

Care Quality Commission

Inspection Evidence Table

Cornerways Medical Centre Ltd (1-528063790)

Inspection date: 27 February 2019

Date of data download: 15 February 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.	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

Safeguarding	Y/N/Partial

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.	Yes

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: 30/11/2018	Yes
There was a record of equipment calibration. Date of last calibration: 12/10/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. Assessment was dated: 04/04/2018	Yes
There was a fire procedure. One for the practice and another for the building dated: 31/10/2018	Yes
There was a record of fire extinguisher checks. Date of last check: 15/10/2018	Yes
There was a log of fire drills. Date of last drill: 31/10/2018	Yes
There was a record of fire alarm checks. Date of last check: 06/06/2018 (maintenance) also weekly checks logged every Friday morning.	Yes
There was a record of fire training for staff. Date of last training:	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 31/10/2018	Yes
Actions from fire risk assessment were identified and completed.	N/A
Explanation of any answers and additional evidence: There were no recommendations from the fire risk assessment.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 03/01/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 03/01/2019	Yes
Explanation of any answers and additional evidence: The practice was part of the NHS Zero tolerance scheme which meant they were expected to accept applications from and treat patients who were difficult to place elsewhere. In response the provider had taken advice from a specialist company in relation to the security of the premises and protecting staff and patients. Safeguards include CCTV; panic alarms; safety drills; staff training; and a change in how staff were deployed.	

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: 22/08/2018	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
The provider did not have ready access to information about the immunisation status for all staff or insurance indemnity certificates.	

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 unwell patient and had been given guidance on identifying such patients.	Yes
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

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

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>	0.88	1.13	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>	6.5%	8.2%	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) <small>(NHSBSA)</small>	4.92	5.41	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) <small>(NHSBSA)</small>	3.03	2.77	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.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	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	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Yes
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

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: Jan18-Dec18-35; Jan19-Feb19-3	Yes
Number of events that required action: 38	Yes
Explanation of any answers and additional evidence: The provider had ensured staff were provided with	

information about what needed to be reported including near misses. All staff reported and recorded matters which were considered an incident, either written or verbally. Verbal reports were made to the manager of the department involved who then made a written record. All incidents were reviewed and an appropriate investigation made depending on the serious of the incident. Serious incidents included a root cause analysis which also looked at the circumstances leading to an incident. Incidents were initially discussed at daily meetings which included all staff; and updates about what was learnt was given at monthly clinical; administration and practice meetings. Incidents were periodically reviewed and themes or commonalities were looked for. A written report which included information about all incidents; themes and learning had been presented to the senior managers of the service.

Written feedback was provided to all stakeholders and duty of candour responsibilities was upheld.

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

Event	Specific action taken
Dealing with difficult behaviour	All incidents had been reviewed and themes established included; which population groups had been the common cause had been frustration over the application of specific policies i.e. repeat prescription and issuing sick notes. The action taken included providing a dedicated phone line for an identified cohort of patients.
Situation of emergency medicines and equipment	These had been originally kept in a consultation room but following an incident which could have caused a potential delay and breach in privacy and dignity they were moved to a more suitable area.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

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.	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

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>	1.03	1.19	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.

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>	67.6%	76.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.0% (49)	12.7%	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>	55.0%	78.6%	77.7%	Variation (negative)
Exception rate (number of exceptions)	2.7% (15)	5.0%	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>	73.6%	78.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.1% (28)	8.1%	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>	73.1%	75.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (16)	5.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.3%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	9.4% (30)	9.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.2%	83.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.6% (48)	2.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	88.2%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (2)	5.2%	6.7%	N/A

Any additional evidence or comments

The provider had developed a diabetes delivery action plan which included using a specialist clinic record audit tool to check and reflect why BP wasn't optimised within consultations with diabetic patients and had educated staff on management of good BP control. The provider had also sought advice from leading diabetic care specialists and refreshed the call back process for patients with diabetes who missed appointments.

Families, children and young people

Population group rating: **Good**

Findings

- 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. The practice had links with and signposted teenage patients to 'THinK', a teenage health promotion service for young people aged 13-19. This service offered advice and treatment relating to contraception, sexually transmitted illness screening, pregnancy testing, smoking cessation, drugs and alcohol. The provider had also invited this service into the practice to raise awareness of these topics for this age group.

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) <small>(NHS England)</small>	120	137	87.6%	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) <small>(NHS England)</small>	110	127	86.6%	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) <small>(NHS England)</small>	106	127	83.5%	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) <small>(NHS England)</small>	107	127	84.3%	Below 90% minimum (variation negative)

Any additional evidence or comments

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. The provider stated that they had reviewed these results with Public Health England and no obvious omissions had been identified. The practice nurse confirmed changes made in response to these results included: actively reporting missed appointments to Child Health; the practice now reported missed appointments to the district nurses and Health visitors who conducted home visits if needed. Currently the practice's health care assistant made home visits to 'looked after children' to encourage the up take of inoculations. The practice nurse also encouraged parents or guardians to plan ahead and make appointments for future booster inoculations during the first injection appointment.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for

patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	66.9%	71.5%	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)	54.7%	64.6%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	42.6%	51.1%	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)	63.3%	71.3%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	43.2%	46.0%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way 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, asylum seekers, 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.
- 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) (QOF)	79.8%	90.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.8% (7)	8.7%	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) (QOF)	92.2%	92.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (5)	7.7%	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)	80.0%	81.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	21.9% (7)	7.3%	6.6%	N/A

Any additional evidence or comments

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)	521.4	535.0	537.5
Overall QOF exception reporting (all domains)	4.6%	5.2%	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.

- 1) Atrial fibrillation audit- this resulted in the development of an updated medication template with the CCG, which was added to the electronic patient recording system.
- 2) Medical records audit- this identified gaps and an action plan had been put in place. This was re-audited on a rolling program and improvements were identified. The plan was amended to deal with areas where no or slow improvements had been identified.

Any additional evidence or comments

General comment about audits: The practice demonstrated well-established quality improvement processes. A business level risk assessment was in place and a comprehensive audit plan was also in place which covered all aspects of running the practice.

At the time of the inspection visit there were 24 clinical or operational audits at different stages of completion taking place.

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
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>All staff had completed their required professional revalidations.</p> <p>The practice employed two advanced nurse practitioners. (Advanced nurse practitioners are highly experienced and educated members of the care team who are able to diagnose and treat healthcare needs or refer patients to an appropriate specialist if needed. (NMC2005))</p> <p>We noted that the care, treatment and outcomes for the ANPs were audited alongside that of GPs.</p> <p>The ANPs had a relevant initial qualification and experience in general nursing and adult physiology on which to base their additional specialist training.</p> <p>The ANP had clearly defined roles, responsibilities and had identified their areas of competencies in relation to diagnosis and treatment of patients. We saw that they had frequent and appropriate dialogue with GP's. The ANPs were involved in regular clinical meetings to peer review and discuss patient outcomes.</p> <p>The provider conducted clinical notes audits which also checked nurse practitioner's standards of clinical care and documentation and so they had oversight of ANP care.</p> <p>All prescribing including the ANPs was benchmarked and any outliers were highlighted to the provider by the medicines management team.</p> <p>The ANP confirmed they had access to the management team always through different means of</p>	

communication including text, phone, WhatsApp and email.

However,

1) The ANPs did not receive documented one to one clinical supervision. 2) ANP performance was not compared with GP's to ensure outcomes were equitable and action taken if not.

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 processes to make referrals to other services.	Yes

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>	95.0%	96.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (13)	0.5%	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.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Most 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.	28
Number of CQC comments received which were positive about the service.	23
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
CQC Comments cards	<p>All 28 comments cards provided positive feedback and patients stated they were treated with respect and dignity. Patients complimented individual doctors for their manner and expertise. Patients stated mental health and emotional care was good.</p> <p>Five patients out of the 25 completely positive comments said, for different reasons, that they liked the new electronic consulting system, each person said they found it easy to use.</p> <p>All five patients who provided mixed comments stated getting an appointment of their choice was either sometimes or always difficult.</p>
Healthwatch Knowsley	We reviewed the information provided by Healthwatch Knowsley and found that complaints that had been raised with them were reflected in the information provided by the practice. The Healthwatch Knowsley team confirmed the provider engaged with them in relation to accepting and investigating complaints or concerns. The Healthwatch Knowsley contact link was accessible from the practice's website.
NHS Choice	Feedback on the NHS choice website was mostly negative and the practice scored 1.5 overall. Most complaints concerned access to appointments of choice and the new electronic consultation system. The provider had not replied on the NHS choice to the complaints made on the website, however, these had been included in the

	internal complaints log and investigated in keeping with the practices complaints policy.
--	---

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
9307	428	90	21%	0.97%

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)	85.2%	89.0%	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)	80.3%	87.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	89.6%	94.4%	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)	80.9%	86.9%	83.8%	No statistical variation

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

Any additional evidence
The practice conducted patient surveys to check satisfaction with the service from specific GPs. Action was taken in response to the findings.

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

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)	95.3%	93.4%	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.	363 carers 4%
How the practice supported carers.	The practice had achieved the 'Supporting Carers' certificate which involved the practice developing and implementing a plan to identify 'new' carers, support known carers and ensure that patients knew about services available to them. This included ensuring carers looked after their own health. The practice worked in strategic partnership with Knowsley Carers Centre in supporting the development of a Primary Care Carers Plan. This plan contains standards from the Knowsley Carers Strategy and will feature various initiatives to identify and support carers. For example, the practice had developed a Carer Case finder audit. This audit included looking at how patients were coded, to identify those although not recorded as a carer but who may be a carer according to the circumstances recorded in their medical record.
How the practice supported recently bereaved patients.	A bereavement card was sent to all bereaved patients in which was enclosed an easy to read leaflet about dealing with bereavement.

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

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 – 6.30pm
Tuesday	8am – 8pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8am- 6.30pm
Tuesday	8am- 8.00pm
Wednesday	8am- 6.30pm
Thursday	8am- 6.30pm
Friday	8am- 6.30pm
Extended hours	At various sites including Nutmeg Villa Monday to Friday 8am – 8pm Saturday 12 noon – 8pm Sunday 2pm – 8pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9307	428	90	21%	0.97%

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)	91.8%	95.2%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- 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.
- The practice has links with the local Falls Team and systematically and opportunistically identifies and refers patients who require a falls assessment. The practice also completes an annual osteoporosis audit which identifies those who are at risk of falls.
- The provider acted to reduce social isolation for local people including their patients. For example, the practice provides patients with information from Age UK Knowsley to encourage access to services across the borough; the practice has established links with Knowsley Community Voluntary Sector (KCVS) and a member of the practice team is involved with Knowsley Sector Leaders Panel; the practice team are able to identify patients who are most at risk of social isolation and provide referrals directly into services that can offer support.
- Staff were knowledgeable about and able to signpost patients to local voluntary organisations.
- The practice was involved with a Christmas initiative to host a Christmas lunches for patients and residents. This was provided in collaboration with Social Services and Merseyside Police. Over a three-day period 900 older people were provided with a three-course meal and entertainment.

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 nurse appointments were available until 6pm each weekday so school age children 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 could access a same day appointment when necessary.
- The practice has supported a young patient to become the young people's champion aimed at responding to the needs of 16-21-year olds. Systems were in place to seek the views of children and young people, including children with complex and severe developmental, physical, emotional and mental health needs. The approach taken to meet the needs of young people included using technology and social media targeted at younger patients. Younger patients could access the Patient Access service for repeat prescription requests and booking appointments.
- The practice developed an initiative to support the Knowsley OFSTED guidance to improve school attendance.
- The practice had achieved the Breast Feeding Welcome certificate. This involved reviewing and improving the environment and raising staff awareness through training, to ensure nursing mothers felt welcome and supported to breast feed their babies.

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.
- 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. Appointments were available Saturday 12pm until 8pm and Sunday 2pm until 8pm.

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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice identified many patients were suffering from financial hardship and in response to this the practice initiated a local food bank and they collected food donations that could be purchased for a financial donation. The practice assessed that about 2% of Cornerways Medical Centre patients many of whom were children used this service during 2018.

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/ were not 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.	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 necessary.	N/A
<p>Explanation of any answers and additional evidence:</p> <p>The provider stated appointments were never cancelled.</p> <p>The provider has recently introduced an electronic consultation service. This has been introduced as a pilot in association with the local clinical commissioning group. The system enabled patients to make an online application for a consultation.</p> <p>Patients completed an online webform and depending on the information entered the patient was signposted to take appropriate action for example self-help action or continue to complete the form. The completed forms were then reviewed by a duty doctor and a decision made about the clinical support required. The duty doctor then rang the patient within 3 hours to provide a telephone consultation, routine appointment or on the day appointment. Detailed risk assessments, protocols and standard operating processes were used and the process was under constant scrutiny and review.</p> <p>Patients were consulted about the introduction of the system and workshops for patients about how to use the system had been provided and were still available.</p> <p>Babies under six months were always offered a same day appointment and babies and children over 6 months were automatically offered a telephone consultation in the first instance.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	62.7%	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)	61.1%	67.9%	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)	75.8%	65.7%	65.9%	No statistical variation
The percentage of respondents to the GP	59.5%	71.8%	74.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

Any additional evidence or comments

The provider had introduced an electronic consulting system to improve patient's satisfaction with the types of appointments available.

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. 35 in 2018; 5 January to February 2019	40
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	none

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Access to services	A new electronic consultation service is being piloted by the practice.
Staff attitude	Staff disciplinary process operated; staff training reviewed and additional customer care training provided.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels that demonstrated they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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
Explanation of any answers and additional evidence:	
<p>The practice was part of a wider organisation managed by a multifaceted senior management team with varied expertise and skills to promote a well-run service. The governance team was made up of:</p> <p>A medical director who worked closely with local health, social care and education stakeholders.</p> <p>A business partner with responsibility to ensure finance was maximised for the benefit of patients who used the practice.</p> <p>A quality and safeguarding lead was responsible to ensure the quality of the services provided met the needs of all stakeholders and improvements planned for and made as required.</p> <p>A marketing and communication lead who engaged with patients, staff and other stakeholders to ensure all information was shared as required. Communication methods included focus groups; questionnaires; video interviews; local news outlets and social media. The provider also organised special social events with a health promotion focus such as a shingles vaccination party.</p>	

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
Explanation of any answers and additional evidence: Reports and audits confirmed the provider and management team worked closely with and listened to all stakeholders when the strategy was planned.	

The provider had developed a business plan detailing what support was required by stakeholders to achieve the planned changes or improvements.

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
Explanation of any answers and additional evidence: Staff had access to a staff care and well-being scheme.	

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

Source	Feedback
Staff interviews	All the staff interviewed stated they enjoyed working at the practice. They stated they were well supported and listened to if they had concerns.
Staff survey	The provider conducted a staff survey in December 2018 and response to staff feedback included a review of the staff care scheme and the introduction of a patient 'niggle book' in which staff can record verbal comments and low-level dissatisfaction.

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
Explanation of any answers and additional evidence: All staff had clear roles and responsibilities. This included a senior management team. There was clear and frequent communication between all levels of the organisation. The senior leadership was well known to staff and patients, all stakeholders had access to the senior leadership.	
Healthwatch Knowsley; the Clinical Commissioning Group; the patient participation group members and individual patients indicated that the senior leaders were visible and easy to engage with.	

The service employed a professional marketing and communication lead who used different media to communicate and gain and use feedback from all stakeholders. There were various means of formal communication and informal communication took place at all levels between staff, senior managers and patients.

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
Explanation of any answers and additional evidence: The provider completed detailed risk assessments and mitigating plans prior to implementing change. These were frequently reviewed and revised while the change was being made.	
This process was being used during the implementation of the patient electronic consultation process.	

Appropriate and accurate information

There was a demonstrated the ability to use 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
Explanation of any answers and additional evidence: A practice risk assessment which RAG rated the identified risks had been developed. Appropriate action	

and mitigating plans were also in place. These had been reviewed and amended as required.

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
<p>Explanation of any answers and additional evidence:</p> <p>The provider had developed a local charity which supported community work and social prescribing initiatives, GPs from the Maassarani Group Practice could make or support patients to make self-referrals direct to housing associations.</p> <p>Stakeholders involved in providing a service to patients through the charity included:</p> <ul style="list-style-type: none"> • Debt Advice (Funded by Awards for All National Lottery), • Employment Support including a Young Apprentice Programme with children at risk of not engaging with education, • A local Secondary School (Knowsley Better Together Fund), • Digital Inclusion <p>The charity part funded and provided facilities for a food bank open to Cornerways Medical Centre patients.</p> <p>The charity also offered a walking group, exercise activities, creative classes, drumming for confidence classes, community massage, holistic therapies and coffee mornings with guest speakers.</p> <p>The provider had initiated a Syrian refugee programme in partnership with Knowsley Council. This project had supported Syrian refugees in avoiding social isolation and homelessness. The project had supported people to settle into the local community and reach their full educational potential.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The patient participation group members stated</p> <ul style="list-style-type: none"> • The group met regularly • Their ideas were listened to, for example the seating arrangement in the waiting room had been changed in response to their feedback • The provider was keen to see membership of the PPG increase • They were satisfied with the service provider • The service provided as much support and guidance as possible when changes were made.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence	

Examples of continuous learning and improvement
<p>All policies and procedures were reviewed yearly.</p> <p>The practice had written standard operating procedures for all processes, these were reviewed to ensure they met best practice guidance and legal requirements.</p>

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.