

Care Quality Commission

Inspection Evidence Table

Pimlico Health @ The Marven (1-549246825)

Inspection date: 3 December 2019

Date of data download: 27 November 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	
One GP was the safeguarding lead for both children and adults and regularly attended safeguarding	

Safeguarding	Y/N/Partial
meetings. Information for who to contact if staff had any concerns was located on the shared drive. All staff had also completed 'Prevent and FGM' training.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We checked a sample of staff files and found they contained appropriate documentation such as references, DBS checks and health check records.</p>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y April 2019
There was a record of equipment calibration. Date of last calibration:	Y April 2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y July 2019
There was a log of fire drills. Date of last drill:	Y October 2019
There was a record of fire alarm checks. Date of last check:	Y October 2019
There was a record of fire training for staff. Date of last training:	Y August 2019
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y August 2017
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y August 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y August 2019
Explanation of any answers and additional evidence: The practice carried out a weekly panic button test.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y June 2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The nurse was the infection prevention and control lead and whilst they had completed some inspection control training they had not completed any training for the role of lead.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: All staff had completed role specific training in relation to 'early diagnosis and management' of Sepsis. The provider also had a proforma located in all the consulting rooms.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence:	
The duty GP was responsible for checking test results on a daily basis.	

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) (01/10/2018 to 30/09/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.75	0.52	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	8.9%	9.5%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	6.34	5.72	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	1.93	1.23	2.08	No statistical variation

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

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	
The practice had an on-site pharmacist two days a week who took responsibility for the medicine management in the practice.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	10
Number of events that required action:	2

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

Event	Specific action taken
Practice had to evacuate the building due to a gas leak	Everyone evacuated safely and were able to use a local surgery. However the practice reviewed its business continuity plan to ensure it contained all information of who to contact in this type of emergency

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	
All alerts go to the operation manager who circulate to the clinical team. Action taken by the practice was recorded on a tracker kept on the shared drive.	

Effective

Rating: Requires Improvement

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
Explanation of any answers and additional evidence:	
The GPs could access up to date NICE guidelines through a link on their shared drive and the practice was signed up to the Gold Standard Framework for palliative care.	

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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	1.05	0.88	0.74	No statistical variation

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 and shingle vaccinations were offered to relevant patients in this age group. We saw the district nurse offered these to housebound patients.

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. The practice was signed up to the Whole Systems Integrated Care (WSIC), which monitored the high-risk patients and frequent presenters to A&E.
- 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. Patients were on a disease register and nurses had lead roles in monitoring and reviewing these patients.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.5%	79.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	3.2% (19)	9.3%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	78.1%	77.8%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.3% (31)	8.7%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.7%	79.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.3% (43)	10.1%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	71.0%	75.6%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.6% (16)	7.6%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.3%	88.2%	89.6%	Tending towards variation (negative)
Exception rate (number of exceptions).	11.3% (20)	13.7%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.0%	79.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (54)	3.8%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.1%	86.5%	91.1%	Variation (negative)
Exception rate (number of exceptions).	7.4% (14)	5.3%	5.9%	N/A

Families, children and young people

Population group rating: Require Improvement

Findings

- The practice had not met the minimum 90% target for all four childhood immunisation uptake indicators, they average 82% which is amongst the highest in the borough. The practice told us they were doing all they could to ensure all their children were invited and recalled for their immunisations. They held weekly nurse immunisation clinics where slots were protected, however parents could also book immunisations outside of this time. They also told us they had children on their books who no longer lived in the area and were in the process of identifying them.
- The practice contacted the parents or guardians of children due to have childhood immunisations. Their call and recall system involved telephone calls, at least two text messages and two letters which were recorded in patients notes.
- 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)	120	137	87.6%	Below 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)	98	124	79.0%	Below 80% uptake
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)	100	124	80.6%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	100	124	80.6%	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>

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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)	61.2%	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)	60.9%	54.1%	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)	42.8%	37.8%	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)	62.7%	59.7%	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)	50.0%	53.5%	51.9%	No statistical variation

Any additional evidence or comments

- The practice has recognised the need to improve their smear performance and were operating appropriate call and recall systems. We reviewed notes of patients, letters and reminders and saw the practice was operating a thorough recall system. We saw they had had conversations with patients who may have had smear tests abroad about the importance of providing evidence to confirm this.
- The practice also recognised that cultural issues negatively influenced screening uptake by some members of the local population. They had made contact with key members of community to discuss the reasons why there is a cervical smear programme in the UK and address any concerns or fears.
- They had good access with flexible appointments and had both Saturday and Sunday clinics. They also had early morning and late evening nurse screening appointments.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- One GP was the community lead and was responsible for coordinating all the care of patients who had been identified as the most vulnerable on their list.
- Patients in this group were coded as 'vulnerable adult' on home screen and same day 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 reviewed young patients at local residential homes.

People experiencing poor mental health (including people with dementia)

Population group rating: Good?

Findings

- One GP was the community lead and was responsible for coordinating all the care of patients in this group
- 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.

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 (01/04/2018 to 31/03/2019) ^(QOF)	91.9%	88.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	5.0% (11)	10.3%	12.3%	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 (01/04/2018 to 31/03/2019) ^(QOF)	86.7%	91.4%	90.2%	No statistical variation
Exception rate (number of exceptions).	4.5% (10)	7.3%	10.1%	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 (01/04/2018 to 31/03/2019) ^(QOF)	86.8%	85.3%	83.6%	No statistical variation
Exception rate (number of exceptions).	33.3% (19)	7.8%	6.7%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	542	No Data	539.2
Overall QOF score (as a percentage of maximum)	97%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.5%	No Data	No Data

	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

Below is a summary of some of the clinical audits carried out by the practice in the last two years:

- In 2017 the practice carried out an audit of the use of Hypnotics based on guidance produced by the CCG i.e. they asked practices to reduce their use of hypnotic drugs due to the risk of addition in some patients. The target was to achieve a 5% reduction. The practice identified patients and invited them in for reviews with the pharmacist or GP. The clinicians completed the RCGP online learning 'Dependence on medication'. They re-audited in 2019 and found they had achieved a 9% reduction in the number of Hypnotics they prescribed.
- In 2018 the practice carried out an audit in relation to prescribing anticoagulants to patients with other conditions. Their aim was to monitor the renal function of patients prescribed oral anticoagulants who did not have a creatinine clearance recorded in their records in the previous 15 months. The expectation was that more than 80% of patients should have been 'read' coded. On first audit they found 77% of patients had appropriate creatine data. Findings were discussed at a clinical meeting and clinicians encouraged to check renal function on any contact they may have with these patients. On re-audit in 2019 they found 95% of these patients had the recorded data in their records.

The practice had also carried out further single audits and reviews :

- A review of patients prescribed quinine in April 2019 as it was not recommended for treating idiopathic leg cramps. They reviewed all patients who had been prescribed quinine for this reason and discussed alternative treatments and gave self-help advice. They intend to carry out a re-audit in April 2020
- An audit of patients with a diagnosis of atrial fibrillation taking warfarin for stroke prevention who would be suitable to be converted to a DOAC (Direct Oral Anticoagulant) was carried out in October 2019. The patients who had been identified were called in for a review of their treatment. The practice intends to re-audit in 2020.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All staff had to complete annual mandatory training which included conflict resolution, data security, equality and diversity, preventing radicalisation, infection control, fire safety and health and safety.</p>	

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 (01/04/2018 to 31/03/2019) (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.	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	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice had a lead GP who liaised closely with social services and the care navigation team to ensure an integrated care approach was given to patients who had been identified as needing extra support.	

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	96.0%	95.5%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.0% (26)	1.2%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	25
Number of CQC comments received which were positive about the service.	22
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Cards	The mixed feedback included comments about being happy with the service but were unhappy with not being able to get a routine appointment. The practice have introduced a duty system and increased the amount of appointments available on a daily basis.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14341.0	471.0	108.0	22.9%	0.75%

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)	86.2%	85.9%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	83.2%	81.5%	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)	89.3%	92.0%	95.5%	Tending towards variation (negative)
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)	76.7%	78.7%	82.9%	No statistical variation

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

Any additional evidence
<p>The practice carried out an annual patient survey the most recent one was carried out in December 2018.</p> <p>The two questions asked were:</p> <p>1. Have you visited the practice in the last 6 months? If yes how was your experience at the surgery with the team? Answers included:</p>

- Yes, very good, wonderful, fantastic and nurse great
- Wonderful - really looked after I'm the luckiest person in London
- All fine, too long a wait for an appointment
- professional reassuring and helpful
- Very good seen same day GP and receptionist very helpful. Followed up within a week

2. Do you have any suggestions how to improve our GP practice services for you, your family or your community? Answers included:

- Shorter waiting times
- Happy with service wants appointments available for multiple issues
- More wellbeing advice
- bigger fonts on boards and screens

The practice has since introduced a duty system and increased the amount of appointments available on a daily basis. They will gather patient's reaction to this in this years questionnaire.

Involvement in decisions about care and treatment

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

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

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)	90.2%	90.5%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	128
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> • Carers leaflets in reception • Young Carers Information in reception • Telephone requests for prescriptions • Flu Jabs • Liaise with carers about home visits and care plans • Refer to carer's networks • Carers are offered flexible appt times and signposted to local services
How the practice supported recently bereaved patients.	Telephone the family, send cards, offer counselling and attend funerals.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Reception area is not private, and we have discussed this with the practice on previous inspections. They have tried to address this by placing a mark on the floor in order to place distance between the desk and the beginning of the queue. Although it has only slightly improved the privacy issue, the practice is limited by the constraints of the building. There is however a room where patients can discuss things in private if they wished to .</p>	

If the practice offered online services:

	Y/N/Partia I
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	08.30am-8.00pm
Tuesday	08.30am-8.00pm
Wednesday	08.30am-8.00pm
Thursday	08.30am-8.00pm
Friday	08.30am-8.00pm
Saturday & Sunday	10am-6pm (closed for lunch 1.30 - 2.00pm)
Appointments available:	
Monday	
Tuesday	
Wednesday	As above
Thursday	
Friday	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
14341.0	471.0	108.0	22.9%	0.75%

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)	89.3%	91.3%	94.5%	Tending towards variation (negative)

Older people

Population group rating: Good

Findings

- 5.5% of practice population is over 70 years old and all patients had a named GP who supported them in whatever setting they lived. Patients in this group that were able to attend the practice were given extra time when seeing a GP. They offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- One GP partner has weekly clinics to speak to the more vulnerable older people regularly. They also facilitated a home visit clinic for housebound patients and patients who need to be followed up after a hospital admission. The community matron visited housebound patients with more complex medical needs. We saw evidence showing there had been a reduction in hospital admission for their patients who were 85years and older since they started 'village approach' and home visiting clinic.
- The practice has a care navigator who provides an MDT approach for example refer to falls prevention, social services, OT and physiotherapy. We saw the care planning was tailored to patients needs including meeting expectations, values and choices.
- Families of elderly patients often live out of London and provided consent was given by the patient, they were involved in care of their elderly relatives and contacted the surgery directly if any concerns raised.
- 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.
- There was a medicines delivery service for housebound patients.
- The London Ambulance Service (LAS) had the number for the practice mobile phone in case they

were called out to see a patient but needed more information or to check if an admission is appropriate and if an alternative would be more suited.

- There were also Rapid Nurse Response teams to see housebound patients with non-complex acute presentations.
- Regular District Nurse contact not only in weekly meeting but with the duty doctor daily through phone or email.

People with long-term conditions

Population group rating: **Good**

Findings

- All patients in this group are on a disease register and nurses have lead roles in relation to their care.
- The practice had a Whole Systems Integrated Care (WSIC) approach who focussed on high risk patients and frequent presenters to A&E. Care plans were reviewed and updated regularly. This approach included local district nursing team and community matrons who managed the needs of patients with complex medical issues.
- The practice ran a specialist diabetic clinic where they had monthly multidisciplinary meetings with the Lead GP, a consultant diabetologist, dietician and nurse specialist from Imperial hospital. They run some clinics in the evenings in order for working age patients to attend. We were told by patients that they find the practice is a comfortable environment in which to discuss their care and is less confronting than a hospital setting. The CCG have developed new community clinics based around this model.
- The lead GP is trained to start insulin at the practice. They use management plans to manage patients in Westminster with Type 2 diabetes, who are not registered with the practice.
- 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.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice carries out electrocardiogram (**ECG**), Near Patient Monitoring (NPM), spirometry and ambulatory blood pressure monitoring (ABPM) was carried out at practice.
- The practice proactively screened for diabetes, hypertension and cardio vascular disease.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available every evenings and weekends for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Any child that has presented to A&E is followed up by the practice.
- The practice had nominated safeguarding leads every day
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic. The practice also held 6 weekly clinics alternating between 2 sites with a pediatric consultant from St Thomas hospital. The GPs have a contact number for any clinician to discuss Pediatrics cases. Patients can be referred directly or after discussion at meeting to be seen.
- Joint assessment
- Quarterly pediatric MDT meetings are held that are attended by Community and Adolescent Mental Health Service (CAMHS), school nurse, health visitors, social services, dietetics and care navigators.

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 was open until 8.00pm Monday to Friday. Appointments were available Saturday and Sunday 10am until 6pm.
- Telephone appointments were available.
- People could register if they worked locally
- They had access to online booking and E-referral were available to choose own appointment time
- There was electronic prescribing to their local pharmacy e.g. near their place of work
- The GP told us they try to coordinate appointment for various reviews together so that patients do not have to come too frequently for appointments

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. They are coded as 'vulnerable adult' on the home clinical screen
- 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 had a 'village' meeting approach to care for their most vulnerable patients. Weekly meetings were held which were attended by care coordinators, social workers, District Nurses, GPs, community matron and Occupational Therapist to discuss complex needs.
- The practice regularly liaised with the community alcohol and drug team as they have a higher than average number of patients in this group.
- They have routine home visiting clinic – housebound not been by GP for some time, follow up after a discharge and follow up concerns by district nursing
- Staff have completed specific training for looking after various vulnerable groups through NWL learning Hub
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had adopted the (Gold standard framework) GSF for Palliative care. They held monthly meeting facilitated by the palliative care doctor, with Trinity hospice District nurses and the community care navigator. Patients who were discussed were assigned to red, amber or green and anticipatory care plans, resuscitation orders and symptom control was agreed.
- They had a cancer care lead GP and all letters from oncologists were shown to them. Also, at the time of our inspection the practice was participating in the National Cancer Diagnosis Audit.

**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 and could be booked with a GP of their choice, although patients with complex needs were allocated a named doctor.
- Pre-bookable reviews were held any day of the week and reminder texts were sent the day before regarding forthcoming appointments.
- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice had a low threshold to review, if patient walks in they would/could be seen by the duty doctor
- The practice was aware of support groups within the area and signposted their patients to these accordingly. They worked closely with the CMHT and GPs could contact them and/or local psychiatrists to discuss cases. They also referred their patients to a voluntary sector support service, exercises class, healthy hearts and had counselling onsite for those more vulnerable who preferred a familiar environment.
- Mental health patients frequently reviewed at weekly 'village' meetings.
- The practice was trialling group consultations facilitated by a GP and a mental health support worker. They had run one to date and we saw the feedback was extremely positive.
- Patients with dementia are given a choice of appointments for their reviews ie face to face, or telephone and housebound patients are seen by the home visiting GP.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	76.1%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	66.7%	64.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	56.4%	60.6%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	56.3%	63.5%	73.6%	Tending towards variation (negative)

Source	Feedback
PPG	The practice had recently changed its appointments system and was in the process of gathering feedback from patients about it. However, the PPG reported to us that it was much improved.

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.	45
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
There were a number of complaints about when calling the practice it take a long time for phones to be answered,	Practice has updated its phone system and reorganised administration staff duties.
Referral to hospital had been delayed due to practice error	Practice apologised and reviewed its process for making and following up hospital referrals

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence:	
The practice had leads for all key areas of their work. The clinical lead and the operations manager provided weekly reports to the clinical meetings. We saw from minutes that they were fully aware of the challenges presented by their mobile, diverse population and the socioeconomic issues which can influence health concerns.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
The practice were clear about their objectives of the next twelve months which included increasing the nursing team, recruiting telephone handlers, recruiting a salaried GP, coaching for admin staff and developing home visiting GP service to reach housebound patients.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff(during inspection)	Staff told us there was a supportive team culture at the practice and could approach any of the managers.

Governance arrangements

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

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

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

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 on the day of the inspection who told us they were very involved with the practice and met four times a year. They had worked with the practice staff to review and develop the new website.
They had approximately 40 patients on their list, however not all attend meetings regularly. We were told they felt listened to and they gave us an example of changes had been made to the telephone answering message which was brought about after patient's feedback that it was too long.

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

Examples of continuous learning and improvement

The practice consistently sought ways to improve the care they provided through continuous learning, staff development and working in partnership with other services.

All staff were involved in discussions about how to run and develop the service and were encouraged to identify opportunities to improve the service delivered. Staff told us that the team meetings occurred regularly where they could raise concerns and discuss areas of improvement.

The practice ran weekly lunchtime clinical case discussions and updates – which was attended on

occasions by external consultants.

They had a strong mentorship history and had mentored nurse practitioners and district nurses.

The practice ran the out of hours HUB for all patients in the local area and worked in partnership with local practices to provide enhanced services to patients registered at other practices.

At the time of our inspection they were taking part in the National Cancer Diagnosis Audit.

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.