

# Care Quality Commission

## Inspection Evidence Table

### Medlock Vale Medical Practice (1-542636285)

Inspection date: 08 October 2019

Date of data download: 30 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The safeguarding lead had oversight of the register and was in the process of corroborating with health visitors and reviewing those children who have reached the age of 18.</li></ul>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>• There was a vulnerable adult register which included patients at risk of domestic violence.</li> <li>• There was now regular contact with the health visitors and safeguarding was a standing agenda item within clinical meetings.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We reviewed the staff files of three new members of staff and found the checks had been or were being carried out in accordance with regulations.</li> <li>• We noted routine checks were carried out with the GMC and NMC to ensure clinicians registration was up to date.</li> </ul>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: June 2019</p>	Yes
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: June 2019</p>	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: August 2019</p>	Yes
There was a log of fire drills.	No
<p>There was a record of fire alarm checks.</p> <p>Date of last check: weekly checks carried out</p>	Yes
<p>There was a record of fire training for staff.</p> <p>Date of last training: mandatory e-learning for all staff on-going</p>	Yes
There were fire marshals.	Yes
<p>A fire risk assessment had been completed.</p> <p>Date of completion: September 2019</p>	Yes

Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A process was in place to carry out routine fire alarm and warning light checks in line with guidance. A record of checks was now maintained. However, the practice had not carried out a fire drill in the last 12 months. The practice provided us with a schedule of fire drills they planned to carry out in the next 12 months.</p> <p>The practice had invited an external company to support them completing detailed health and safety and fire risk assessments. The initial risk assessment had been completed and the actions identified were being addressed and a review of the risk assessment was planned once the actions had been completed.</p>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: September 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2019	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We noted in some areas of the practice the window blinds, although not in direct reach of patients did not comply with current safety standards. The practice told us they would address this immediately following the inspection.</p>	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: October 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

## 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Partial
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff were provided with an induction and during the first couple of weeks had opportunities to shadow staff across the organisation. We noted however staff induction was not routinely recorded.</li> <li>• All staff had completed appraisals. As a result, a training/skills matrix had been developed to support staff develop and progress.</li> </ul>	

- We found inconsistencies in reception staff awareness of what action they would take if a patient became acutely unwell and there was no formal guidance in place for non-clinical staff or training. Immediately following the inspection mandatory training implemented for all staff and face to face has been arranged for November 2019.
- Clinical staff had access to nationally recognised clinical tools to support them in assessing acutely unwell patients including those with suspected sepsis. We also noted sepsis notices in all clinical areas.

## 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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
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.	Yes

## 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)	0.99	0.95	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total	9.9%	8.9%	8.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>				
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) <small>(NHSBSA)</small>	5.94	4.86	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) <small>(NHSBSA)</small>	2.21	2.83	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
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.	Yes*
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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	Yes

Medicines management	Y/N/Partial
outcomes and reduce the risk of adverse events and antimicrobial resistance.	
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The clinical team included clinical pharmacists who provided full time cover within the practice. They carried out routine audits on all high-risk medicines to ensure the systems and process were being maintained and protocols were being followed. They were also routinely auditing medication reviews have been carried out and liaising with the reception team to calling patients due for monitoring or review.</li> <li>The clinical pharmacists were also able to support GPs with, prescription management, for example responding to acute medicine requests, dealing with medication for patients recently discharged from hospital and clinical medication reviews. This enabled the practice to address patient's medication queries swiftly and free up GPs to see patients.</li> <li>During the inspection we reviewed a sample of notes for patients prescribed high risk medicines, including those patients where shared care arrangements were in place. We found that where the practice did not arrange blood testing themselves, they received notification stating monitoring remains satisfactory before issuing a prescription.</li> <li>For those patients prescribed New Oral Anticoagulants (NOAC) a monthly audit was carried out to ensure patients were being monitored appropriately. We noted however the audit did not identify those patients diagnosed with conditions such as atrial fibrillation, who may benefit from NOAC, but had not yet been prescribed. Speaking with the GP and pharmacist they told us they would follow this up immediately following the inspection to ensure all patients were followed up and review the process to ensure patients were included in audits going forward.</li> </ul>	

## 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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes

Number of events recorded in last 12 months:	Two
Number of events that required action:	Two
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Staff could describe how they would report a significant event and learning was shared.</li> <li>• We noted significant events were discussed during clinical and staff meetings. The meetings were held between three practices to enable shared learning. We noted however the recording of actions and outcomes was inconsistent with some being recorded within significant events and other within minutes of meetings. It was also not clear within the records the time frame in which significant events took place and subsequent investigation and reviews happened.</li> </ul>	

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

Event	Specific action taken
Urine culture acted on but patient not informed appointment with urology cancelled.	<ul style="list-style-type: none"> <li>• Practice to automatically inform patients of appointments cancelled by the practice.</li> <li>• Review protocol for cancelling appointments as investigation noted even though results acted on by clinician, there may have been value in referral to urology to further investigate cause of infection/blood present in urine.</li> </ul>
Statement of intent and DNAR forms completed for OOH but not correctly actioned by reception staff	<ul style="list-style-type: none"> <li>• Review of process with all staff to ensure process followed as per guidance in future.</li> </ul>

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
Safety alerts were received by the GPs and actioned by the clinical pharmacists. Actions and outcomes were discussed as part of the monthly clinical meetings. We saw examples of actions taken on recent alerts for example, regarding sodium valproate.	

## 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had a bypass telephone number for vulnerable patients including older patients who may need to be seen by a clinician urgently.</li> <li>The practice appointed and advanced nurse practitioner as an acute care lead. They are responsible for the coordination of home visits and works with the management team to ensure effective and appropriate use of resources in relation to acute care. They also lead on palliative care within the practice.</li> <li>The practice has dedicated lead clinicians in key area to enable continuity of care and monitoring outcomes of care and treatment, for example a disease management lead, mental health and vulnerable patient lead, child health and a women's health leads.</li> </ul>	

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) <small>(NHSBSA)</small>	1.01	0.96	0.75	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Care homes were provided with direct contact details of the clinical pharmacists to assist them with any medication queries and clinicians provided annual reviews for all patients living in residential or nursing homes.
- Vulnerable older patients or those patients receiving end of life care had access to a bypass telephone number to enable them to have quick access should it be required.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- The practice has appointed specialist respiratory nurse to review and develop care plans for patients with server COPD and ensure rescue packs are in place where required.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators

Practice

CCG

England

England

		average	average	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) <sup>(QOF)</sup>	74.7%	78.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.5% (18)	8.7%	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) <sup>(QOF)</sup>	76.4%	77.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.1% (21)	6.2%	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>	74.9%	77.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.8% (50)	11.7%	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>	70.1%	74.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (33)	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>	76.6%	89.4%	89.7%	Variation (negative)*
Exception rate (number of exceptions).	2.0% (5)	11.2%	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)	80.8%	81.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.9% (27)	3.3%	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)	85.7%	89.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (2)	5.1%	6.7%	N/A

#### Any additional evidence or comments

The practice appointed a team of specialist respiratory nurses to review patients with COPD. We noted from unverified QoF data 2018/19 the practice achieved 90% for the indicator relating to COPD reviews and in year data provided showed they had completed 75% of COPD reviews.

### Families, children and young people

### Population group rating: Good

#### Findings

- The practice in 2019/20 were on track to meet the minimum 90% target for all childhood immunisation uptake indicators. Unverified data provided by the practice in year (April 2019 to July 2019) showed all targets had been achieved. They had increased nursing capacity to ensure immunisation rates were maintained and monitored going forward.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	62	65	95.4%	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) (01/04/2018 to 31/03/2019) (NHS England)	58	68	85.3%	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)	58	68	85.3%	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)	59	68	86.8%	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

Unvalidated data seen during the inspection (April 2019 to July 2019) showed they were maintaining 95% target for children aged 1 who have completed a primary course of immunisation and achieving 90% for all three immunisations for two-year-old.

### 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)	69.3%	N/A	80% Target	Below 70% uptake*
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	71.8%	69.8%	72.1%	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)	58.0%	55.0%	57.3%	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)	80.0%	72.6%	69.3%	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)	58.1%	47.1%	51.9%	No statistical variation

#### Any additional evidence or comments

New data was not publicly available for 2018/19 in relation to the percentage of women eligible for cervical cancer screening. The practice however provided us with unverified data which showed in 2018/19 they had improved screening rates with 76% of eligible women screen. We also noted from unverified data provided by the practice in year (April 2019 to October 2019) 75% screening rate.

#### People whose circumstances make them vulnerable

Population group rating: Good

#### Findings

- There were lead clinicians in place who took responsibility for vulnerable patients and the practice now held a register of patients living in vulnerable circumstances including homeless people, travellers, war veterans and those with a learning disability.
- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice demonstrated that they had a system to identify people who misused substances.
- Vulnerable patients had access to a bypass telephone number to enable them to have quick access should it be required.

**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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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)	72.3%	90.1%	89.5%	Tending towards variation (negative)*
Exception rate (number of exceptions).	19.0% (11)	11.2%	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)	82.4%	89.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	12.1% (7)	9.1%	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)	73.3%	83.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	10.4% (7)	6.1%	6.6%	N/A

#### Any additional evidence or comments

We noted from unverified QoF data 2018/19 the practice achieved 97% for the indicator relating to the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan and a lower exception rate of 3%.

#### 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)	511.1	535.0	537.5
Overall QoF score (as a percentage of maximum)	91.4%	95.7%	96.2%
Overall QoF exception reporting (all domains)	3.3%	4.7%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes
Quality improvement activity was targeted at the areas where there were concerns.	Yes

The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- A programme of quality improvement and have a detailed audit programme in place. Monthly searches were also carried out with results shared routinely with managers and leads.
- We noted audits had been carried out in relation to a recent MHRA alert routinely by the clinical pharmacist with actions and outcomes shared during clinical meetings.
- The practice initiated and funded a quality improvement initiative to review and improve outcomes for patients with severe COPD.
- For those patients prescribed New Oral Anticoagulants (NOAC) one GP carried out a monthly audit to ensure patients were being monitored appropriately, this included weight checks and kidney function.

### 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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: Staff had access to in house role related training and nursing staff had completed mandatory training to maintain registration.	

There was a training plan in place and this was overseen by the business support officer.

### 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)	Yes
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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

### 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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	93.5%	95.2%	95.1%	No statistical variation

(01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.3% (6)	0.5%	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

## 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.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

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

Source	Feedback
CQC comment cards	Feedback from the comment card stated excellent service.
NHS Choices	Majority of reviews stated staff were kind and caring.

## 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
8235.0	304.0	96.0	31.6%	1.17%

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)	86.5%	89.1%	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)	80.8%	87.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	92.5%	95.4%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	62.9%	81.3%	82.9%	Variation (negative)

### Any additional evidence or comments

The practice was aware of patients concerns and feedback from the national GP survey and had implemented a number of changes to improve overall experience. This included increased access to clinical staff, for example data provided by the practice showed they had increased the number of advanced nurse practitioner appointments from 13 in February 2018 to 198 by February 2019 and GP appointments from 128 in February 2018 to 292 by February 2019. They had also increased the number of practice nurse appointments.

The practice had also changed the telephone system to improve patient experience and redecorated the practice to improve the environment.

### Question

Y/N

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

Yes

### Any additional evidence

The patient participation group had plans in place to carry out a patient satisfaction survey in year.

### 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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes

### 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)	95.0%	93.9%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	(124) 1.5%
How the practice supported carers (including young carers).	The practice had systems in place to identify patients who were carers and all new patients were asked if they were a carer as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer. We saw information for carers was readily available in the waiting area which was up to date.  Carers were invited for reviews and were actively encouraged to access seasonal flu vaccinations.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, the GP best known supports recently bereaved patients to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

# 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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	
We observed staff speaking with patients to accommodate appointments for patients including offering appointments within the extended hours scheme.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am to 6:30pm
Tuesday	7:30am to 6:30pm
Wednesday	7:30am to 6:30pm
Thursday	7:30am to 6:30pm
Friday	8:00am to 6:30pm
Appointments available: The practice held morning and afternoon surgeries which were a combination of pre-bookable, urgent and on the day appointments. Patients could also access appointments with a GP, Nurse or HCA at a local seven-day access hub evenings and weekends.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8235.0	304.0	96.0	31.6%	1.17%

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)	91.0%	95.1%	94.5%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

### People with long-term conditions

### Population group rating: Good

#### Findings

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

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

**Population group rating: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered appointments from 7:30am three mornings a week and the practice could also book patients appointments with a GP or nurse at the local 7-day extended access service which had clinics at the weekend and in the evening.
- Opportunistic flu vaccinations were offered to patients at different times of day to accommodate carers, workers and school children.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Good**

### **Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs

and those patients living with dementia.

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

## Timely access to the service

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

#### National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Vulnerable patients had access to a bypass telephone number to enable them to have quick access should it be required.</li> <li>• An acute care lead was in post to coordinate and assess home visits and care for patients receiving palliative care.</li> </ul>	

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)	55.4%	N/A	68.3%	Variation (negative)
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)	57.5%	62.4%	67.4%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	51.3%	60.9%	64.7%	Variation (negative)
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)	62.2%	69.9%	73.6%	Variation (negative)

#### Any additional evidence or comments

The practice was aware of patients concerns and feedback from the national GP survey and had implemented several changes to improve overall experience. This included increasing the number of appoints available with GPs and nurses.

The practice had also changed the telephone system and increased the number of administration and reception staff to improve patient experience.

They continued to monitor patients' feedback via the friends and family test (FFT) and the PPG had plans in place to carry out a patient survey. We noted from the 79 FFT responses between July and September 2019, 73% would recommend the practice.

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: Wherever possible the practice met with complaints to discuss concerns and share outcomes from investigations. We noted however following meetings, outcomes were not routinely recorded.	

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had governance arrangements in place for reviewing and monitoring safety systems and had a range of audits in place to monitor and improve medicines management.</li><li>• The practices were part of a group of three practices. To share learning the practice had shared clinical and staff meetings.</li><li>• The practice had strengthened the management and leadership team and appointed a new business support officer and reception manager.</li></ul>	

### 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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

## 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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence:  Staff told us of an open and supportive environment and managers were approachable.	

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

Source	Feedback
Staff	<ul style="list-style-type: none"> <li>Staff stated they felt respected, supported and valued. They were proud to work in the practice.</li> <li>Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.</li> <li>They told us there were good positive relationships between staff and teams and felt supported by GPs and managers.</li> <li>Staff told us they had valued the opportunity to complete training and opportunities to develop skills.</li> </ul>

## 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.	Yes

Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

### 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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
A programme of quality improvement and audit was in place to monitor performance and risks.	

### 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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

### 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice encouraged patients to provide feedback through the Friends and Family test</li> <li>• There was an active patient participation group who met at the practice bi-monthly.</li> </ul>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice worked closely with the neighbourhood and new primary care network to develop services and improve access to primary care locally.</li> <li>• The practice had developed quality improvement programme to make improvements, for example reviewing and improving outcomes for patients with severe COPD.</li> </ul>	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## 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.