phone and letter. Reviews were done opportunistically when patients presented.
- Similarly, the practice was comparable with local and national averages for completing care plans for patients diagnosed with dementia but had a relatively high exception reporting rate. We saw evidence to show that this was due to not calling in palliative care patients and those at end of life.

## 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)	545.0	543.6	537.5
Overall QOF exception reporting (all domains)	4.5%	5.5%	5.8%

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

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

<ul style="list-style-type: none"> <li>An audit was performed in Oct 2017 to see how many patients were being prescribed Omega-3 fatty acid medications. At the time, it was identified that of the 26 patients being prescribed Omega-3 fatty acid medications, 20 of them were not being prescribed in line with NICE guidelines. These patients had their prescriptions stopped with written information sent to them about the reasons for doing so.</li> </ul> <p>A second cycle audit was completed in December 2018 where it was then found that of the 11 patients being prescribed Omega-3 fatty acid medications, two were not being prescribed in line with NICE guidelines.</p> <p>The results of this audit were shared with clinical staff and it was shown that Omega-3 medication can be prescribed by the practice in a cost-effective manner, because of the demonstrable improvement in the preceding 12 months of prescribing this medication in accordance with NICE guidelines.</p> <ul style="list-style-type: none"> <li>In September 2018, an audit search was performed showing the number of patients that had been provided with advice about the NHS bowel cancer screening programme by either a standard letter sent to the patient to encourage participation in the screening, or by a consultation with the GP who had discussed bowel screening with the patient. This search looked patients receiving this advice during the previous month.</li> <li>This was discussed with clinicians at the practice and they were advised to try to offer bowel screening advice to all relevant patients (as highlighted within EMIS Web). The relevant code was discussed with GPs. In addition, the admin team began to send letters to patients that had missed their screening invitation (as the surgery was informed from the screening hub about these patients) to explain the purpose of the screening and a recommendation from the GP to participate in screening for early detection of bowel cancer.</li> </ul> <p>A further audit was completed during November 2018 which revealed that the intervention from the practice had increased the number of eligible patients who had been offered advice about</p>
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the NHS bowel cancer screening programme from 8 to twenty nine. It was hoped that this would result in an increased uptake and these results would be further monitored to ensure this was so.

### 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none"> <li>Practice staff were given protected time to complete training or could access on-line training at home if they wished. They would be reimbursed for this.</li> <li>All staff received annual appraisals and we saw evidence that staff had received appraisals during the last 12 months.</li> </ul>	

### Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective	Yes

processes to make referrals to other services.	
The practice was working with NHS Lewisham CCG, and was a pilot site for the introduction and usage of an app called "Ask NHS GP". This app is a new app commissioned by NHS Lewisham CCG to help patients get the right healthcare they need at the right time. Using the app can help patients take more control of their own health and allows them to get the right service when they need it. For patients that need to see a GP they can get access via a mobile phone or smart device.	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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) <small>(QOF)</small>	99.0%	94.9%	95.1%	Variation (positive)
Exception rate (number of exceptions).	0.2% (6)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. Examples given about discussing capacity with carers, families, etc.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Staff were aware of the need to request consent to share records with referrals in line with General Data	

Protection Regulation principles.

## 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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	27
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient interviews	Patients told us the service was excellent service and overall patients were treated with care, concern and respect.
Comment Cards	<p>Several comment cards described the service as excellent and that staff are very caring and polite. Access to emergency appointments was said to be good and that children were always given priority. Patients were happy with the standard of care provided and said that clinical staff listened to them and that they were treated with respect and dignity.</p> <p>The comment cards that contained mixed reviews described it difficult to get through on the phone first thing in the morning and that there was sometimes a long wait to be seen by the clinician once they arrived at the surgery.</p>

### 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
10446	427	115	27%	1.10%

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	87.3%	87.7%	89.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	80.2%	85.8%	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)	93.6%	95.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	76.8%	82.0%	83.8%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> <li>Although aware of the results of GP survey, which were generally higher than local and national averages, the practice carried out its own satisfaction survey to identify further areas where they could improve, and to check on improvements in progress.</li> <li>At the time of the inspection the patient Participation Group (PPG) was carrying out an “end of year survey” report, the results of which, would be discussed with the practice. This was advertised in the PPG newsletter with questionnaires available in the surgery.</li> </ul>

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<ul style="list-style-type: none"> <li>The practice has a carers Champion and they recently held a Carer’s Morning which was proved to be a great success with many carers in attendance plus support organisations such as Lewisham Carers. It will be held every three months.</li> <li>They also run a “Warm Wednesday Welcome” to which anyone over the age of 60 is invited and where they can meet new people and have a chat over a cup of tea. This takes place every month</li> </ul>	

and has been a success by increasing the wellbeing of the patients and reducing the workload for the clinicians.

- There is a wipe board in reception which is used when communicating with deaf patients.

## 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)	85.6%	92.1%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 248 patients as carers. This represented 2.4% of the practice list size.
How the practice supported carers.	Carer status is flagged up on the patient record and support is offered. This includes signposting them to support groups and access to advice; seasonal flu vaccinations; health reviews and access to the practice carers champion.
How the practice supported recently bereaved patients.	Contact would be made with the family and support offered. The practice would signpost them to other support services as appropriate.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<ul style="list-style-type: none"> <li>• Reception computers were shielded from the patients/public view.</li> <li>• Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed</li> </ul>	

they could offer them a private room or area to discuss their needs.

- Patients told us their privacy and dignity was respected by staff.

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes

### Practice Opening Times

Day	Time
Opening times:	
Monday	8am to 1pm; 3pm to 6:30pm
Tuesday	8am to 1pm; 3pm to 6:30pm
Wednesday	Closed all day
Thursday	8am to 1pm; 3pm to 6:30pm
Friday	8am to 1pm; 3pm to 6:30pm
Appointments available:	
Monday	8:30am 12:50pm; 3pm to 5:50pm
Tuesday	8:30am 12:50pm; 3pm to 5:50pm
Wednesday	Closed all day
Thursday	8:30am 12:50pm; 3pm to 5:50pm
Friday	8:30am 12:50pm; 3pm to 5:50pm

Although the practice was closed on Wednesday, appointments were available at the practice's other locations. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. These appointments were available, seven days per week, between 8am and 8pm.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10446	427	115	27%	1.10%

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)	91.4%	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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.

## People with long-term conditions

## Population group rating: Good

### Findings

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

## Families, children and young people

## Population group rating: Good

### Findings

- Additional appointments were available out of school hours 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.

## 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.
- Although the practice was closed on Wednesday, appointments were available at the practice's other locations. Pre-bookable appointments were also available to all patients at additional

locations within the area, as the practice was a member of a GP federation. These appointments were available, seven days per week, between 8am and 8pm.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held registers of patients living in vulnerable circumstances which could include homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Staff were trained to identify signs of domestic abuse.

**People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

**Findings**

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

**Timely access to the service**

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

National GP Survey results

	<b>Y/N/Partial</b>
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Under five year old children were always seen on the day and the clinical pharmacist was involved in triage and care navigation so that patients were dealt with appropriately. The pharmacist would gather detailed information from the caller and, in some instances, the medical query could be dealt with on the phone. If not, an appointment would be made for the caller to see a GP or nurse, either that day or on a future date depending on the urgency.	

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)	62.9%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	57.8%	65.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	51.1%	65.4%	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)	71.4%	71.7%	74.4%	No statistical variation

#### Any additional evidence or comments

The practice was aware of the National GP Patient Survey results regarding access and were looking at ways to improve their phone system and were by making more staff available at peak times.

#### 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.	6
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.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained that they were not being prescribed their medication because they had not brought certain	The prescribing guidelines for this medicine were explained to the patient and that without the correct documentation it was unsafe to continue prescribing. Because of this

documentation with them.	complaint it was decided to display more informational material so that all patients on this medication were aware of what they needed to do and the reasons why.
A patient complained that they had been removed from the practice list.	Upon investigation it was found that the request had come from NHS England due to non-response to mail sent to the patient. The patient was readmitted to the practice list and a decision was made to include information in the registration pack and in the reception area on how the registration and removal system works in primary care.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Members of staff we spoke with reported an open-door policy at the practice and told us they felt able to speak to members of the leadership team at any time.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

### Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
We were shown evidence of compliance with the duty of candour where a medicine that was one day out of date was administered to a child. The parents were subsequently informed.	

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

Source	Feedback
Staff	Members of staff we spoke with told us they were very happy working at the practice, morale was high and they felt well supported by the whole staff team.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Job descriptions were updated as part of appraisal so that they were current and relevant.	

### Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Clinical and internal audit was being carried out and, although we saw some evidence of quality improvement as a result, most of the audits were single cycle.	

### 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
The PPG produce a newsletter which contains details of the surgery and the services that are offered. Feedback from the PPG reflects a positive feeling towards the practice and its staff. They are committed to working with the practice to and to give the patients a voice to improve services.

## Continuous improvement and innovation

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

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

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
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.