

Care Quality Commission

Inspection Evidence Table

The Saltscar Surgery (1-540777884)

Inspection date: 3 July 2019

Date of data download: 19 June 2019

Overall rating: Good

We inspected this practice in January 2019 and gave a rating of requires improvement because we wanted the provider to: Ensure that care and treatment was provided in a safe way, establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. At this June 2019 inspection we saw that this had been achieved and we have now rated the practice as good overall.

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

Safe

Rating: Good

At our January 2019 inspection we rated the practice as inadequate for providing safe services. This was because arrangements in respect of recruitment systems, policies and procedures and infection prevention and control were not adequate. At this July 2019 inspection we saw that all these areas had improved. We have now rated the practice as good, for providing safe services.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>The significant event policy needed some improvement to reflect the process for reporting and learning from clinical risk. However, the process itself was robust and we found no concerns about the way this was working. We have asked the provider to update the written policy, as a result of our inspection.</p> <p>We saw evidence of effective inter-agency working with regard to safeguarding. Some non-clinical staff had been trained to safeguarding level three and undertaken some additional training about specific vulnerabilities within safeguarding, for example; coercive behaviours and vulnerable, exploited, missing and trafficked (VEMT).</p> <p>Using their additional training, these members of staff, under the support and supervision of the lead GP, prepared reports for safeguarding strategy meetings and case conferences. We saw evidence of multi-agency case discussions, SAFER referrals (a referral for concern developed by the Tees wide local safeguarding board) and outcomes were followed up on. The practice had implemented the 'Think Child' concept into its care and treatment of families. The practice had applied the theoretical learning from safeguarding training, to real situations with patients, and could demonstrate successful outcomes where significant risks had been reduced for those patients, as a direct result of action by the practice.</p> <p>Lessons learned from serious case reviews had been considered and applied, when the practice was acting on information of concern.</p>	

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 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
<p>Explanation of any answers and additional evidence:</p> <p>We saw improvements in recruitment systems were all now in line with the regulations.</p>	

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: 18/06/2019	Y
There was a record of equipment calibration. Date of last calibration: 14/06/2019	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: 17/04/2019	Y
There was a log of fire drills. Date of last drill: 14/02/2019	Y
There was a record of fire alarm checks. Date of last check: 26/06/2019	Y
There was a record of fire training for staff. Date of last training:	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 09/08/2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice had carried out a fire evacuation drill and written a summarised outcome of the procedure. The practice carried out C-reactive Protein (CRP) testing. We saw a log of control results for this CRP machine which was in line with local regulations and gave assurance to the provider about accuracy.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 11/10/2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 12/04/2019	Y
Explanation of any answers and additional evidence:	

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 (IPC).	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: May 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	

There was a weekly nurses' cleaning schedule.

There was an IPC 'preventing infection' workbook given to every member of staff for completion. A central record was kept showing its completion dates.

There was a needle stick injury protocol.

There was a record kept of curtain replacement.

The patient participation group (PPG) carried out spot-checks of premises on Saturdays and reported their findings back to the practice manager, who implemented actions.

The practice completed 6-monthly IPC self-assessments, in addition to these audits and spot checks.

We saw guidance on the processes for dealing with notifiable diseases and outbreaks of communicable disease.

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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
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: All staff, clinical and non-clinical had completed sepsis training.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to	Y

deliver safe care and treatment.	
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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 for two-week referrals had additional safety-netting, with GPs arranging a follow up appointment at the point in which the referral was made. A spreadsheet showing the progress of the referral was also held by the administration team.	

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) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	1.03	1.12	0.88	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	11.8%	10.1%	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 (01/10/2018 to 31/03/2019) (NHSBSA)	5.57	5.84	5.61	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2018 to 31/03/2019) (NHSBSA)	2.42	3.25	2.07	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).	
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
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
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that the practice did not keep a stock of atropine with its emergency medicines. Because the practice offers intrauterine device fitting (coils), and as a result of our inspection, the practice has now decided to stock this emergency medicine.</p> <p>Although the process for reviews of medicines had begun to significantly improve, we saw that there were still some overdue medicines' reviews (which related to a systemic problem that had arisen at our previous inspection). We assessed whether there were any clinical risks regarding this, by examining some patient records. From the records we looked at we were satisfied that this was not causing any risks to patient safety. As a result of our inspection the practice has added the progress monitoring of</p>	

Medicines management	Y/N/Partial
medicines reviews to its standing agenda items. It has agreed to find a strategy to ensure that all clinicians are coding these contacts in the same way, to eliminate discrepancies.	

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:	14
Number of events that required action:	14
<p>Explanation of any answers and additional evidence:</p> <p>In the six months since our last inspection, the practice had made improvements to its significant event recording, reporting and dissemination. We saw evidence that the team had now begun to formally undertaken root cause analysis and lessons learned, and record this. There had been a significant reduction in the repetition of avoidable incidents.</p> <p>The practice used Safeguard Incident and Risk Management System (SIRMS), which is a clinical risk tool and reporting system provided by the North of England Commissioning Support Unit.</p>	

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

Event	Specific action taken
A Patient was unhappy with a delay in referral for a non-urgent problem with their arm. There was a lack of information in the patient records. The referring GP was seeking advice from secondary care. The Patient became frustrated with the delay in referral and treatment.	<p>A meeting discussed the root cause of the complaint. The outcome highlighted:</p> <ul style="list-style-type: none"> • Lack of timely communication with the patient. • Lack of documentation to the patient records giving updated information regarding the enquiry with secondary care <p>Learning points:</p> <ul style="list-style-type: none"> • Improved documentation may have helped the patient understand the reason for the delay and allowed the receptionist to share the information with the patient • The receptionist should have alerted the GP to the patient concern sooner. • To update and clearly document actions, current situation and outcomes in the tasks with and to keep the patient informed.
A late home visit request was triaged and approved by a GP,	Clinicians reminded of the need to follow practice protocol about communicating home visits.

but was not communicated to visiting on-call GP	
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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: We saw examples of actions taken on recent alerts for example, the practice had run a search on women of child-bearing age who were prescribed sodium valproate. This search had been conducted once, in May 2018. As a result of our inspection, the provider plans to run pertinent searches such as this one, at more regular intervals to maximise patient safety.	

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	1.11	1.02	0.77	No statistical variation

Older people

Population group rating: Good

Findings

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

The practice carried out structured annual medication reviews for older patients.

Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

Health checks, including frailty assessments, were offered to patients over 75 years of age.

Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group. The practice was ranked 2nd in the South Tees Area for its uptake of shingles, pneumonia and flu vaccines.

The practice offered screening for Abdominal Aortic Aneurysm and falls risks.

People with long-term conditions

Population group rating: Good

Findings

Patients with long-term conditions were offered 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.

Indicators from the nationally reported data showed that the practice was in line with, and sometimes above average for the care and treatment of patients with long-term conditions.

The practice's diabetic trailblazer programme of screening and intervention had been recognised and praised by stakeholders and used as an example of good practice.

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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Adults with newly diagnosed cardio-vascular disease were offered statins.

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Patients with COPD were offered rescue packs.

Patients with asthma were offered an asthma management plan.

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	77.3%	77.2%	78.8%	No statistical variation

64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)				
Exception rate (number of exceptions).	2.6% (13)	16.3%	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) ^(QOF)	71.3%	76.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (25)	11.9%	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) ^(QOF)	81.5%	79.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.9% (70)	16.3%	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) ^(QOF)	76.1%	74.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	5.8% (35)	12.8%	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) ^(QOF)	91.0%	87.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.6% (37)	16.3%	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)	85.7%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (39)	4.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or	96.4%	91.2%	90.0%	Tending towards variation (positive)

more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	5.5% (8)	6.0%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

The practice had been recognised for its joint working arrangements with other agencies in respect of safeguarding. Some of the work done at the practice had been used for training events provided by the local safeguarding trainers.

Cancer care champions within the practice had influenced, updated and improved the ways in which it promoted cervical screening to eligible women. The practice had achieved a screening rate of 85% (at a time when national screening rates were declining).

Childhood immunisation uptake rates were above with 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.

Young people could access services for sexual health and contraception.

Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
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)	96	99	97.0%	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)	79	79	100.0%	Met 95% WHO based target (significant variation positive)
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)	79	79	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who	78	79	98.7%	Met 95% WHO based target

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)				(significant variation positive)
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Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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.

The practice had identified patients who would benefit from a non-cancer pain opioid dependency reduction programme. The practice worked closely with a local addictions' organisation, and the community pharmacist to support the patient journey to achieve a successful outcome.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	78.8%	72.3%	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)	77.7%	71.7%	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)	55.1%	54.2%	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)	46.9%	63.0%	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)	47.3%	50.3%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

There was a practice policy for the safeguarding and care of vulnerable adults

All patients with a learning disability were offered an annual health check. The practice had achieved the highest results within the local CCG for completing annual health checks for patients with a learning disability. The practice's result for this was 91% (CCG average was 49% and national average ranged from 40% to 90%)

There was a proactive approach to safeguarding adults and children. The practice held registers of patients with safeguarding vulnerabilities, for example; vulnerable, exploited, missing and trafficked (VEMT).

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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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.

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.

There was a GP with a special interest in dementia care.

There was a lithium care plan in place to ensure patients accessed blood monitored and were achieving the correct therapeutic dose range.

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	91.8%	87.6%	89.5%	No statistical variation

31/03/2018) ^(QOF)				
Exception rate (number of exceptions).	19.7% (12)	15.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	92.6%	90.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.5% (7)	11.6%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)	84.1%	83.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.5% (3)	8.6%	6.6%	N/A

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)	551.2	521.9	537.5
Overall QOF score (as a percentage of maximum)	98.6%	93.4%	96.2%
Overall QOF exception reporting (all domains)	4.6%	7.2%	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
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

The practice identified patients with chronic kidney disease who had not yet been commenced on statin therapy. The aim by the practice was to achieve a statin uptake rate of 85%, in patients with kidney disease. By the end of the first audit cycle 74% of these patients had commenced statins. A further cycle of audit was undertaken which yielded a result of 86% statin uptake rate.

The practice identified patients who may have pre-diabetes but have not been coded as such, on the clinical records' system. At the start of the audit the practice has 35 patients coded as having pre-diabetes. By then end of the second cycle of audit, this number had increased to 625 patients. As a result of the audit, the practice streamlined the management of diabetic and pre-diabetic patients and

developed a Standard Operating Procedure and pathway for patients with a raised HbA1c (a blood result correlating to insulin levels) Of these 625 patients coded onto the register, 336 were referred onto an NHS diabetes prevention programme and were recalled for annual health checks and health promotion. 114 of these patients were able to lower their HbA1C levels and were no longer in the pre-diabetic range.

Both clinical audits led to clinical improvement activity.

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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
We saw evidence that all staff, including non-clinical had undertaken training in; basic life support, safeguarding, fire, health and safety & welfare, information governance, infection prevention and control, equality and diversity, moving and handling, preventing radicalisation awareness (Prevent), chaperone and sepsis training. There was an expected frequency attached to each staff members' training file which included a hyperlink to online courses. There was oversight and a matrix of training activity held by the practice manager.	

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)	Y

(QOF)	
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: We saw evidence of regular team meetings including; a weekly Monday briefing with the objective of 'Promoting Asking for Help'. This covered standing items including; staffing, maintenance, and workload. There were also weekly team meetings which almost always included an item of clinical importance, for discussion. There were multidisciplinary Gold Standard Framework meetings, prescribing meetings and partners meetings, in addition.	

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
Patients had access to appropriate health assessments and checks.	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>	97.6%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (15)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

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
Staff displayed understanding and a non-judgemental attitude towards 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.	30
Number of CQC comments received which were positive about the service.	28
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	Patients commented that they felt respected, listened to and well cared for.
CQC patient questionnaires	Patients told us their privacy and dignity were respected by staff. They were given options for their treatment and felt involved in their care.

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
8185	273	93	34.1%	1.14%

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)	95.0%	88.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	94.6%	87.4%	87.4%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.9%	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)	83.0%	83.5%	83.8%	No statistical variation

Any additional evidence or comments

All caring indicators from the national GP patient survey were around, or above, local CCG and national averages.

Question

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

Any additional evidence

An Improving Practice Questionnaire was undertaken in March 2018 which assessed patient satisfaction

in various areas of the services offered by the practice. Overall, 90% of responses were either good, very good or excellent, for the questions asked.

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: Easy read and pictorial materials were available.	

Source	Feedback
CQC patients' questionnaires	Five patients questioned by CQC told us they felt involved in decisions about their care and treatment. These patients also said they knew how to access services in the wider community.

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)	96.8%	92.2%	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.	The practice has 192 patients on its carers' register which equates to 2.3%.

How the practice supported carers (including young carers).	Carers were signposted to Carers Together support group, where appropriate. GPs assessed the wellbeing of carers when they brought patients to appointments.
How the practice supported recently bereaved patients.	This was followed by the offer of a telephone call from a GP.

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 practice understood the needs of its local population and had developed services in response to those needs.	Y
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
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm
Saturday	8am – 12.30pm (pre-booked appointments only)
Appointments available:	
Monday	8.20am – 5.20pm
Tuesday	8.20am – 5.20pm
Wednesday	8.20am – 5.20pm
Thursday	8.20am – 5.20pm
Friday	8.20am – 5.20pm
Saturday	8am – 12.15pm (pre-booked appointments only)

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8185	273	93	34.1%	1.14%

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%	93.9%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
All patients had a named GP who supported them in whatever setting they lived.
The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
The practice provided effective care coordination to enable older patients to access appropriate services.
Nurse practitioners offered home visits for chronic disease reviews.
Temporary residents at the nearby rehabilitation unit were able to access visits from a GP.
The nursing team offered home visits to undertake flu vaccinations which allowed greater follow-up and identification of vulnerable patients.
The practice supplied hearing aid batteries to patients.

People with long-term conditions

Population group rating: Good

Findings

Patients with multiple conditions had their needs reviewed in one appointment.

The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.

The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.

Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

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 had developed some information leaflets which were tailored to younger people, for example 'younger people's personal privacy' rights, and 'students – smoking, alcohol and drugs'.

The practice contacted the parents or guardians of children due to have childhood immunisations.

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.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Pre-booked appointments were available on Saturday mornings.

Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

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

There was an MJOG smart system of two-way messaging between patients and the practice.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

The practice held a register of patients living in vulnerable circumstances including homeless people,

travellers and those with a learning disability.

People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.

The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

Priority appointments were allocated when necessary to those experiencing poor mental health.

Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	87.9%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	55.1%	67.3%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	57.4%	64.9%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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)	62.2%	74.0%	74.4%	No statistical variation

Source	Feedback
CQC comment cards and patient questionnaires.	Patients commented positively to questions about accessing care and treatment in a timely way.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
When a patient was waiting to take a call back from a GP, a receptionist failed to document when the patient would be available to take the call (they were at work, and unable to access their telephone at particular times). Patient therefore unable to answer the call.	The practice apologised to the patient. A reminder was sent to receptionists to record timeframes if patients have limited access to telephones.
Patient unhappy at being advised to buy an interim supply of medication over the counter (and subsequent staff attitude about the issue).	Apology letter sent, explaining practice's reasons for the decision.

Well-led

Rating: Good

At our January 2019 inspection we rated the practice as requires improvement for providing well led services. This was because arrangements in respect of duty of candour, comprehensive assurance systems and overarching governance needed improvement. At this July 2019 inspection we saw that all these areas had improved. We have now rated the practice as good, for providing well led services.

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: The practice had been on a trajectory of significant change and improvement over the previous six months. Leaders had taken responsibility for the areas of care and treatment which needed improvements. The practice had willingly accepted support from outside agencies to help it focus on change and improvement, and leaders had clearly reflected upon the process and used this as a tool for learning.	

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

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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
CQC interviews with staff (including questionnaires)	Staff told us they felt supported by the GPs. They felt that there was an open culture at the practice. They sometimes felt that communication within teams could be improved.

Governance arrangements

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

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

Managing risks, issues and performance

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

	Y/N/Partial

There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
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.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence: The practice had regular meetings. There was a large team meeting on a weekly basis. Sometimes this would be a clinical meeting, or a Gold Standard framework meeting or a partners meeting. We saw that there were regular lunchtime training sessions in addition. The practice held a weekly Monday briefing session with the objective of 'Promoting Asking for Help'. This covered standing items including; staffing, maintenance, and workload.	

The practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y

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
The practice had an active Patient Participation Group (PPG).	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: The practice had successfully engaged the PPG in the production of suitable patient information leaflets. The PPG were extremely active within the practice and undertook weekly environmental checks of the premises to help inform and sustain the infection prevention and control measures that had been established since our previous inspection.</p>	

Feedback from Patient Participation Group.

Feedback
<p>Members of the PPG told us that:</p> <ul style="list-style-type: none"> • Clinicians and staff have a culture of putting the patient first in their thinking and planning • Practice management is always open with the PPG and a strong level of trust exists. • The practice listens to the views expressed by the members and, whenever appropriate, the management responds positively. • As a group the PPG feels well integrated with the practice. • The group members have brought about changes to the appointment systems, nurse appointments and annual flu clinics. • They feel very valued and listened to by the Practice and will assist them in any way possible.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence: The practice had recognised that the benefits of face-to-face and experiential learning were more beneficial to their staff, than accessing online training courses. Where possible, the practice sought ways to access face-to-face learning opportunities and had asked the local Clinical Commissioning Group (CCG) for support with this.</p> <p>The practice had engaged in a Diabetic Trailblazer project and had become the top achieving practice in the whole of Tees, for this work in diabetes prevention.</p>	

Examples of continuous learning and improvement

The practice had received recognition for its work on end of life care, diabetes, cancer screening and health checks for patients with learning disabilities.

It had worked quickly and efficiently to address the areas of concern we identified in January 2019. It is now beginning to firmly embed its new processes and procedures and continue along a trajectory of improvement.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation 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.