

Care Quality Commission

Inspection Evidence Table

Shere Surgery/Dispensary (1-583813035)

Inspection date: 24 September 2019

Date of data download: 11 September 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

The practice had 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
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice held registers for specific vulnerable groups. For example, dementia register, learning disability register, mental health register, carers register.	

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>All health care professionals working in the practice were registered with the relevant professional body.</p> <p>Registration was checked on employment (along with satisfactory references) and where applicable annually thereafter. Health care professionals' entry on professional registers were checked to ensure revalidation had occurred and that GPs were included on the NHS Performers List.</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: 220/9/2019	Y
There was a record of equipment calibration. Date of last calibration: 19/07/2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. Date of last assessment: December 2018	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: September 2018	Y
There was a log of fire drills. Date of last drill: September 2019	Y
There was a record of fire alarm checks. Date of last check: September 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: December 2018	Y
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: December 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2018	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	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
<p>Explanation of any answers and additional evidence:</p> <p>There was a designated lead for infection control within the practice. The physical environment including chairs, floors, walls and curtains were clean and maintained in good condition. There was a designated room for storage of cleaning equipment. There were handwashing facilities, liquid soap and paper towels in each of the clinical rooms as well as antimicrobial sanitising gel available for use by clinical staff between patients.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>Clinical staff had access to the risk stratification tool for sepsis. Non-clinical staff had completed an online training module in sepsis awareness.</p> <p>We saw clinical waste was stored securely and was locked away outside and spillage kits were available to deal with possible bio-hazard events.</p>	

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 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
<p>Explanation of any answers and additional evidence:</p> <p>We saw during the inspection the practice was up to date with its allocation and management of incoming clinical correspondence and test results.</p>	

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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.88	0.83	0.87	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). (01/07/2018 to 30/06/2019) (NHSBSA)	9.0%	10.0%	8.6%	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 (01/01/2019 to 30/06/2019) (NHSBSA)	5.60	5.78	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	1.49	1.67	2.08	No statistical variation

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

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	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>Prescriptions were locked away securely and tracked through the practice to monitor their safe use. Temperature control was monitored daily to maintain medicine safety in the fridges.</p> <p>The practice had developed a protocol for COPD (Chronic Obstructive Pulmonary Disease) patients offered rescue packs in the last 12 months. This ensured that information was available during annual reviews and helped when deciding the most appropriate treatment. Information leaflet on rescue packs were also provided to patients.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Y

If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Y
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
Explanation of any answers and other comments on dispensary services: The practice had installed a new computer system for dispensing in September 2019.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	7
Number of events that required action:	7

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Dispensing Error	Discussed with Lead GP for dispensary and dispensary team. Technicians to be more vigilant when checking trainees. To reduce distractions at busy times. Checkers to move out of the dispensary if required. Letter sent to patient to apologise and advised of actions taken. Decision to install new dispensing software to support the checking process.
Referral for scan sent to wrong patient	Discussed with patient's regular GP and admin team. Ensured correct patient was aware of need for scan. Apology issued to both patients. Workflow team reminded to take care when completing tasks.

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 that the practice was receiving safety alerts and was acting appropriately to ensure patients were identified and actions taken. We also saw that the information relating to these alerts were shared with the full clinical team and the dispensing team.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Records we checked showed annual long-term conditions and mental health review management was monitored to ensure patient outcomes improved.</p> <p>The practice had initiated a 'controlled drug prescribing contract' for those patients on long term medication for chronic pain in adults. Patients were aware of the risks associated with the long term prescribing of these medications, as well their own roles and responsibility of continuing to use this medication.</p>	

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) (01/07/2018 to 30/06/2019) (NHSBSA)	0.33	0.95	0.75	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. The practice had also identified patients who were at risk of admission to hospital or who had particular medical needs. Those identified received a full assessment of their physical, mental and social needs. This allowed the practice to record the patient's future health wishes. For example, decisions regarding resuscitation. This information was available to the out of hours and ambulance services.

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.

The practice offered weekly visits to the local residential care home and the provision of flu vaccinations for those who were house bound.

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.

A visiting service initiative had been set up by the carers lead. This initiative identified patients who felt lonely or isolated, who could then be offered some support and companionship.

People with long-term conditions

Population group rating: Good

Findings

Patients with long-term conditions had a structured review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

Clinical staff opportunistically offered reviews if patients had failed to attend previous appointments.

GPs followed up patients who had received treatment in hospital or through out-of-hours services.

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

Patients with suspected hypertension were offered ambulatory blood pressure monitoring.

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

The practice ran specialist clinics. For example, diabetes, chronic obstructive pulmonary disease (COPD), asthma, heart disease and hypertension. These patients were regularly invited for structured examination and management.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.4%	82.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.2% (17)	13.7%	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>	78.9%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.1% (25)	12.3%	9.8%	N/A

Diabetes Indicators	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>	74.6%	80.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.0% (36)	17.0%	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>	73.2%	76.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (14)	7.5%	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>	92.0%	91.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	17.0% (28)	13.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QoF)	74.6%	82.9%	82.6%	Variation (negative)
Exception rate (number of exceptions).	3.2% (33)	5.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QoF)	82.4%	90.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.9% (11)	7.7%	6.7%	N/A

Any additional evidence or comments

The practice was aware that they had lower than average QoF figure in relation to the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less. They had reviewed this and believed this was due to a coding issue and possibly under exception reporting.

Families, children and young people

Population group rating: **Good**

Findings

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.

The practice was able to offer young people cognitive behavioural therapy in house.

Young patients could access services for sexual health and contraception.

The practice was able to offer family planning clinics for intrauterine contraceptives at the practice.

They also offered an advanced coil fitting service to patients within the Guildford and Waverley Clinical Commissioning Group (CCG) area, which would have otherwise needed to be referred to the hospital.

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), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	41	53	77.4%	Below 80% uptake

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	42	48	87.5%	Below 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	43	48	89.6%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	42	48	87.5%	Below 90% minimum

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>

Any additional evidence or comments

The practice was aware they had low immunisation rates. They told us the nurses and GPs would call patients in relation to immunisations. However, they had noted a decline in patients wanting to have their child immunised. They also told us that opportunistically they would talk to patients about the importance of immunisation.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.

Patients had access to appropriate health assessments and checks including NHS checks for patients. 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.

Patients could access appointments until 8pm week days and weekend appointments through the local federation of GPs.

The practice offered lunch time appointments and telephone appointments on Saturday mornings.

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)	70.2%	N/A	N/A	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	72.3%	73.1%	69.9%	N/A

Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) ^(PHE)	59.9%	59.4%	54.4%	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)	60.6%	75.6%	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)	45.7%	44.1%	51.9%	No statistical variation

Any additional evidence or comments

The practice had developed a new template for cancer reviews. The aim of these reviews was to ensure that more holistic care was being offered. Reviews would take place every six months.

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 those who were homeless or with a learning disability. Patients could be offered longer appointments.

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

Vulnerable patients were discussed at meetings, so that additional support could be accessed if required. Patients could be signposted to voluntary groups who could offer further support.

Staff had been trained to recognise signs of abuse and were aware of their responsibilities and how to liaise with the relevant agencies.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

The practice assessed and monitored the physical health of patients 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.

The practice could refer patients to various talking therapy providers. Patients could also self-refer to these services.

The practice had trained counsellors within the practice who could offer cognitive behavioural therapy as well as other talking therapies. These were available on a private basis but were also available fully funded for those who are unable to meet the cost themselves. This was funded through SALV (Shere and Local Villages) charity.

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) (QOF)	96.6%	91.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	37.0% (17)	14.7%	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)	77.4%	89.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	32.6% (15)	12.0%	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)	86.0%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.2% (6)	4.9%	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)	534.8	547.7	537.5
Overall QOF score (as a percentage of maximum)	95.7%	98.0%	96.2%
Overall QOF exception reporting (all domains)	4.8%	5.3%	5.8%

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

<ul style="list-style-type: none"> Several audits had been undertaken which had resulted in changes to clinical management and medicines for individuals, in line with guidance.
<ul style="list-style-type: none"> Examples of audits completed, risk of non-melanoma skin cancer, patients at risk from unopposed oestrogen, dispensing error log, warfarin patients with the time in therapeutic range of less than 85% and inadequate cervical smear review.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	n/a
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: The provider developed staff into roles that met development needs and aligned with the business needs of the practice. An example of this was, a team member who had started in the dispensary and had been trained as a medical secretary and was now the deputy practice manager and was currently working towards AMSPAR level 5 primary Care and Health Management Diploma.	

Coordinating care and treatment

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

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

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
Explanation of any answers and additional evidence: The practice, with help from the local charity SALV (Shere and local villages), was able to offer their patients ultrasounds, microsuction and ear irrigation, a dermatoscopy service, women's health initiatives and direct patients to a 'Villages Helpline' for patients who were potentially lonely or isolated.	

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>	92.3%	94.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.4% (24)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained to demonstrate that it 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
Explanation of any answers and additional evidence: The practice obtained consent to care and treatment in line with legislation and guidance. Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The practice was aware of and complied with the new General Data Protection Regulation (GDPR).	

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.	8
Number of CQC comments received which were positive about the service.	7
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment Cards	Patient's comments were positive. We saw comments that staff and GPs were excellent, supportive, very friendly and caring, patients said they were treated with respect. The one mixed card we received was in relation to having to wait to see their preferred GP of choice.
NHS Choices and I want Great Care	We noted there were positive comments about the level of service and patient 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
7968	242	111	45.9%	1.39%

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 (01/01/2019 to 31/03/2019)	91.3%	91.9%	88.9%	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 (01/01/2019 to 31/03/2019)	94.8%	89.8%	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 (01/01/2019 to 31/03/2019)	100.0%	97.3%	95.5%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	94.9%	88.2%	82.9%	Tending towards variation (positive)

Any additional evidence or comments

The practice had worked hard to achieve their patient survey results and was always looking to improve where possible.

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

Any additional evidence

The practice had completed a survey in July 2019 in relation to appointments and was in the middle of their most recent survey in relation to access to the building and the environment of the practice.

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We interviewed two patients from the practice. Both said that they were more than happy with the care they received. They felt that staff communicated well and gave information in a clear and informative way. They were given the time they needed to discuss any concerns they had.

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 (01/01/2019 to 31/03/2019)	99.3%	95.9%	93.4%	Variation (positive)

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 181 patients who were carers (2% of practice population)
How the practice supported carers (including young carers).	The practice computer system alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations. The practice was able to offer a percentage of carers a carers respite payment through Surrey Independent Living Council. The care co-ordinator identified young carers and could signpost them into support services.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.

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
Explanation of any answers and additional evidence: Staff could offer a separate private room where patients could have privacy if this was required.	

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had renovated their accessible toilet with advice from a disabled patient (accessible toilets are designed to accommodate people with physical disabilities or with reduced mobility). This included motion sensor lighting, a higher toilet and new grab rails. The practice had recognised the need for new examination couches that could be higher and lowered for patients with less mobility. This had been funded by SALV (Shere and local villages) charity.</p>	

Practice Opening Times

Day	Time
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm

Any additional evidence or comments

The practice was part of a federation of GP practices which provided extended access appointments for patients during the week until 8pm and at weekends. These services were offered from Binscombe Surgery near Godalming, and at the Fairlands Practice in Guildford. Patients were able to use any of the two locations who provided this service.

In response to a patient survey the practice had implemented lunch time and telephone appointments on a Saturday morning.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
7968	242	111	45.9%	1.39%

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 (01/01/2019 to 31/03/2019)	97.1%	95.3%	94.5%	No statistical variation

Any additional evidence or comments

The practice supported and raised funds through SALV (Shere and local villages) charity to host a physiotherapy team who worked from the practice as well as visited patients' home.

The practice was able to offer patients ultrasounds. Three of the partners were trained to offer this service. This helped with rapid diagnosis, incidental findings, screening and reduced the time patients needed to wait for a scan to be done.

The practice were winners at the 2018 National GP Awards for Women's Health Initiative. A team of three GPs with a special interest in Women's Health were able to manage conditions in house such as abnormal bleeding, pelvic pain and menopause related difficulties. 50% of patients were managed at one appointment and 75% were discharged after their first follow up appointment.

The practice was able to offer their patients microsuction and ear irrigation.

The practice offered a dermatoscopy service and were trialling digital image sharing with a skin cancer specialist for advice where required.

The practice were able to direct patients to a 'Villages Helpline' which was run in conjunction with the parish. Patients could be offered a visit and chat for those who were feeling lonely or isolated.

Older people

Population group rating: Good

Findings

All older 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.

The practice could signpost patients to local support groups.

Patients could receive text message appointment reminders.

People with long-term conditions

Population group rating: Good

Findings

Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.

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 patients 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 patients 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.

Children subject to protection plans were highlighted in clinical records.

The practice was able to offer an advanced coil fitting service to their patients and those within the Guildford and Waverley Clinical Commissioning Group (CCG) area, which would have otherwise needed to be referred to the hospital.

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. For example, extended opening hours and weekend appointments provided at a different location.

Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Patients were able to book appointments on-line and order repeat prescriptions. Patients were able to make online requests via the website.

Two of the practice GPs were trained to deliver menopause care and had given a talk to the local area. This had resulted in an increase in patients being reviewed and prescribed HRT.

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.

The practice could accommodate those patients with limited mobility or who used wheelchairs.

The practice provided an auditory loop in the practice for those patients with hearing difficulties.

When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

The practice was one of two practices in the Guildford and Waverley CCG area that offered a service for homeless patients. These patients were able to use the practice address to register and were offered an annual health review.

People experiencing poor mental health Population group rating: Good (including people with dementia)

Findings

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 in the area and signposted their patients to them.

The practice was able to offer young people cognitive behavioural therapy in house. This had been a service which the practice had recognised was needed and had been funded through SALV (Shere and local villages) charity.

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 (01/01/2019 to 31/03/2019)	95.2%	N/A	68.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	83.8%	74.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	71.0%	65.9%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	94.1%	78.4%	73.6%	Variation (positive)

Any additional evidence or comments

The practice had completed its own patient survey where it was indicated that patients would like Saturday morning and lunch time appointments. In response to this the practice had decided to stay open during the lunch period with the exception of Tuesday's (closed 1pm and 3pm for meetings and staff training) and had created lunch time and Saturday morning telephone appointments. Patients were still able to book evening and weekend appointments through extended access being run by the federation.

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.	7
Number of complaints we examined.	7
Number of complaints we examined that were satisfactorily handled in a timely way.	7
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

Examples of learning from complaints.

Complaint	Specific action taken
Concern that x-ray details left with GP had been mislaid	Discussed with Reception team and GP concerned. Investigated and found there had been confusion at reception. X-ray was found in the GP's room. Patient responded to. Agreed that practice would not accept x-ray film from patients as there is no mechanism for this to be filed/stored safely.
Change to regular medication	Discussed the medication switch at clinical team meeting. Discussed the need to be sensitive and clear about the reasons behind a switch. CCG Pharmacist contacted for advice. Feedback response to patient with explanation of rationale.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: There was an open and inclusive leadership style within the practice, which resulted in good teamwork.	

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
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: The practice ran a weekday staff yoga session for which they had won an award (Egton national #move4change campaign for a healthy workplace), a cinema club and had several staff WhatsApp groups.	

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

Source	Feedback
Staff Interviews	Staff told us they felt supported by management and worked well together as a team and all felt supported to carry out their roles. They told us they were encouraged to develop. Staff stated they felt respected, supported and valued. They were proud to work in the practice.

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

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	Staff were able to access practice specific policies and procedures.
Designated Leads	Staff within the practice had designated leads which all staff were aware of. For example, the nurse was the infection control lead and the safeguarding lead with support from two of the GP partners.
Audits	The practice completed clinical audits to improve outcomes for patients.
QOF	The practice monitored performance against the Quality Outcomes Framework (QOF) to improve outcomes for patients.
Staff meetings	A meeting structure was in place and embedded which facilitated effective communication of any changes to the practice team. Significant events were discussed and the practice reviewed complaints.
Staff training	Staff were offered a range of development and was able to promote within the practice due to additional training offered. GPs were encouraged to develop specialisms that would promote patient care. There was good management overview of staff training and development.

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: All staff received an annual appraisal of their work, which included a discussion about their training needs. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Systems to respond to significant incidents and complaints were established and embedded. There was a system of reviewing significant events to identify possible themes or trends. Action was undertaken in response to patient safety alerts.	

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

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.	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

Feedback from Patient Participation Group.

Feedback

We spoke with a member of SALV (Shere and Local Villages) charity. The aim of the charity was to help protect, improve, and preserve the health of local people within the civil parish of Shere and adjoining parishes. By assisting the provision and maintenance of: medical equipment, fittings, and furniture, training, including the use of equipment and new technologies and other medical and healthcare services. The practice and SALV held regular meetings to discuss the needs of the practice and the local population. The practice held local talks organised by SALV and gave updates in relation to the practice; where patients were able to openly ask questions. SALV had helped the practice and the local community by funding: a slit lens microscope (for eye examinations), 24 hour blood pressure monitors, examination couches, dermatoscopes (skin microscopes), surgical lighting, ECG machines (for making heart tracings), mental health initiatives (offering counselling and local diagnoses), a backup generator (to keep the surgery going during power) and an ultrasound scanner.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

All staff received individualised training opportunities which were discussed at their appraisals. Partners were actively involved with the Clinical Commissioning Group, Federation and Primary Care Network.

The practice was heavily involved in their local community and had many initiatives to help support the people who lived in the village and beyond. For example, one of the GPs had campaigned for the Shere Pool to be given charitable status to enable the pool to be upgrade and therefore more accessible. Other examples included, the 'Shere Mile' (a demarcated walking route in the local park), outdoor gym and community talks. These had been funded by either the parish council or SALV (Shere and Local Villages) charity.

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.