

Care Quality Commission

Inspection Evidence Table

Sollershott Surgery (1-5683574043)

Inspection date: 18 July 2019

Date of data download: 27 June 2019

Overall rating: Requires Improvement

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

Safe Rating: Requires Improvement

We rated the practice as requires improvement for providing safe services because:

- The practice's systems and processes to keep people safe were not always comprehensive.
- The practice's systems for the appropriate and safe use of medicines were insufficient.
- The practice did not have an effective system in place to ensure learning and action from significant events were always shared with relevant staff members.

Safety systems and processes

In some cases the practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
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

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	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, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
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
<p>Explanation of any answers and additional evidence: All the staff we spoke with demonstrated they understood the relevant safeguarding processes and their responsibilities. All staff had completed adult and child safeguarding training. However, the nursing team had not completed safeguarding children training to the appropriate level for their roles. The practice took immediate action and following our inspection they provided us with confirmation that those staff members had completed the required level of safeguarding children training.</p> <p>At the time of our inspection, not all clinical staff had a DBS check in place. The practice did not have a policy in place for DBS checks to ensure all relevant staff members received a DBS check as part of their induction into the practice. Shortly after our inspection, we received evidence to confirm an application for a DBS had been submitted for a clinical staff member and a DBS policy was now in place. The practice was in the process of risk assessing all staff roles.</p> <p>All staff who acted as chaperones had received training. However, the practice did not have a chaperone policy in place. Not all staff members who acted as a chaperone had received a DBS check and the practice had not taken any action to mitigate risks. The practice took immediate action and following our inspection, they provided us with evidence of a chaperone policy and a documented protocol which identified appropriate staff members who were able to perform chaperone duties.</p> <p>The practice did not have a comprehensive system in place to ensure the required recruitment checks were always carried out. We checked five personnel records and found the practice had only one reference in place for three non-clinical staff members and no references recorded for one of the practice nurses.</p> <p>The practice had the required vaccination records in place for some staff members. During our inspection, we found a number of clinical and non-clinical staff members had not received all of the required vaccinations for their role. We saw evidence to confirm that the practice was in the process of arranging the required vaccinations for these staff members.</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: 11/01/2019	Partial
There was a record of equipment calibration. Date of last calibration: 11/01/2019	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: 28/06/2019	Y
There was a log of fire drills. Date of last drill: 04/07/2019	Y
There was a record of fire alarm checks. Date of last check: 20/03/2019	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	N
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	N
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	N
<p>Explanation of any answers and additional evidence: The practice had evidence of recent portable appliance testing for most of the equipment. During our inspection, we found two items which did not have a record of a recent test. The practice took immediate action and removed the two items from general use.</p> <p>The practice had a fire risk action plan in place. However, the practice was unable to provide us with evidence of a fire risk assessment. Additionally, the practice did not have a premises or health and safety risk assessment in place. Shortly after our inspection, we received evidence to confirm fire and health and safety risk assessments had been completed on 19 July 2019 and the fire risk action plan had been updated.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Partial
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 11/04/2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence: All the staff we spoke with demonstrated they understood the infection prevention and control (IPC) processes and their responsibilities. The practice had IPC policies and documents. However, these documents were not accessible to all staff members and the practice was unable to demonstrate how the IPC policy was reviewed and kept up-to-date. Shortly after our inspection, the practice provided us with evidence of an updated IPC policy.</p> <p>A Legionella risk assessment was in place for the premises. However, the practice was unable to demonstrate how they acted on the recommendations following this risk assessment. Shortly after our inspection, we received evidence to confirm that the practice was in the process of completing the required action identified in the Legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).</p>	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Partial
Explanation of any answers and additional evidence: During our checks of the process in place to manage clinical documentation, we found the practice had a good system in place to ensure all documentation was seen and acted on by a clinician. However, we found some clinical documentation had not been scanned and filed in to the clinical system in a timely manner. Shortly after our inspection, the practice provided us with evidence to confirm that this was now being monitored and an audit of this process would be completed on a regular basis.	

Appropriate and safe use of medicines

The practice had appropriate and safe use of medicines, including medicines optimisation in most cases.

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) <small>NHS Business Service Authority - NHSBSA)</small>	0.98	0.95	0.88	No comparison available
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) <small>(NHSBSA)</small>	10.0%	9.1%	8.7%	No comparison available
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) <small>(NHSBSA)</small>	5.97	5.49	5.61	No comparison available
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) <small>(NHSBSA)</small>	1.60	2.11	2.07	No comparison available

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

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
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: The practice held a range of emergency medicines and a system was in place to monitor stock levels and expiry dates. However, during our inspection we found the practice had not replaced an emergency medicine used to treat inflammation and pain, which had expired in May 2019. The practice took immediate action and removed the expired medicine. Additionally, the practice had not completed a risk assessment to determine the range of emergency medicines held at the practice. The practice did not stock a recommended emergency medicine used to treat heart failure. During our inspection, we received evidence to confirm that an order had been made for a replacement medicine, and an appropriate emergency medicine which could be used to treat heart failure had also been ordered. Shortly after our inspection, the practice confirmed that the practice had received these emergency medicines.</p>	
<p>During our inspection, we found clinical staff did not undertake a review of prescriptions that had been issued but not collected by patients. The practice did not have a documented process in place to manage uncollected prescriptions. Shortly after our inspection, the practice provided us with evidence to confirm that a protocol for reviewing uncollected prescriptions had now been introduced.</p>	

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.	Partial
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.	Partial
Number of events recorded in last 12 months:	11
Number of events that required action:	Eight
Explanation of any answers and additional evidence: All the staff we spoke with demonstrated they understood how to identify and report significant events and near misses. The practice investigated significant events and took the appropriate action when required. Significant events were recorded on an incident form. However, the practice did not have a significant events policy in place and was not able to demonstrate how learning and action from significant events was always shared with relevant staff members. Shortly after our inspection, the practice provided us with a copy of a significant events policy.	

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

Event	Specific action taken
Abnormal results following a patient health check which had not been shared with the GP.	The practice had identified a learning need for the individual staff member and took the required action.
Wrong patient booked in for a telephone consultation.	Staff were reminded to double check all essential information prior to booking a patient in for an appointment.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: The practice had a system in place to ensure all safety alerts relevant to general practice were discussed and acted on in a timely manner.	

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.	Partial
There were appropriate referral pathways in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: The practice had completed the recruitment of their clinical team in January 2019. The new clinical team had identified the need to improve their patient recall system and the GPs and practice nurses were in the process of inviting patients for their annual reviews.	

Prescribing	Practice	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>	0.41	0.64	0.77	No comparison available

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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. Clinical staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: **Good**

Findings

- The practice was taking steps to ensure 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 GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	63.7%	78.1%	78.8%	No comparison available
Exception rate (number of exceptions).	3.3% (8)	10.8%	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>	63.9%	75.2%	77.7%	No comparison available
Exception rate (number of exceptions).	6.2% (15)	9.4%	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>	64.9%	79.7%	80.1%	No comparison available
Exception rate (number of exceptions).	8.3% (20)	12.7%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.1%	76.0%	76.0%	No comparison available
Exception rate (number of exceptions).	1.8% (7)	6.4%	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>	82%	91.7%	89.7%	No comparison available
Exception rate (number of exceptions).	5.7% (3)	13.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	71.5%	81.8%	82.6%	No comparison available
Exception rate (number of exceptions).	2.0% (17)	3.6%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.9%	90.1%	90.0%	No comparison available
Exception rate (number of exceptions).	1.9% (2)	5.2%	6.7%	N/A

Any additional evidence or comments

The practice was able to demonstrate the steps they had taken to improve performance for Quality and Outcomes Framework (QOF) indicators. The new clinical team were receiving support from the registered provider and the practice had reviewed and improved systems and processes to ensure patients were being invited and recalled for a review.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the national minimum target and the World Health Organisation (WHO) target. The practice had achieved 100% for all four childhood immunisation indicators.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (to) (NHS England)England)	36	36	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (to) (NHS England)England)	44	44	100.0%	Met 95% WHO based target
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) (to) (NHS England)England)	44	44	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) (NHS England)	44	44	100.0%	Met 95% WHO based target

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	76.9%	75.1%	71.7%	No comparison available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	81.4%	72.1%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	64.7%	59.2%	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. (PHE)	76.9%	62.9%	71.2%	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)	53.3%	55.8%	51.9%	No comparison available

Any additional evidence or comments

The practice encouraged uptake to national cancer screening programmes. Clinical staff contacted patients and also opportunistically encouraged patients to attend. The practice promoted national screening campaigns and displayed information in patient waiting areas.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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 medicine.
- 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.

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>	90.9%	91.1%	89.5%	No comparison available
Exception rate (number of exceptions).	6.4% (3)	13.6%	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>	100%	93.0%	90.0%	No comparison available
Exception rate (number of exceptions).	2.1% (1)	11.9%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been	90.2%	82.7%	83.0%	No comparison available

reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) ^(QOF)					
Exception rate (number of exceptions).	2.4%	(1)	7.9%	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)	498	541	537.5
Overall QOF score (as a percentage of maximum)	89.1%	Data Unavailable	96.2%
Overall QOF exception reporting	2.6%	5.2%	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

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

The practice used information about care and treatment to make improvements. For example, the practice had completed an audit on the monitoring of patients receiving disease-modifying anti-rheumatic drugs (DMARDs). This audit resulted in the practice nominating a GP lead to monitor the prescribing of DMARDs. The practice reviewed and improved the system in place to ensure the latest blood tests results and liver and renal function tests were obtained and checked before issuing these medicines.

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: Practice staff attended local Clinical Commissioning Group (CCG) led training days which were held on a regular basis. Staff members had protected learning time and access to e-learning training modules and face to face training sessions. Staff were encouraged to develop. One of the practice nurses was in the process of completing a prescribing course.	

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

Indicator	Y/N/Partial
The contractor has regular (at least three monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: The practice worked closely with a multi-disciplinary rapid response service in place to support older people and others with long-term or complex conditions to remain at home rather than going into hospital or residential care.	

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>	93.3%	94.8%	95.1%	No comparison available
Exception rate (number of exceptions).	0.5% (6)	0.6%	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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: During our inspection we observed that staff members displayed a kind and caring approach towards patients. Staff members had completed equality and diversity training.	

CQC comments cards	
Total comments cards received.	23
Number of CQC comments received which were positive about the service.	18
Number of comments cards received which were mixed about the service.	Four
Number of CQC comments received which were negative about the service.	One

Source	Feedback
Patient interviews and CQC comment cards.	Feedback from patients was positive about the way staff treated them.
Feedback from the Patient Participation (PPG).	Feedback from the PPG was positive about the care and treatment provided by all staff members.

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
5,108	230	127	55.2%	2.48%

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) <small>(GPPS)</small>	74.1%	87.1%	89.0%	No comparison available
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) <small>(GPPS)</small>	72.6%	85.9%	87.4%	No comparison available
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) <small>(GPPS)</small>	91.7%	95.6%	95.6%	No comparison available
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) <small>(GPPS)</small>	62.0%	81.2%	83.8%	No comparison available

Any additional evidence or comments

The practice had reviewed the results from the 2018 National GP Patient Survey and had obtained feedback from comment cards and the NHS Friends and Family Test (FFT). (The FFT asks people if they would recommend the services they have used and offers a range of responses). The National GP Patient Survey results published in July 2019, showed the practice had improved in several areas, when compared with the results published in July 2018. For example, the latest National GP Patient Survey results showed:

- 88% of respondents stated that the healthcare professional was good or very good at listening to them.
- 80% of respondents said the healthcare professional was good or very good at treating them with care and concern.
- 75% of respondents described their overall experience of the GP practice as good.
- 94% of respondents stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to.

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

Any additional evidence

The Patient Participation Group obtained patient feedback on an ongoing basis and worked with the practice to identify and review areas for improvements.

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: The practice displayed information about local services and support available to patients. The practice website offered a range of information for patients to access.	

Source	Feedback
CQC comment cards, patient interviews and feedback from	Patients stated that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the

the PPG.	choice of treatment available to them.
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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) (GPPS)	89.1%	93.4%	93.5%	No comparison available

	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

Percentage and number of carers identified.	The practice held a register of carers, with 111 carers identified, which was approximately 2% of the practice list.
How the practice supported carers.	The practice's computer system alerted staff if a patient was also a carer. The practice had a dedicated carers noticeboard in the patient waiting area and a carers lead who provided information to patients about local services offering support to carers.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement a GP contacted them and arranged a visit or discussed the services available to support them.

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	Y

issues.	
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: Staff recognised the importance of patients' dignity and respect. Staff made efforts to maintain privacy and confidentiality.	

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
Explanation of any answers and additional evidence:	
The practice participated in a local CCG led winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for an urgent appointment rather than travel to the local A&E department. The practice had offered 1,187 additional appointments between October 2018 and April 2019 and had seen 1,130 patients during this period.	
Reception staff had received training in care navigation and were able to signpost patients to local, non-clinical services for information and support.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	8.30am – 11.30am and 4pm – 6.30pm
Tuesday	8.30am – 11.30am and 4pm – 6.30pm
Wednesday	8.30am – 11.30am and 4pm – 6.30pm
Thursday	8.30am – 11.30am and 4pm – 6.30pm
Friday	8.30am – 11.30am and 4pm – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5,108	230	127	55.2%	2.48%

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) <small>(GPPS)</small>	88.7%	94.1%	94.8%	No comparison available

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 was able to offer home visits via the Acute In-Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.
- A named GP carried out a weekly visit to a local care home for continuity of care. We spoke to a senior staff member at the home who described the services provided as good and responsive to the needs of their residents.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community respiratory nurse to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: **Good**

Findings

- Additional nurse appointments were available until 6pm on a Thursday for school age children so that they did not need to miss school.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- A community midwife held a clinic at the practice on a regular basis.

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.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- A phlebotomist from the local hospital provided a clinic at the practice twice a week and was able to take blood samples from patients for the required testing.
- An electronic prescribing service (EPS) was available which enabled GPs to send prescriptions electronically to a pharmacy of patients' choice.
- Additional appointments were also available to all patients at a local GP practice within the area daily, as the practice participated in a local Extended Access scheme. This scheme was offered at the premises. Appointments were available from 6.30pm to 8pm weekdays and from 8am to 2.15pm on Saturdays and from 9am to 12pm on Sundays and bank holidays.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including those with severe frailty and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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 we interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice referred patients to the wellbeing service and encouraged patients to self-refer.

Timely access to the service

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

	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: The practice provided a telephone triage and call back service led by a GP. All home visit requests were clinically assessed by a GP.	

National GP Survey results:

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 (to) (GPPS)	54.2%	N/A	70.3%	No comparison available
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) (GPPS)	54.4%	63.1%	68.6%	No comparison available
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	55.4%	59.6%	65.9%	No comparison available

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2018 to 31/03/2018) (GPPS)				
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) (GPPS)	73.6%	71.6%	74.4%	No comparison available

Any additional evidence or comments

The practice had made changes to their appointment booking system, in response to patient feedback. The practice offered a mixture of pre-bookable, same-day and online appointments. The practice also released emergency appointments on a daily basis. The National GP Patient Survey results published in July 2019, showed the practice had improved in several areas relating to access, when compared with the results published in July 2018. For example, the latest National GP Patient Survey results showed:

- 59% found it easy to get through to the practice by telephone.
- 62% described their experience of making an appointment as good.
- 79% were satisfied with the appointment time they were offered.

Source	Feedback
Patient and PPG interviews.	Patients told us that they had experienced difficulties in obtaining an appointment which was convenient to them.
CQC comment cards	The patient comments we received were positive overall about access to care and treatment. A small number of comments were negative about getting through to the practice on the telephone and booking an appointment which was convenient.

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.	Eight
Number of complaints we examined.	Five
Number of complaints we examined that were satisfactorily handled in a timely way.	Five
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	Y/N/Partial
Information about how to complain was readily available.	Y

There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence: All the staff we spoke with demonstrated they understood the complaints process and their responsibilities. Information about how to make a complaint or raise concerns was available and it was easy to do. The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.</p> <p>The complaint leaflet included information on the Parliamentary and Health Service Ombudsman (the PHSO make final decisions on complaints that have not been resolved by the NHS in England). However, the practice did not always provide patients with information on the role of the PHSO when sending a final response to patients.</p> <p>The practice told us that they would review their complaints procedure and ensure information about the PHSO would now be included as standard with all final responses to patient complaints.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice received a complaint about the lack of appointments available outside of normal working hours.	The practice took steps to further publicise and promote the Extended Access scheme.

Well-led

Rating: Requires Improvement

We rated the practice as requires improvement for providing well-led services because:

- The practice did not have clear responsibilities, roles and systems of accountability to support good governance and management in some cases.
- The practice did not have clear and effective processes for managing risks, issues and performance in some areas.

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 supported the development of staff members. Senior staff responsible for the service contract offered support and worked closely with the GPs and practice staff.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice had appointed a clinical lead GP in September 2018 and a salaried GP in October 2018. The practice was actively looking for an additional full-time GP to replace a long-term locum GP.	
The practice manager had been appointed in March 2019 and was working with the GPs and practice staff to deliver an improvement plan. A reception team leader had also been appointed. The practice had focused on developing their work in relation to several key areas such as staffing levels and working protocols, the management of patients with long-terms conditions, medicines monitoring and patient	

access.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
Staff interviews	The staff members we spoke with told us that there was a good relationship between staff and managers and they could raise concerns and report when things went wrong. They told us they felt respected, valued and well supported and knew who to go to in the practice with any concerns. Staff members described positive changes in working arrangements following the appointment of senior practice staff and salaried GPs.

Governance arrangements

In some cases the overall governance arrangements were ineffective.

	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
<p>Explanation of any answers and additional evidence: Clinical oversight and accountability within the practice had been established in some areas. However, the governance framework in place to support the delivery of the strategy and oversight of processes was not effective in some areas. During our inspection, we found the practice did not have:</p> <ul style="list-style-type: none"> ▪ A clear DBS policy or system to sufficiently assess and manage DBS checks and the chaperone process. ▪ An effective system to ensure all staff members completed safeguarding children training to the appropriate level for their role. 	

- A comprehensive system in place to manage staff recruitment checks and induction.
- An effective system in place to ensure all staff members had received the required vaccinations appropriate for their role.
- A system in place to ensure relevant practice policies were available and regularly reviewed.
- A documented process in place to manage uncollected prescriptions.
- A clear system in place to ensure learning and action from significant events was always shared with relevant staff members.
- A system to ensure the practice provided patients with information on the role of the PHSO when sending a final complaint response to patients.

Shortly after our inspection, the practice provided us with evidence to confirm the issues identified were being addressed.

Managing risks, issues and performance

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

	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.	Partial
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.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence: The practice did not have clear and effective processes for managing risks, issues and performance in some areas. For example, at the time of inspection, the practice did not have:

- A fire risk assessment, health and safety risk assessment or a premises and security risk assessment in place.
- A record of portable appliance testing for all equipment available to staff members.
- A risk assessment in place to determine the range of emergency medicines held at the practice.
- An effective system to ensure appropriate emergency medicines were stocked and kept within the expiry date recommended by the manufacturer.
- A process to ensure mitigating actions had been completed following the Legionella risk assessment.
- A system to ensure the management of clinical documentation was appropriately monitored and audited.

Shortly after our inspection, the practice provided us with evidence to confirm the issues identified were being addressed.

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
Staff whose responsibilities included making statutory notifications understood what this entails.	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
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
Explanation of any answers and additional evidence: The practice regularly reviewed patient feedback and staff members told us that their feedback was always considered. The practice obtained and reviewed patient feedback in order to make improvements where required. The practice had made changes to their appointment booking system to improve patient access and had re-arranged the reception area following feedback from staff members. The practice was in the process of commencing early morning telephone consultations one day a week.	

Feedback from Patient Participation Group.

Feedback

The Patient Participation Group (PPG) held regular meetings with senior staff at the practice and worked with practice staff to review and improve patient access and information. The PPG had undertaken a patient survey, had launched their own website and had developed patient information leaflets about services and support available to elderly patients and dementia awareness.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice worked closely with other practices within the locality and were managed by a local GP federation. The practice was a member of a local Primary Care Network. The practice had focused on learning and improvement and had launched a text messaging service, a new website and had also introduced a new clinical system within the previous six months. The clinical lead was an approved GP trainer and the practice had recently been accredited as a training practice.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.