

# Care Quality Commission

## Inspection Evidence Table

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Inspection date: 14 March 2019

Date of data download: 04 March 2019

## Overall rating: add overall rating here

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

**Safe**

**Rating: Good**

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (For example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y

<b>Safeguarding</b>	<b>Y/N/Partial</b>
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 05/04/2018	Y
There was a record of equipment calibration. Date of last calibration: 05/04/2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 26/09/2018	Y
There was a log of fire drills. Date of last drill: 03/08/2019	Y
There was a record of fire alarm checks. Date of last check: 12/03/2019	Y
There was a record of fire training for staff. Date of last training: 28/12/2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 26/09/2018	Y
Actions from fire risk assessment were identified and completed.	Y

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 26/09/2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 26/09/2018	Y

### **Infection prevention and control**

**Appropriate standards of cleanliness and hygiene were met/not met.**

	<b>Y/N/Partial</b>
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	April 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The practice could demonstrate that they always followed national guidance on infection prevention and control.	

### **Risks to patients**

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

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

There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

### Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.14	1.00	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	10.1%	9.7%	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)	6.67	5.73	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)	2.01	2.37	2.22	No statistical variation

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

<b>Medicines management</b>	<b>Y/N/Partial</b>
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
The practice held appropriate emergency medicines and risk assessments to determine the range of medicines held, and a system to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<b>Any additional evidence or comments</b>	
Minor operations (including removal of skin lesions), as well as long-acting reversible contraception were carried out at the practice. Records were written and well maintained, in relation to the use, amount, batch number and expiry date of local anaesthetic administered in these procedures.	

<b>Dispensary services (where the practice provided a dispensary service)</b>	<b>Y/N/Partial</b>
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems	Y

to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats. For example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y

### Any additional evidence or comments

The practice provided dispensary services to a third (1,900) of its registered patients.

We looked at the arrangements for the dispensing of medicines to patients. We spoke with dispensing staff, who had received appropriate training in pharmacy services. Medicines were prepared, and the prescriptions checked and counter-signed by doctors daily before being issued to patients.

The dispensary was in a secure room and there were systems to ensure that medicines were stored safely and securely. Prescriptions that had been prepared and were awaiting collection by patients were also stored appropriately.

Sharps containers were appropriately assembled and all had audit labels completed to identify their origin and the date they were assembled or sealed. There were clear stock records and audit checks kept of the medicines held in the dispensary. Staff told us that annual and routine stock checks were undertaken and expiry dates were checked. There was a system for two staff to check all medicines, to ensure they were dispensed safely.

The dispensary had appropriate arrangements for the secure storage and administration of controlled drugs, including the control of keys, a separate drug register and two signatures were recorded when a controlled drug was dispensed.

Adverse incidents relating to medicines were appropriately recorded and actions had been taken to address them. For example, a patient was dispensed an incorrect medicine and upon discovery the incident was immediately resolved and the patient received the correct medication without harm being caused.

We spoke with GPs, dispensing staff and members of the non-clinical team, who told us there was a system for checking that repeat prescriptions were issued according to medicine review dates and to ensure, that patients on long-term medicines were reviewed on a regular basis. Patients told us and commented in cards that they had not experienced any difficulty in getting their repeat prescriptions.

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: There was an open culture in which all safety concerns raised by staff and were valued as integral to learning and improvement.  We saw that learning was based on a thorough analysis and investigation of things that go wrong. All staff were enabled to participate in learning and improving safety as much as possible.	

### Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A patient at risk of suicide received a slow response due to delays in the referral process.	Following an incident of a patient receiving mental health support, the practice had reviewed its procedures and processes for these types of referrals, which ensured delays were minimised. Additionally, the practice developed a standard letter to be sent to the mental health service and amended their mental health care plan document.

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



## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.38	0.87	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>	76.5%	77.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.6% (21)	13.0%	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>	79.7%	75.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.1% (29)	10.3%	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>	78.4%	78.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.8% (28)	13.9%	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>	69.7%	74.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.9% (15)	11.9%	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>	91.7%	88.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.6% (11)	14.2%	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>	86.4%	81.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.2% (30)	4.4%	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>	95.4%	90.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (6)	5.5%	6.7%	N/A

## Families, children and young people

Population group rating: **Good**

### Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets in three of the four immunisations administered and met the target in the fourth. The reason for immunisation rates being specifically below target was because the practice had a list of children in families of transient seasonal workers (hop and fruit pickers), which affected the target scores, as these families had often left the practice prior to when the next set of immunisations were due to be administered.

We saw evidence of how the practice were using different methods to communicate with

non-attenders. For example, phone calls and use of interpreting services for those whose first language was not English. The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	74	76	97.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	50	57	87.7%	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>	50	57	87.7%	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>	50	57	87.7%	Below 90% minimum (variation negative)

## 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 medicines 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)	78.1%	76.4%	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)	75.6%	73.4%	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)	59.9%	60.1%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	82.6%	76.9%	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)	50.0%	53.6%	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 took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

**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>	85.2%	87.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	22.9% (8)	11.8%	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	90.3%	89.1%	90.0%	No statistical variation

months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	11.4% (4)	9.5%	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)	84.6%	80.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	9.3% (4)	5.9%	6.6%	N/A

#### Any additional evidence or comments

The practice had above average exception reporting for 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. These figures related to patients who had received reviews in secondary care settings or had declined to attend.

#### 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)	550.7	533.0	537.5
Overall QOF exception reporting (all domains)	3.7%	5.3%	5.8%

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

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

A two-cycle audit in relation to high risk medicines and routine monitoring had been conducted. The first audit showed that 22 patients had either not been monitored or it was unclear from their patient notes when they were last monitored and who by (if being treated by a secondary care provider). Those identified in the audit as being at risk, had their patient notes reviewed and where appropriate were reviewed. The practice had also made changes in their policies and protocols for monitoring patients prescribed high risk medicines. The second audit cycle showed that they had improved their monitoring of patients, with fewer (two) not attending for blood tests within the required time frame.

#### Any additional evidence or comments

All staff were actively engaged in activities to monitor and improve quality and outcomes. In 2018 there were 10 audits undertaken. Records viewed showed that all audits were presented at clinical meetings and the learning shared so that clinical outcomes could be improved.

## Effective staffing

The practice was able demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice. For example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The practice had an exemplary induction toolkit which covered the general ways of working within the practice (including policies and procedures), as well as role specific competency checks and objectives.	

## Coordinating care and treatment

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

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



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

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence: The practice had a focus on early identification and prevention and on supporting people to improve their health and wellbeing, including supporting people to return to work. Care navigation and social prescribing being a high priority in supporting this. The practice was one of five practices within West Kent to be piloting social prescribing and had recruited a project worker, who conducted one to one appointment in fortnightly clinics held, as well as liaised with other agencies involved with social prescribing.	

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>	93.7%	93.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (5)	0.8%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: We saw that when people lacked the mental capacity to make a decision, 'best interests' decisions were made in accordance with legislation.	

## Caring

## Rating: Outstanding

We rated the practice as outstanding for providing caring services because the practice was an integral part of the local community and actively promoted the health of the population and because feedback from patients was consistently positive about the service they received from the practice.

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	21
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	<p>Patients commented on the professionalism and friendliness of staff and the very personalised service they received.</p> <p>Patients stated that the clinicians always spent quality time with them when they had their appointment.</p>
Patient interviews	We spoke with four patients on the day of inspection. All patients commented that staff were exceptionally kind, helpful and caring and they were treated with dignity and respect.
NHS Choices	<p>The practice overall scored four out of a possible five stars for privacy and dignity.</p> <p>There were 13 comments made in the last 12 months, six of which were positive and seven comments were negative (relating to appointment availability and individual care needs). The practice had responded appropriately to all comments made.</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
6482	227	99	43.6%	1.53%

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)	98.0%	90.7%	89.0%	Variation (positive)
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)	99.1%	89.7%	87.4%	Significant Variation (positive)
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)	100.0%	96.8%	95.6%	Variation (positive)
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)	93.7%	85.7%	83.8%	No statistical variation

### Any additional evidence or comments

The practice had above scores for patients stating that the healthcare professional was; good or very good at listening to them, good or very good at treating them with care and concern and had trust in confidence in them. The practice attributed this to the fact that they were part of the community and promoted health and well-being amongst all members of the community, in the events external to the practice that they held or partook in.

Marden is a traditional village, with a strong sense of community. The practice promoted and supported these community values. They worked with other village services in order to promote health, care, social and well-being. For example, the pre-school and children's centre, village library, the walking group, as

well as engaging with the local housing trusts (to support new residents of the village with adapting from urban to rural living). The practice also initiated group activities within the local community. For example, a fitness class for the elderly to help reduce the risk of falls and promote good health, which was established after an audit into the risk of falls in the elderly was conducted by the practice. Many such classes had started at the practice but have now moved to the village hall due to their popularity. Additionally, the partners and staff were involved in several community projects. For example, staff participated in annual community fundraising events such as sponsored cycle rides.

Marden Medical Centre was instrumental in setting up and running the Wellbeing Singing Group which meets fortnightly and has 30 regular members.

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

#### Any additional evidence

The practice made use of feedback from patients via their own website, Friends and Family Test responses, comment box responses, their own patient surveys (coordinated by the patient reference group), NHS Choices and feedback gained from community events held within and external to the practice.

#### Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with four patients and asked patients whether they felt they were involved in decisions about their care and treatment. We were told they found the information in the patient waiting area, on the practices website and provided during community events was useful. Patients told us they felt involved and that their personal decisions were considered.  CQC comment cards also reflected this feedback.
NHS Choices	The practice overall scored three and a half out of a possible five stars for involvement in decisions.  There were 13 comments made in the last 12 months, five of which were positive and seven comments were negative (though not related to involvement in decisions). The practice had responded appropriately to all comments made.

## 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)	100.0%	95.8%	93.5%	Significant Variation (positive)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: The practice had pictorial formatted appointment letters for patients with a learning disability.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 109 patients who were carers (1.6% of the practice list).
How the practice supported carers.	<p>There was a dedicated section on the practices website that indicated support available to carers and encouraged patients to identify whether they were carers.</p> <p>The practice offered carers an annual flu vaccination and an annual health check.</p> <p>Additionally, there was a dedicated member of staff who was trained as a carers champion and the practice were accredited as carer friendly.</p> <p>Carers information packs were in use and these signposted carers to support groups, as well as gave advice on benefits available to them.</p>
How the practice supported recently bereaved patients.	GPs contacted families who had been recently bereaved and offered them an appointment, if required, at a time to suit them. The GP would visit the next of kin or family if appropriate. The practice also provided help with forms or other arrangements and signposted relatives to other support services

	where appropriate.
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## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8.30am to 1pm and 2pm to 6.30pm
Tuesday	8.30am to 1pm and 2pm to 6.30pm
Wednesday	8.30am to 1pm and 2pm to 6.30pm
Thursday	8.30am to 1pm and 2pm to 6.30pm
Friday	8.30am to 1pm and 2pm to 6.30pm

### Any additional evidence

Additionally, there was a purple card system in use, for such patients. Any patient with a purple card, were given priority appointments when contacting the practice. The aim of the scheme being that when a patient informed staff reception staff that they had a purple card, staff knew not to recommend care navigation but to ask the patient for information, so that the duty GP could contact them in a timely manner and arrange an appropriate appointment according to the patient's needs. For example, home visits.



## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6482	227	99	43.6%	1.53%

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)	99.1%	96.5%	94.8%	No statistical variation

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a “usual” GP who supported them in whatever setting they lived.</li> <li>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. Any patient with a purple card, were given priority appointments when contacting the practice.</li> <li>They liaised closely with the local community warden, to support older patients with care and treatment, as well as their social needs.</li> <li>The practice ran an exercise class for those at risk of falls, to help promote their health and well-being and reduce the risk.</li> </ul>

### People with long-term conditions

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment. Purple card holders were seen as a priority.</li> <li>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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> </ul>

### Families, children and young people

### Population group rating: Good

## Findings

- Appointments were available until 6.30pm to 8pm on a Monday 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.
- The practice worked closely with the local social housing associations, to help newly registered patients to integrate and adapt to living in Marden. For example, patients who had been moved there from London and were now located in the rural village. The practice supported them to register had good links with the Parish Council, who provided about public transport, shopping facilities, community groups and support groups. Along with the PRG the practice had produced a directory of community organisations.

## 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.
- The practice was open until 8pm on a Monday. Pre-bookable appointments were available as part of the improved access scheme within the West Kent Health federation; 6.30pm to 8pm on weekdays and Saturday 8.30am until 11.30am.

## 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 liaised closely with the local community warden, to support people whose circumstances make them vulnerable with care and treatment, as well as their social needs. For example, supporting patients to acquire home adaptations to help ensure access to their home, should they live alone and be unwell.

**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 under the purple card system.
- 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.
- A memory lane café was held in the community every fortnight. The café was run for patients with dementia and their carers to attend.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	88.3%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	92.8%	72.6%	68.6%	Variation (positive)
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)	87.6%	67.7%	65.9%	Variation (positive)
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)	93.9%	79.2%	74.4%	Variation (positive)

#### Any additional evidence or comments

Patient satisfaction with access was higher than average in terms of the time and type of appointment they received and were patients were significantly satisfied with being able to access appointments easily.

Source	Feedback
NHS Choices	<p>Patients had rated the practice three and a half stars out of a possible five on the NHS Choices website regarding availability of appointments and four stars for telephone access.</p> <p>Positive feedback included that the phone was answered promptly, that staff were friendly and non-judgemental.</p>

### Listening and learning from concerns and complaints

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

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a clear complaints pathway. Complaints were responded to with an acknowledgement within three days and patients were invited to meet to discuss the complaint. The practice undertook investigations and provided a written response within 28 days.</p> <p>All complaint responses were reviewed to ensure they met the requirements of the Duty of Candour. Outcomes of complaints were used to inform staff meetings and were proactively pursued by the whole staff team.</p>	

Example of learning from complaints.

Complaint	Specific action taken
Repeat prescription request for a temporary patient.	Following the receipt of a complaint relating to a request for a repeat prescription, the practice had discussed their temporary patient policy at a clinical meeting and implemented changes to their processes. All staff had been made aware of the changes.

## Well-led

## Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because the culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care and because leaders had an inspiring shared purpose, strived to deliver and motivated staff to succeed.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

### Vision and strategy

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

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

Explanation of any answers and additional evidence:

The practice values were to:

- Provide high quality, traditional family medicine.
- Operate a usual doctor system rather than enforced personal lists.
- Teamworking with an open-door policy to promote staff support, discussion of cases, as well as nurse and paramedic practitioner mentorship.
- Know their patients and the local community.
- Mutual respect and support.

As well as having an active interest in medical education, which they believed was an important influence on continuing development and good practice at every level within the practice.

We saw that there was strong collaboration and support across all staff and a common focus on delivering the strategy and values.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns. The practice operated a no blame culture for raising concerns, with the focus being on outcomes, learning and improving quality, which was promoted by the practices open door policy.</p>	

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

Source	Feedback
Staff interviews	<p>Staff said they were supported to develop within their roles, as well as trained to move from non-clinical into clinical roles. For example, reception staff becoming dispensers.</p> <p>The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us they felt involved and engaged to improve how the practice was run.</p> <p>Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found it was a supportive environment both clinically and non-clinically. They told us there was a positive team spirit.</p> <p>Staff told us that leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.</p>

## Governance arrangements

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

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

## Managing risks, issues and performance

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

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

## Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned in a timely manner.	



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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered.</p> <p>The practice was working with other practices in the areas to form a Primary Care Network. Engagement with other practices within the federation was good and all communications were discussed to improve the services and plan for future development of the practice. This was supported by feedback received by from the clinical commissioning group.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice had a very active patient reference group (PRG). We spoke with one of the 20 patient members. Additionally, there was a virtual patient reference group made up of approximately 400 patients.</p> <p>The PRG were integral to the running of the practice and as a critical friend. Constructive challenge from the PRG was welcomed and seen as a vital to meeting the aims, objectives and values of the practice.</p> <p>The PRG met monthly and produced a six-monthly newsletter, which was distributed via email and posted in the waiting area.</p> <p>The PRG were also integral to supporting the practice with community events. For example, running health awareness days in the local community. This was in addition to providing the practice with support for improvements. For example, following a survey about disabled access to the practice, new doors were fitted externally to improve accessibility.</p> <p>The practice also had a Friends of Marden Medical Centre who supported the practice by receiving donations and purchasing equipment for the practice.</p>

## Continuous improvement and innovation

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

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

The leadership drove continuous improvement and all staff were accountable for delivering change.

There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment, as well as ways to support the local community.

### Examples of continuous learning and improvement

The practice was a training practice and had one GP in specialist training (These are fully qualified doctors who have worked at least one year as hospital doctors who work under supervision).

All the staff were, to some degree, involved in the training of future GPs, reception, dispensary and administration staff.

The practice had signed up to a CCG pilot initiative called Involve Kent. A lifestyle advisor attended the practice twice weekly and supported patients to access community activities, peer support, advice and more. Patients were offered up to six free, one-to-one sessions as part of this initiative.

## 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.