

# Care Quality Commission

## Inspection Evidence Table

### Kenton Bridge Medical Centre (1-4923374690)

Inspection date: 16 May 2019

Date of data download: 15 May 2019

## Overall rating: Good

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

## Safe

## Rating: Requires Improvement

### 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.	N
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
<b>Explanation of any answers and additional evidence:</b>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>The safeguarding policy did not take into account patients accessing any online services.</li> </ul>	

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.	Partial
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>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>We saw evidence of staff immunisation; however, there was no evidence of immunisation records for tetanus and diphtheria.</li> <li>The registration of one new clinical staff was checked but not recorded.</li> </ul>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 21 March 2019	Y
There was a record of equipment calibration. Date of last calibration: 7 March 2019 and 14 March 2019	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: January 2019	Y
There was a log of fire drills. Date of last drill: 18 December 2018	Y
There was a record of fire alarm checks. Date of last check: 15 May 2019	Y
There was a record of fire training for staff. Date of last training: different training dates carried out online	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 7 May 2019	Partial
Actions from fire risk assessment were identified and completed.	n/a
<p><b>Explanation of any answers and additional evidence:</b></p> <ul style="list-style-type: none"> <li>• Fire drills were carried out every six months. However, the records did not provide detail such as the assessment of the fire drill or the remedial action required.</li> <li>• The practice had carried out an external fire risk assessment; however, this was not a comprehensive assessment, as it did not identify the fire hazards or implement an action plan for the practice. The risk assessment did not consider the external means of escape or fire doors. Following the inspection, the practice took immediate action to carry out a comprehensive fire risk assessment. Evidence provided after the inspection showed that a fire risk assessment was carried out, with the practice rated as a low fire risk rating.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 12 May 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 7 January 2019	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>• Legionella risk assessment was carried out in January 2018 and due in January 2020. All recommended actions were carried out.</li> <li>• A disability access audit was carried out on 11 September 2018.</li> </ul>	

### **Infection prevention and control**

#### **Appropriate standards of cleanliness and hygiene were 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: 11 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
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>• All staff had carried out infection control training. However, the practice needed to monitor the training frequency to ensure all staff were up to date, as training records showed that some staff had last received infection control training in 2017.</li> <li>• The practice had acted on issues identified in the infection control audit. For example, they incorporated infection control in staff induction and purchased disposable eye protection as per recommendations. The next infection control audit was due in 2021.</li> </ul>	

### **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; however, monitoring was required in some areas.**

	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.	Partial
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

### Explanation of any answers and additional evidence:

- The system in place for monitoring high risk medicines was not implemented effectively. When we reviewed the process of monitoring patients on high risk medicines, we found that not all patients on warfarin (anticoagulant), had a recent blood test recorded in their notes. We reviewed 15 records of patients prescribed warfarin and five of these patients did not have a recent blood test documented in their records before being prescribed warfarin. The practice was informed and immediately contacted the affected patients, although no harm came to the patients. On further review, it was established that these patients had received a blood test from the local warfarin

clinic at the recommended three-month interval; however, this had not been documented in their records by the practice. A significant event form was completed by the practice, as well as an audit to ensure compliance. A policy on safe prescribing and monitoring of patients prescribed warfarin was implemented by the practice.

## Appropriate and safe use of medicines

### The practice did not always have 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)	0.53	0.75	0.91	Significant 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)	7.6%	12.3%	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)	8.29	6.32	5.60	Variation (negative)
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) (NHSBSA)	0.74	1.03	2.13	Significant Variation (positive)

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.	n/a
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

Medicines management	Y/N/Partial
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.	N
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.	Partial
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.	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:**

- The practice was a positive outlier in some areas of prescribing, including antibiotic prescribing. They took part in a week long national antimicrobial campaign, which included increasing patient awareness of antibiotic prescribing through leaflets, posters and text messages. They also carried out an antibiotic prescribing audit in response to the higher than average prescribing for patients with a urinary tract infection. Results of the audit showed that the practice was prescribing appropriately.
- During the inspection, when we reviewed the process of monitoring patients on high risk medicines, we found that not all patients on warfarin (anticoagulant), had a recent blood test recorded in their notes. We reviewed 15 records of patients prescribed warfarin and five of these patients did not have a recent blood test documented in their records before being prescribed warfarin. The practice was informed and immediately contacted the affected patients, although no harm came to the patients. On further review, it was established that these patients had received a blood test from the local warfarin clinic at the recommended three-month interval; however, this had not been documented in their records by the practice. A significant event form was completed by the practice, as well as an audit to ensure compliance. A policy on safe prescribing and monitoring of patients prescribed warfarin was implemented by the practice.
- Not all recommended emergency medicines were available. For example, there was no diclofenac (used for analgesia), dexamethasone (used for croup in children), furosemide (heart failure), morphine (for severe pain) and naloxone (for opioid overdose). There was no risk assessment to determine the range of medicines held.
- During the inspection, when we checked the oxygen cylinder, we observed the oxygen regulator

Medicines management	Y/N/Partial
had malfunctioned and showed a false oxygen level reading. The practice immediately contacted the regulator, who sent a different replacement oxygen cylinder. A significant event form was completed by the practice and oxygen level checks were to be carried out daily in the interim, with the view to returning to the usual weekly checks.	

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

**The practice learned and made improvements when things went wrong; however, improvement was required.**

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.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	9
Number of events that required action:	9

**Explanation of any answers and additional evidence:**

- The significant event policy in place did not clearly identify what was considered a significant event. For example, it stated that adverse clinical events were considered a significant event but there was no example of what this was.
- Monitoring was required as not all significant events were recorded on the summary provided by the practice. We found two other significant events that had occurred about a month prior had not been recorded on this summary.
- We saw evidence that significant events were discussed at practice meetings and there was a system in place for staff to sign that they had read the meeting minutes. However, this system was not operating effectively. We saw that some staff did not attend practice meetings and their names were not recorded on the checklist to ensure that they had read the meeting minutes.

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

Event	Specific action taken
Incorrect patient records sent to an external provider.	Meeting held with the relevant staff member. A letter of apology was sent to the patient and to the external provider. Learning was for staff to ensure that the practice manager reviewed all outgoing documentation first, before they were sent to external providers.
Privacy breach when an unauthorised recording took place in the waiting room	Action was taken to ensure that the recording was deleted. A notice was placed in the waiting room advising that recording or taking photographs was prohibited to preserve patient privacy.

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
<p><b>Explanation of any answers and additional evidence:</b></p> <ul style="list-style-type: none"> <li>The practice maintained a patient safety alert spreadsheet and we saw evidence that action was completed where required.</li> </ul>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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

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>	0.25	0.57	0.79	Variation (positive)

## 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 worked with members of the multidisciplinary team, including the integrated care coordinator and the health and social care coordinator, to optimize health, wellbeing and independence of older people in their own homes.
- 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. They worked together with the rapid response team to help manage acute conditions and reduce the risk of hospital admission.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Patients received regular health and medicines reviews.

## 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 and community services to deliver a coordinated package of care.
- The diabetes specialist nurse held diabetes clinics at the surgery. Patients were encouraged to self-manage their diabetes and were referred to the diabetes education programme.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training and supported by the GP.
- 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 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>	85.2%	79.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.4% (36)	8.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.9%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	1.4% (6)	7.6%	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>	81.1%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.7% (20)	9.6%	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>	95.1%	79.7%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	0.5% (2)	4.8%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.5%	92.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	8.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	85.0%	83.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.1% (9)	3.2%	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)	77.3%	83.2%	90.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	0 (0)	8.2%	6.7%	N/A

#### Any additional evidence or comments

- The practice was aware of their performance with regards to atrial fibrillation and carried out a two-cycle audit to identify and improve in this area. The first cycle audit showed that 68 patients with atrial fibrillation were eligible for anticoagulation therapy but 10 of these patients were not receiving this intervention. Following this, practice took action which included patient education, annual reviews and improved documentation. A second cycle audit was carried out for 2018/19 which showed that the practice had achieved an 88% target for patients diagnosed with atrial fibrillation receiving anticoagulation therapy.

### Families, children and young people

Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were lower than the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance. They also had access to the midwife who attended the surgery every week.
- 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>	100	112	89.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	79	94	84.0%	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>	84	94	89.4%	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>	83	94	88.3%	Below 90% minimum (variation negative)

#### Any additional evidence or comments

- The practice was aware of their low childhood immunisation uptake rates and carried out an audit. Following the audit, the practice increased awareness of childhood immunisations and increased capacity, to allow the GPs flexibility to offer opportunistic immunisations. They also enhanced their recall process, whereby the receptionists would call the patients who had not responded to their text message invites individually. The practice carried out a second cycle audit in March 2019 where immunisation uptake rates had increased and ranged between 86% and 91% for children aged two and under.

## 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.
- The practice offered catch up Measles, Mumps and Rubella (MMR) immunisations for patients up to the age of 35.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	56.8%	62.4%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	66.8%	69.4%	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)	47.9%	48.5%	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)	82.4%	75.4%	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)	52.9%	57.9%	51.9%	No statistical variation

### Any additional evidence or comments

The practice reviewed the low cervical smear uptake rate by carrying out an audit. Following the audit, action was taken to improve. For example:

- They implemented posters in different languages to promote screening.

- All clinical and non-clinical staff received a cervical screening training session, carried out by the local gynaecologist, so that they could convey the importance of screening to patients at any time.
- Mothers were offered opportunistic screening when they attended baby clinics with their children and two of the female GPs had built in flexibility in their clinics, that allowed them to offer opportunistic screening appointments.
- They enhanced their recall process practice where patients had not attended their screening appointments. There was a dedicated admin team member who was responsible for following up these patients.

The second data collection completed in May 2019 showed that the practice had improved their cervical smear uptake rate to 71%.

The practice also carried out a bowel screening audit to improve screening uptake. The practice also displayed posters to raise awareness and audit carried out in January 2019 showed that there was a bowel cancer screening uptake rate of 51%.

### 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 and those with a learning disability.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice carried out dedicated annual review clinics for patients with a learning disability. They looked after learning disability patients cared for at an adult learning disability home, by carrying out home visits, annual flu immunisations and blood pressure checks.

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

Population group rating: Good

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis. The practice worked closely with the primary care dementia nurse to better support dementia patients

and their carers.

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>	96.0%	92.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	8.3%	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>	96.1%	92.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.3%	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>	91.1%	88.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.3% (2)	6.1%	6.6%	N/A

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558.7	540.9	537.5
Overall QOF exception reporting (all domains)	6.6%	5.8%	5.8%

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

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

- We saw evidence of how the cervical screening uptake rates and childhood immunisation uptake rates had improved as a result of clinical audits carried out by the practice. Other clinical audits carried out by the practice included the antibiotic prescribing and access audits, where improvement in both areas was demonstrated.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	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 associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>There was no Health care assistant employed at the practice; therefore, there was no requirement for staff to complete the Care Certificate training.</li> </ul>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"> <li>While we saw evidence of multidisciplinary team meetings, the meeting minutes provided were vague and did not always show what discussions took place.</li> </ul>	

## Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: 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>	98.0%	96.3%	95.1%	Tending towards variation (positive)
Exception rate (number of exceptions).	0 (0)	0.6%	0.8%	N/A

### Consent to care and treatment

**The practice obtained consent to care and treatment in line with legislation and guidance; however, monitoring was required.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Partial
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
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>While mental capacity act training was up to date, not all clinicians were fully aware of the principles of consent.</li> </ul>	

# 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

CQC comments cards	
Total comments cards received.	42
Number of CQC comments received which were positive about the service.	42
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
Comment cards	Patients felt that they were treated with respect and that staff were caring. They also felt the practice was helpful, courteous and professional in their approach.
Patient interviews	We spoke with five members of the Patient Participation Group (PPG), who felt they were treated with respect and were happy with the care they received.

## 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
6984	414	130	31.4%	1.86%

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)	83.5%	87.4%	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)	83.7%	84.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.7%	94.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	75.5%	79.7%	83.8%	No statistical variation

### Any additional evidence or comments

The practice carried out their own survey after analysing the GP survey results. Working together with the Patient Participation Group (PPG), they sent SMS text messages to patients to seek their opinion on the areas they felt the practice could improve. They found that there was a common theme regarding patient waiting times on the telephone and the practice responded by recruiting a reception staff member to ensure easier patient access to the service. The practice also displayed posters showing the services they offer and their specialist clinics.

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

### Any additional evidence

The practice also carried out a friends and family test survey which showed that of the 109 survey forms completed, 80 showed that the patients would recommend the practice to others.

### 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.	Patients we spoke to felt involved in decisions about their care and treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.4%	91.7%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	133 carers (2% of the patient population).
How the practice supported carers.	Carers were offered annual flu immunisations and health checks. Carers were signposted to local support services.
How the practice supported recently bereaved patients.	The practice would contact bereaved families Bereavement leaflets were displayed in the waiting area.

## 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
<b>Opening times:</b>	
Monday	8:00am – 7:00pm
Tuesday	8:00am – 6:30pm
Wednesday	8:00am – 6:30pm
Thursday	8:00am – 6:30pm
Friday	8:00am – 6:30pm
Saturday	Closed
Sunday	Closed

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6984	414	130	31.4%	1.86%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	93.3%	93.3%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits, same day and longer 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.
- The practice arranged transport for patients with poor mobility, so they could access community and hospital clinics.

### People with long-term conditions

### Population group rating: Good

#### Findings

- The practice did not routinely review patients with multiple conditions in one appointment. They were advised to book double appointments, to reduce the risk of dealing with multiple conditions in one appointment.
- The practice liaised regularly with the local district nursing team, tissue viability nurse and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice referred patients at risk or following critical events to the chronic disease rehabilitation programmes. This included the cardiac and pulmonary rehabilitation programmes.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- 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 offered weekly midwife clinics.

## **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 7pm on a Monday. Patients had access to the locality hub for appointments with a GP or nurse.
- Lunchtime telephone consultations were offered and there was online access for making appointments and requesting medication.
- Patients had access to the text message service that allowed them to cancel their appointments via text or receive messages from the GP.
- The practice promoted healthy lifestyle programmes which included exercise on referral.

## **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 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. They looked after learning disability patients cared for at an adult learning disability home, by carrying out home visits, annual flu immunisations and blood pressure checks.
- Vulnerable patients including those with a learning disability were offered double appointments.
- There was close working with the health and social care coordinator, to help patients navigate difficult health and social circumstances.

**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. Patients also received text message reminders of their appointments.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice worked closely with the primary care dementia nurse.
- The practice was aware of support groups within the area and signposted their patients to these accordingly. They were offered timely access to counselling and talking therapies.
- Patients were screened for depression at health checks and there was proactive follow up of patients with newly diagnosed depression.

**Timely access to the service**

**People were/ were not able to access care and treatment in a timely way.**

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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)	44.6%	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)	64.8%	64.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	53.2%	63.1%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				
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)	67.7%	69.0%	74.4%	No statistical variation

### Any additional evidence or comments

The practice was aware of the low survey scores in relation to patient access to the service and carried out two different sets of surveys in September and October 2018 to obtain patient opinion and make improvements. They recruited a reception staff member to help reduce the telephone waiting times. They raised awareness of their opening hours through posters and utilised their online service and their SMS text message service whereby patients could cancel their appointments. Following this, the practice carried out their own waiting room survey to determine patient satisfaction with their opening hours. Sixty-two survey forms were completed by patients and 50 of these patients were satisfied with the practice opening hours.

Source	Feedback
For example, NHS Choices	Patient feedback was mixed on NHS Choices, although mostly negative. Positive feedback referred to caring and polite staff. Negative feedback highlighted issues with access to the service, in particular telephone access and reception staff attitude.
Comment cards	Patients stated that they had a positive online experience when it came to prescription requests. Patients also felt that they found it easy to make appointments and some working patients felt that the extended hours hub and telephone consultations were beneficial. Patients also felt that the practice was responsive to their needs and offered effective health promotion.
Patient interviews	Patients felt there were usually able to access the service and were informed if there were any delays.

### 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.	6
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient with an urgent need was unable to speak to the GP.	Patient received letter of apology. A new message handling protocol was implemented, whereby reception staff were to connect urgent calls to the GP immediately and in non-urgent cases, patients were to be booked in for a telephone consultation instead.

## Well-led

Rating: Good

### Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels / Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"><li>• The lead GP was the clinical director for the Clinical Commissioning Group (CCG) and one of the GPs had received a Teacher of the Year award from Imperial College.</li><li>• One administration team member had been trained to the practice manager role.</li></ul>	

### Vision and strategy

The practice had a vision and 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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"><li>• The practice had a five-year forward view programme for more nurse led specialised clinics, practice-based pharmacists and physician associates and for one reception team member's role to be developed into a care navigator role.</li><li>• The practice was on a pathway to merge with other practices to create a primary care network of several practices to improve patient access to care.</li></ul>	

## 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.	Partial
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>The whistleblowing policy did not refer to the NHS Improvement Raising Concerns whistleblowing policy.</li> </ul>	

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

Source	Feedback
Clinical staff	Staff felt supported by colleagues and felt the practice was a good learning environment.
Non-clinical staff	Staff also felt supported and felt they worked well as a team. They felt that there were opportunities to progress

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management; however, some required monitoring to ensure that they remained effective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>Monitoring was required to ensure that all staff understood the principles of the Mental Capacity Act and to ensure that training was up to date.</li> <li>Information was not always accurate or reliable. This was in relation to the false reading found in the oxygen cylinder and issues found in high-risk medicines.</li> </ul>	

## Managing risks, issues and performance

The practice did not always have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>The arrangements for managing risks were not always operated effectively. This was in relation to the issues found in high-risk medicines, emergency medicines and significant events.</li> <li>Not all staff were aware of the business continuity plans in place.</li> </ul>	

## Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making. However, monitoring was required to ensure that the practice was always acting on appropriate and accurate information.

	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
<b>Explanation of any answers and additional evidence:</b>	
<ul style="list-style-type: none"> <li>We saw evidence that data was used to adjust and improve performance. This was in relation to the childhood immunisation and cancer screening uptake rates. We also saw how data relating to patients diagnosed with atrial fibrillation and prescribing was used to improve performance.</li> </ul>	

## 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
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"><li>The PPG represented patients from across the population groups, including working age patients.</li></ul>	

Feedback from Patient Participation Group (PPG).

Feedback
<ul style="list-style-type: none"><li>The PPG was active and we spoke to five members who represented the patient population. The PPG chair encouraged the practice patients to contact him if they had any concerns. They told us that the practice welcomed their suggestions. For example, a suggestion to replace the chairs in the waiting rooms was acted on by the practice and the chairs were replaced.</li></ul>

## Continuous improvement and innovation

The systems and processes for learning, continuous improvement and innovation required monitoring.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Partial
<b>Explanation of any answers and additional evidence:</b> <ul style="list-style-type: none"><li>Learning was not always shared effectively as significant event discussions and learning was not shared effectively with all staff.</li></ul>	

## Examples of continuous learning and improvement

<ul style="list-style-type: none"><li>The practice had recently been approved to receive an improvement grant to improve the reception area of the practice.</li></ul>
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## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.