

Care Quality Commission

Inspection Evidence Table

Blacketts Medical Practice (1-574465998)

Inspection date: 16 October 2019

Date of data download: 15 October 2019

Overall rating: **Good**

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

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.71	0.78	0.75	No statistical variation

Older people

Population group rating: Good

Findings
<p>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.</p> <p>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.</p> <p>The practice carried out structured annual medication reviews for older patients.</p> <p>Staff had appropriate knowledge of treating older people including their psychological, mental and</p>

communication needs.

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

Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

The practice worked with their Patient Participation Group (PPG) and other practices along with Growing Older Living in Darlington (GOLD) to engage and improve wellbeing for older people in Darlington. GOLD hold an annual Tea Dance, an event in the Market Square, the practice attended along with some practices and took the opportunity to do a mini health check including blood pressures. The event is used to launch the annual flu campaign; also leaflets were handed out for the Shingles vaccine and NHS health checks. The practice worked in partnership with the local leisure centre and they kindly weighed their patients and handed out leaflets for gentle exercise classes for the more mature and we called it 'Keeping Healthy in Darlington'.

A ladies health and wellbeing night was held in the surgery where members of the ethnic community attended.

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.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- As a result of suggestions made by the nursing team they now held a COPD clinic which is a single appointment where they are seen by both the health care assistant and nurse at the same time.

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>	75.4%	81.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.6% (53)	15.1%	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>	76.4%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.5% (47)	12.1%	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>	77.4%	82.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	19.7% (109)	16.4%	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>	76.0%	75.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	18.6% (128)	9.7%	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%	91.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.4% (24)	12.1%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading	89.1%	86.4%	82.6%	Tending towards variation (positive)

measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	5.1% (72)	4.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.6%	94.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (10)	6.8%	6.7%	N/A

Families, children and young people

Population group rating: **Good**

Findings

- The practice had met the minimum 90% target for all of four childhood immunisation uptake indicators. The practice had met the World Health Organisation (WHO) based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators.
- 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.
- The practice was able to signpost young people to an organisation called Kooth, this was an on-line counselling, emotional and well-being platform for young people.

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) <small>(NHS England)</small>	111	120	92.5%	Met 90% minimum

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)	111	116	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	110	116	94.8%	Met 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)	110	116	94.8%	Met 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>

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.
- The practice also offered on-line appointments and telephone consultations.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	76.0%	N/A	80% Target	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)	71.7%	73.5%	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)	60.7%	59.3%	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)	96.3%	70.0%	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)	46.8%	49.0%	51.9%	No statistical variation

Any additional evidence or comments

The practice were aware of the lower percentage of cervical screening. They were doing work to improve this. This included working with patients from an ethnic minority to engage with them and raise awareness of areas such as cervical and breast screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- 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.
- The practice were working with the Bangladeshi Community in a programme called ASSIST. This programme was designed to educate this patient group about how the NHS worked and how appointments within the practice worked. The aim being to improve health outcomes.
- The practice had implemented a 'Ladies Night', with the aim to raise awareness of wellbeing, breast and cervical screening. As a result of this night, three ladies made a first-time appointment for cervical screening.

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 in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services, although they told us this was a challenge to the practice due to lack of NHS resource.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.6%	94.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	29.5% (31)	27.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.8%	93.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	26.7% (28)	24.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.3%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (1)	7.9%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG	England
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		average	average
Overall QOF score (out of maximum 559)	551.0	554.4	537.5
Overall QOF score (as a percentage of maximum)	98.6%	99.2%	96.2%
Overall QOF exception reporting (all domains)	6.8%	6.5%	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

Any additional evidence or comments
A range of audits had taken place including a regular three-monthly audit of high-risk drugs.
One of the practice nurses was involved in a wound management project. As a result, they had conducted an audit of the wound care dressings used in the practice to ensure the most appropriate were being used. They plan to conduct this audit annually.
The practice carried out an audit regarding prevention of fragility fractures if patients were on long-term steroids and needed bone protection. The results showed that all patients who should be on bone protection were. Re-audit identified that three patients were at intermediate risk who were referred for as a scan as per advice from Rheumatology. They planned to do a third audit cycle in future to identify any new patients who may be at risk.

Effective staffing

The practice was able/ unable to demonstrate that.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
We looked at a sample of staff records, and it was clear that there were effective systems for training and ongoing development of the staff team. It was also evident that there were opportunities for career development within the practice, which the practice encouraged. Examples included, one of the practice nurses had been trained to be a prescriber and another had completed a diabetic diploma.	

Coordinating care and treatment

Staff worked work 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
Staff spoken with confirmed there was good multi-disciplinary working with other agencies and good attendance at meetings. The practice were also in the process of looking to develop a suitable model for social prescribing.	

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	Y

own health.	
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
<p>There was clear evidence in the practice of ways in which they were supporting and educating patients and the wider community to live healthier lives. Examples included, the development and introduction of Blackett's lifestyle information and support service (BLISS), a service generated from ideas from non-clinical staff within the practice. This was a six-week programme providing a range of health and education information for patients concerned about their weight and diet. The deputy practice manager also completed a diploma in nutrition. One aspect of the groups' work was in healthier eating. The patients were encouraged to try healthy alternatives to meals and snacks brought in by the practice team. The practice ran five, six-week sessions in 2018 and included exercise session at the nearby leisure centre. Each group lost between three and a half to seven stones. This service also provided the practices patient population with social support. Some patients who have attended the classes have longstanding mental health/issues and needs, they find the group very welcoming and enjoyable, they attended regularly and GPs have commented on the improvement in their mental health after attending the classes. There had been no further on-going analysis, however they said there was the potential for a wider roll out of the service.</p>	

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>	94.1%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (22)	0.7%	0.8%	N/A

Consent to care and treatment

The practice always obtained.

	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 had also carried out an audit of patient consent.	

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
The practice was very clear about the challenges facing them, such as limited mental health and smoking cessations services. They however continued to have discussion regarding this with wider stakeholders.	

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
Staff expressed they were valued and well supported within the practice. They were aware of the vision in place within the practice.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
We received a number of very positive comments about the level of support and development offered to staff. They told us that they thought the practice was open and transparent, that the whole team were supportive of each other.	
Staff had been involved in activities outside of work, such as Escape Room event (a team building event). They are also joining in with the Park Run, which included patients if they want to be involved.	
The partners took the staff out for meal as a recognition of the practice's achievements.	

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

Source	Feedback
Staff questionnaires	They commented that they worked well as a team and had the best support from the practice manager and GPs. They said that everyone was approachable, and that support given was not just for work but also if needed in homelife.

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
A copy of the most recent report from the Clinical Commissioning Group (CCG) was made available. This was a positive report with the only area for action was about counselling services.	

Managing risks, issues and performance

The practice had in the main 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.	P
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
<p>There was clear evidence to demonstrate that appropriate mechanisms were in place within the practice to ensure the premise was well-maintained and safe. The recruitment practices we looked at were effective, with role specific inductions and shadowing periods to ensure confidence and competence.</p> <p>We found that systems were in place for dealing with significant events and staff knew about the process. We could not fully evidence that any learning and action points had become embedded in practice. We also saw that there were no formal clinical meetings, which had an agenda and were minuted. Further information was received from the practice that detailed individual GPs take their own notes from Clinical meetings which they share with their appraiser on an annual basis.</p> <p>We saw that the system for managing blank computer prescriptions needed improvement, as the blank prescriptions were not recorded and were kept in an unlocked cupboard. One of the GPs also had prescriptions in their bag going back six years and there was no record of these. We received confirmation from the practice following the inspection that all appropriate action had been taken to address these issues and robust procedures are in place.</p>	

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

If the practice offered online services:

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	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 members of the PPG. They were very positive about their involvement in the practice. They told us they felt valued and listened to. Also, that they were kept well informed with developments within the practice as well as within the local health community. From a patient perspective they said the practice was well run and they would have no hesitation if they needed to raise any concerns. They were confident that they would be listened to and any appropriate action would be taken.

Any additional evidence or comments
The practice collected foodbank donations. They also involved the Salvation Army where appropriate to support a couple of families. The practice had developed a 'Friends of Blackett's', in which money was raised to pay for taxis for patients should this be needed.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
The practice were clearly committed to ongoing development and improvements. Examples have been detailed previously in the evidence table. This included the work of BLISS and the work with patients from an ethnic minority background – group called ASSIST.	
There was good joint working with the Darlington Primary Care Network.	

Examples of continuous learning and improvement
Development of a practice video to share on Facebook.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.