

Care Quality Commission

Inspection Evidence Table

Modern Medical Centre (1-571421268)

Inspection date: 7 May 2019

Date of data download: 14 April 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 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
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: Following the inspection of the 17 September 2018 the practice had made significant improvements to the systems, practices, and processes to keep people safe and safeguarded from abuse. The	

Safeguarding	Y/N/Partial
<p>practice had: -</p> <ul style="list-style-type: none"> • Implemented a new safeguarding children's policy. • All staff had completed child safeguarding training. upto level three for clinical staff and level two for non-clinical staff. • Ensured they held an up to date lists of vulnerable children, children on a child protection register and vulnerable adults. • Any safeguarding issues were flagged on patients notes. So reception staff were aware to prioritise patients when they requested appointments. • Implemented a new policy to monitor children and vulnerable adults that did not attend GP appointments, immunisations or had admissions to hospital. In addition the practice had allocated a named member of the administration team responsibility for monitoring this. Any issues concerning non-attendance of appointments was raised with the practice safeguarding lead or the health visitor team. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice manager had implemented a spreadsheet that enabled the monitoring of staff immunisations, registrations and indemnity. 	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 15 October 2018</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: 10 August 2019</p>	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
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: 25 April 2019</p>	Y
There was a log of fire drills.	Y

Date of last drill: 13/02/2019	
There was a record of fire alarm checks. Date of last check: 25 April 2019	Y
There was a record of fire training for staff. Date of last training: All staff have completed training in 2018.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 1 August 2018 date for review 01/08/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Gas safety records demonstrated the appliances were checked on 4 September 2018.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 7 July 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The premises, securing of and health and safety risk assessment were combined. • The practice had a Certificate of liability insurance from 27 May 2018 to 26 May 2019. • A legionella risk assessment was carried out on the 4 September 2018, the practice had followed the recommendations made in the assessment. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 5 Feb 2019	Y
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 had made improvements following the inspection of the 18 September 2018. The improvements made were: - <ul style="list-style-type: none"> • Consultation room curtains were replaced every six months. • The practice had introduced a system to monitor the use of single use sterile equipment. • At the time of the inspection the practice was not carrying out surgical procedures. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

Staff mostly 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.	Partial
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	Partial

managed in a timely manner.	
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice followed a workflow system to ensure patients test results, referrals, hospital discharge letters, prescription requests were reviewed promptly by the GPs and stored in the patient records. However, the practice did not have a written protocol in place to reflect these practices and ensure a consistent approach. Following the inspection, the practice manager submitted a workflow protocol. The staff actioned new patients requests for registration at the practice and asked for information to ensure patient identity. The practice had a register of 5,886 patients. The GPs summarised the patients notes when they registered at the practice, however a review of the computer system demonstrated that 10% of the patient records had not been summarised. The statistic demonstrated many of these were children and adults between the age of 30 to 40 years. The GP also identified that patient notes that were transferred by computer from one practice to another were not checked by the staff to ensure they were summarised. Following the inspection the practice immediately commenced ensuring all patient notes were summarised in a timely manner. The practice monitored all patient referrals, when a patient required a urgent referral to secondary care staff kept a record of all in a communal book. The practice agreed to review the use of the book to ensure it met with data protection standards. 	

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) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.65	0.83	0.91	Tending towards variation (positive)
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). (01/01/2018 to 31/12/2018) (NHSBSA)	8.1%	10.7%	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 (01/07/2018 to 31/12/2018) (NHSBSA)	6.58	6.43	5.60	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	1.73	1.94	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks 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.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had a policy in place regarding the management of prescriptions which was last reviewed 2019. 	

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:	4
Number of events that required action:	4
Explanation of any answers and additional evidence. <ul style="list-style-type: none"> The practice would upgrade low risk incidents to a significant event to enable staff discussion and learning. For all incidents the practice would adhere to a duty of candour. The practice had a significant event policy in place reviewed in 2018. 	

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

Event	Specific action taken
<ul style="list-style-type: none"> A patient's diagnosis was coded wrongly on their patient record. 	<ul style="list-style-type: none"> This was identified by the staff and staff were reminded of the risks of using incorrect coding.
<ul style="list-style-type: none"> Information about a patient's referral to secondary care was found in a consulting room. Which had been completed by a locum GP. 	<ul style="list-style-type: none"> The practice ensured that the referral was completed without any delay. The locum GPs were reminded of ensuring the forms were taken to the correct administration staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

- The GPs described that they had initiated searches to identify patients who may be affected by a safety alert. However, at the time of the inspection they were unable to evidence this as the searches had been delated by mistake.

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.

	YY/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 were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	

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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.35	0.73	0.79	Tending towards variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. Health checks were offered to patients over 75 years of age. In 2018 to 2019 the staff had carried out 127 health checks. 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. The provider supported a 39-bed residential care home that had gained platinum accreditation for compliance with the End of Life Care Framework. The practice attended monthly multi-disciplinary team meetings with other agencies to review the needs of patients with complex needs, such as the elderly.

- The practice had an immunisation campaign to encourage the uptake of the flu vaccine for older people living at home and in the residential care home.

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 was encouraging patients who have taken salbutamol for a long period of time to attend the practice for review.
- 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>	71.1%	72.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.3% (27)	12.0%	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>	91.1%	79.9%	77.7%	Variation (positive)
Exception rate (number of exceptions).	1.1% (3)	8.7%	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>	77.1%	73.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	3.4% (9)	13.6%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on	74.6%	76.4%	76.0%	No statistical

the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)				variation
Exception rate (number of exceptions).	1.4% (3)	5.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	91.2%	91.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.7% (1)	8.8%	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)	81.4%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.0% (5)	3.5%	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)	96.1%	86.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.3% (4)	6.3%	6.7%	N/A

Any additional evidence or comments

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Families, children and young people

Population group rating: Good

Findings

- The practice had improved the childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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 if these were not attended.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	84	88	95.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	92	111	82.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	94	111	84.7%	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) (NHS England)	93	111	83.8%	Below 90% minimum (variation negative)

Any additional evidence or comments

- The practice nurse explained that the vaccine figures were affected by patients taking long holidays and occasionally receiving their vaccine in the country they had visited.
- The practice nurse had held Saturday clinics to improve the access for parents and children.
- The practice had implemented using text messaging to remind patients about their appointments.
- The practice submitted unpublished data which demonstrated that they were now meeting the World Health Organisation targets for child immunisation.

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.
- The practice offered a long-term review clinic each Saturday which targeted people who worked.

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)	64.9%	72.8%	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)	71.8%	74.1%	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)	49.5%	53.0%	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)	84.6%	73.1%	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)	60.7%	59.8%	51.9%	No statistical variation

Any additional evidence or comments

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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 referred patients to the local hospice.
- The practice met with the palliative care team and held a palliative care register.
- The practice held a register of patients living in vulnerable circumstances, including 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 offered a service to vulnerable young patients who lived at a local residential home.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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- 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 and would contact the mental health crisis team.
- 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.

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>	94.1%	94.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	9.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	97.1%	94.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.4%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.2%	81.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	3.9%	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)	533.1	528.3	537.5

Overall QOF exception reporting (all domains)	2.7%	5.3%	5.8%
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	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

<ul style="list-style-type: none"> • The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. • The practice had recently joined with five other practices to establish a GP network to enable them to provide specific services to patients. For example, a physiotherapy service. • The practice had carried out an audit of urgent referrals to primary care to ensure that all were dealt with promptly and the patient received the appropriate appointment. • The staff had completed an audit for the prescribing of antibiotics to patients with a urinary tract infection from January to March 2019. • The practice has commenced a Macmillan review to ensure they can correctly identify any patients diagnosed with cancer. • The practice has a development plan for 2019, which included development of services for patients.

Any additional evidence or comments

Effective staffing

The practice 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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician	Y

associates.	
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:	
<ul style="list-style-type: none"> The practice had an advanced nurse practitioner who worked one day a week, the practice carried out three monthly notes reviews to ensure their competency. 	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice held Integrated Care Management meetings each month. The palliative care community staff were no longer able to attend meetings; therefore the practice discussed any issues in the weekly clinical team meeting. 	

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
<ul style="list-style-type: none"> The practice referred patients to a local healthy active scheme, which provided appropriate patients 	

with a three-month gym membership.

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>	97.8%	95.4%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.3% (3)	0.6%	0.8%	N/A

Any additional evidence or comments

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: <ul style="list-style-type: none"> Clinical staff were aware of processes for seeking consent within the relevant legislation and some told us they had received training. However, the training records submitted did not show whether any staff had completed Mental Capacity Act or Mental Health Act training. 	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	38
Number of CQC comments received which were positive about the service.	34
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Patient comments cards.	<ul style="list-style-type: none"> We received 38 comment cards. All were positive about the service. Four commented that about the appointment times needing improvements.
NHS Choices.	<ul style="list-style-type: none"> From April 2019 the practice had seven reviews. Five scored the practice at five stars and made positive comments about the staff. Two scored the practice as one star and their complaint was regarding accessing appointments. The practice reviewed the feedback but had not responded to them.
Practice Survey carried out December 2018.	<p>The practice collected 90 patient surveys: -</p> <ul style="list-style-type: none"> The results showed that 78% of patients were completely satisfied with the service they received from the practice. 89% of patients were happy with the care they received from the clinicians. 48% of patients who were surveyed said that our reception staff were excellent with the way they treated the patient. Thirty seven percent felt the reception staff were very good. <p>As a result of the survey the practice have planned to: -</p> <ul style="list-style-type: none"> Introduce extended hours in June 2019. Promoted e-consult.

- Redecorate the reception and consulting rooms in spring.
- Updated the telephone system.

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
5886	346	107	30.9%	1.82%

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)	82.8%	85.5%	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)	75.9%	83.4%	87.4%	Tending towards variation (negative)
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)	89.8%	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)	68.5%	80.7%	83.8%	Tending towards variation (negative)

Any additional evidence or comments

- The practice carried out a patient survey in December 2018, which demonstrated 78% of patients were completely satisfied with the service they received from the practice.

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

Any additional evidence

- The practice carried out a patient survey in December 2019, which had 90 patient responses.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with one patient who provided positive information about the practice.

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)	84.3%	91.7%	93.5%	Tending towards variation (negative)

Any additional evidence or comments

	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.	Partial
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	

The practice would provide leaflets in another language if requested

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> The practice had identified 47 carers, which was 0.8% of the practice population.
How the practice supported carers.	<ul style="list-style-type: none"> The practice has information on their website to inform carers of supporting agencies. Carers were offered an annual health check. Carer were referred by staff to other agencies, such as support groups and information agencies.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice has a bereavement leaflet and will send a condolence letter and offer an appointment if appropriate.

Privacy and dignity

The practice respected respect 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Patients could be heard by others in reception, however to help protect confidentiality the practice had implemented a self-service check in. The reception staff said that they could take patients into a separate room should they want to speak in private. Staff ensured patients records were not in sight of patients entering reception. For example, computer screens did not face towards the reception area. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice offered a Saturday clinic each month to enable patients with long-term conditions who were employed to attend the practice. The practice had increased their opening hours on a Thursday afternoon, and offered targeted appointments for patients with long-term conditions. The practice offered urgent appointments, book in advance, and telephone appointments. On the day of the inspection the next bookable appointment was for the next day. The practice offered e-consult, where patients can e mail the practice to ask for advice. The GP responded to these within 48 hours and either answered or the patient was asked to attend an appointment at the surgery. 	

Practice Opening Times	
Day	Time
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 1.30pm and 3.30pm to 6.30pm
Tuesday	8.30am to 1.30pm and 3.30pm to 6.30pm
Wednesday	8.30am to 1.30pm and 3.30pm to 6.30pm
Thursday	8.30am to 1.30pm and 3.30pm to 6.30pm
Friday	8.30am to 1.30pm and 3.30pm to 6.30pm

Extended hours opening Saturday from 9am to 11am once a month.	
When the practice is closed	<ul style="list-style-type: none"> • GP access hubs appointments available from Monday to Friday 6.30pm to 10pm and at weekends, • NHS 111, • Walk in centres, • A&E.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5886	346	107	30.9%	1.82%

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)	94.6%	94.2%	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 from pharmacy.
- The provider supported a 39-bed residential home that had gained the platinum accreditation for the End of Life Care Framework. The practice provided the same GP to ensure a consistent approach, who told us that they had also met with the patient's relatives when needed to discuss the patient's advanced care plans. The home had a bypass telephone line that they could use to ensure a prompt response from the practice.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided targeted Saturday morning and Thursday afternoon appointments for patients with long-term conditions, which included the management of wound care.

- 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.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment.
- The practice website supports links to further advice and information for patients with long-term conditions.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available on a Saturday one day a month for school age children so that they did not need to miss school. The practice was also planning to increase the opening hours in the evening to 7pm.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible, and offered continuity of care.
- The practice had recently implemented E-consult.
- The practice had commenced Saturday morning appointments for patients with a long-term condition. In addition, they were implementing opening until 7pm some evenings.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances or with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice was not aware of any homeless patients at the time of the inspection.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Would make appointments at the end of the surgery

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results.

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

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)	41.0%	N/A	70.3%	Significant Variation (negative)
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)	46.9%	64.5%	68.6%	Tending towards variation (negative)
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)	49.4%	62.2%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they	60.3%	70.0%	74.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
were offered (01/01/2018 to 31/03/2018)				

Any additional evidence or comments
<ul style="list-style-type: none"> In response to these results the practice carried out its own survey in March 2018. They responded by increasing the number of telephone lines into the surgery and by increasing the number of appointments. The practice carried out their own re-audit in August and December 2018 which demonstrated improvements in patients' feedback. The practice has commenced the text messaging service to remind patient of their appointments. The practice now offered patients e-consult.

Source	Feedback
For example, NHS Choices	<ul style="list-style-type: none"> From April the practice had seven reviews. Five scored the practice as five stars and made positive comments about the staff. Two scored the practice as one star and their complaint was accessing appointments. The practice reviewed the feedback but had not responded to them.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Two complaints were fully reviewed at the previous inspection in September 2018. The practice held a complaint log so that any patterns could be identified, we noted that this document would have benefited from including the staffs learning outcomes. The practice manager investigated and responded to the complaints, with the support of the GPs for clinical complaints. All complaints seen, had an apology and information about where the complainant could take the complaint further should they be unsatisfied with the practice's response. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> A locum GP saw a patient regarding pain The GP misunderstood the patients request and failed to explain that the service they required was no longer funded by the NHS. 	<ul style="list-style-type: none"> The practice responded to the patient and explained the service was no longer available from the NHS. The learning outcome was for staff to listen to the patients requests and ensure they provide the correct information.
<ul style="list-style-type: none"> The patient complained the locum GP had failed to appropriately diagnose their relative. 	<ul style="list-style-type: none"> The practice reviewed the consultation and found that the locum GP had acted appropriately.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had recruited a new partner, to increase the capacity of the service and plan for the succession of the practice.• The partners were undertaking training to enable them to train GP registrars in the practice.• Staff told us that the practice manager and the GPs were visible and approachable in the practice.	

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: <ul style="list-style-type: none">• Staff told us the practice aims to deliver a high quality of care in a warm and friendly atmosphere. Where they maintained confidentiality always. They aimed to support the patients and carers to make an informed choice about their care and treatment.• The practice had a development plan in place for 2019, which reviewed all areas of the practice to establish future developments	

Culture

The practice had a culture which drove high quality sustainable care / The practice culture did not effectively support high quality sustainable care.

	Y/N/Partial
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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> <ul style="list-style-type: none"> • Staff stated they felt respected, supported and valued and worked well as a team. • All staff received regular annual appraisals in the last year. • The staff had completed whistleblowing training. • The practice manager ensured all staff birthdays were celebrated in the practice. • The practice had a social event at Christmas time. 	

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

Source	Feedback
<ul style="list-style-type: none"> • Staff spoken to on the day of the inspection. 	<ul style="list-style-type: none"> • The staff felt they were supported by the management team.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Following the inspection of the 17 September 2018 the practice had made significant improvements to the systems, practices, and processes in the practice.</p> <p>They had improved the management and prevention of infection control, safeguarding adults and children, recruitment and monitoring patients who did not attend appointments. In addition, they had reviewed policies to ensure they reflected the staff practices.</p> <p>The practice had developed lead roles for administration staff to ensure patient safety and a consistent approach.</p> <p>However, the practice did not have a workflow protocol in place at the time of the inspection. This was submitted following the inspection.</p>	

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
Explanation of any answers and additional evidence:	

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.	Partial
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: <ul style="list-style-type: none"> On the day of the inspection we found that the practice had not completed approximately 10% of the patient's summary care records. The practice informed CQC following the inspection that staff had commenced addressing this. The practice ensured staff followed General Data Protection Regulation (GDPR) to ensure patient confidentiality. 	

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
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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> <ul style="list-style-type: none"> • The practice held daily meetings which were attended by the practice manager and clinical staff to review patients and risk. • Integrated care team meeting was held monthly. • Staff attended monthly practice meetings. • The practice carried out a patient survey in December 2018. 	

Feedback from Patient Participation Group.(PPG)

Feedback
<ul style="list-style-type: none"> • The patient participation chair explained that the group met bi-monthly and had nine members. They found the staff co-operated with the PPG and would make changes following feedback. For example, the implementation of text messaging reminders for patients about their appointments. • They explained the access to the service had improved and patients no longer queued in a morning for an appointment. They stated they would always recommend the practice.

Any additional evidence

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement
<ul style="list-style-type: none"> • The practice had carried out clinical audits to drive improvements. For example:- • Antibiotics prescribed for sore throats. • A review of the urgent referrals to secondary care. • The practice had a development plan for 2019, which provided a structured plan for the practice to measure their development. Possible improvements included:- <ul style="list-style-type: none"> ○ A proposal in place to incorporate another residential home with around 130 residents. ○ Employment of an experienced GP; Co-Ordinating Business Manager. ○ Employment of a qualified and experienced pharmacist.

- A nominated members of the administration staff to manage repeat prescriptions.

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.