

Care Quality Commission

Inspection Evidence Table

The Aldergate Medical Practice (1-554804406)

Inspection date: 08 May 2019

Date of data download: 25 April 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

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

- The recruitment files we reviewed did not contain all the information required including staff vaccination history.
- The practice could not be assured that staff training was up to date as the staff training matrix was not up to date.
- The practice did not have documented risk assessments in place in relation to medicines for use in the event of an emergency not held at the practice.
- There were gaps in fire drills, patient safety alerts and serial number logs for paper prescription pads.
- There were gaps in the practice system for repeat prescribing a particular blood thinning medicine.
- Significant events and incidents were reported, documented and actioned with lessons learnt shared and disseminated. However, the system lacked a route cause analysis and therefore missed opportunities for further learning.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Not all clinical safeguarding training certificates could be reviewed during the inspection and the training matrix was not up date with the training staff had completed. For example, a GP record reviewed demonstrated that they had completed Level two training but not level three. Following the inspection, the practice manager evidenced that clinical staff had completed level three safeguard training. Some administration and reception staff were overdue their refresher training. The practice manager had instigated email reminders to staff to prompt them to complete overdue training. Practice staff attended local CCG learning event days which included face to face safeguard training. We saw that this was due to take place in June 2019.</p> <p>The practice evidenced that they invited health visitors to their meetings however to date they had been unable to attend.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The recruitment files we reviewed did not contain all the information required and were chaotically arranged within folders. For example, there was a mix of an absence of references in some files, photographic identity, full employment history, interview notes, training records, and staff vaccination/immunity history.</p> <p>In one GP locum folder there was an absence of documentation for example there was no record of their qualifications or training such as safeguarding. When discussed with the practice it was apparent that</p>	

they had had sight of this information on locum employment. Immediately following the inspection, the practice located these records in a locked cabinet and qualifications and training evidence was verified. Clinical staff records demonstrated their Hepatitis B status. There were gaps in records reviewed of staff's full vaccination histories. The new practice manager had informed us that they had been considering the occupational support available to staff and that gaining staffs full vaccination history or completing risk assessments would be completed as quickly as possible.

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: 02/04/2019	Yes
There was a record of equipment calibration. Date of last calibration: 02/04/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 07/05/2019	Yes
There was a log of fire drills. Date of last drill: not documented	No
There was a record of fire alarm checks. Date of last check: 07/05/2019	Yes
There was a record of fire training for staff. Date of last training: Various dates on training matrix and some were overdue	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed.	Partial
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: There was no completed log of fire drills, the document seen was blank. Staff we spoke with advised that they had attended an evacuation recently but could not recall the date. The practice manager advised that a further fire drill would be planned and documented within the week. The fire risk assessment was due for review in September 2018. Not all actions highlighted in the last risk assessment had been signed off as completed and there was no clear audit trail of actions taken. On discussion with the practice it was clear that these actions had been completed in full. The staff training matrix required managerial oversight to ensure all staff completed the training required with appropriate refresher training intervals including fire safety. The staff training matrix showed that staff had been in receipt of fire safety training. The practice training matrix specified fire safety training every two years for administration staff and annually for clinical staff. According to the training matrix reviewed five GPs and five nurses were overdue their annual training.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Completed on-line however the date was recorded as 10/05/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Completed on-line however the date was recorded as 10/05/2019	Yes

Explanation of any answers and additional evidence:

The date documented in the records reviewed contained an error in documenting the date completed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit:	March 2019
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The staff training matrix required managerial oversight. Five administration staff had not according to the training matrix been in receipt of training on infection prevention and control. Two GPs and one advanced nurse practitioner were overdue annual refresher training,	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	
There were gaps in the system employed for prescribing a particular blood thinning medicine (Warfarin).	

Appropriate and safe use of medicines

The practice had some 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) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	1.16	1.01	0.91	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). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	8.5%	8.6%	8.7%	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 (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	6.36	5.47	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	1.86	1.84	2.13	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	No
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about	Yes

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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	No
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	NA
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Blank prescriptions were kept securely there was a system in place to monitor the use of those used in printers. However, there was no system in place to monitor blank paper prescription pads in line with national guidance. When discussed it was clear that these forms were rarely used. During the inspection the practice instigated the use of serial number tracking forms from within the guidance of the Management and control of prescription forms; A guide for prescribers and health organisations by the NHS Counter Fraud Authority.</p> <p>A new clinical prescriber described the face to face, one to one support they received in respect of prescribing and clinical record reviews. This could be evidenced within the blocked off appointment times for the new prescriber and the clinical staff member. There was no formal competency framework used to demonstrate the prescribing competence of non-medical prescribers or documented clinical supervision.</p> <p>There was no completed audit to review to demonstrate how the practice monitored the prescribing of controlled drugs.</p> <p>The practice had a resuscitation trolley set up in the treatment room which held medicines used in the event of a cardiac arrest. In the treatment room there was also an emergency medicines box used in the event of a respiratory emergency and in case of a severe reaction/shock.</p>	

The treatment area housed two locked cabinets of which the duty nurse held the key in the event of an emergency requiring other medicines. We found that there was an absence of some emergency medicine used to treat for example; a child with croup, to treat an opioid overdose, an alternative medicine in the event of an allergic reaction to penicillin for suspected meningitis, and a medicine used in the event of a seizure. The GPs described their rationale for not holding these medicines although this was not documented in the form of a risk assessment.

We reviewed three records for patients prescribed a medicine used in the event of seizures and family planning advice. We found in two records no evidence of discussion of contraception or referral, in the other the discussion was recorded including contraception, but an appropriate form completed by their specialist was not recorded as suggested by a recent patient safety alert. Immediately following the inspection, the practice contacted the specialist who apologised as the completed forms had not been attached to the letters. Assurance was gained that these would be completed and forwarded to the practice without delay.

There were gaps in the system employed for prescribing a particular blood thinning medicine (Warfarin). Results from blood monitoring tests completed within secondary care were not accessible to local practices. Clinical staff repeat prescribed therefore without always having sight of the patients results. We reviewed three records and found one patient with no evidence of test results recorded to date, one with the last result recorded in January 2019 and one with the last result recorded in November 2018. Immediately following the inspection, the practice liaised with the local CCG regarding access to Warfarin blood test results.

Most high-risk medicines were monitored and managed within secondary care. The system to monitor other types of high-risk medicines was reviewed and we found appropriate monitoring and clinical review prior to prescribing in the records reviewed.

The practice advised that the Clinical Commission Group antibiotic guidelines staff referred to were dated 2016. They demonstrated that these were the most up to date local guidelines available to them. The practice prescribers were able to refer to best practice and evidence-based guidance available through their electronic systems.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong these were not always fully explored or documented.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	34
Number of events that required action:	34
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a clear events and incidents system in place. We spoke with staff who demonstrated their awareness on how to identify and report concerns, safety incidents and near misses.</p> <p>Learning and completed actions extrapolated from events were not always fully explored or documented. Staff were able to describe the actions taken in response to events, but these were not well documented in the three incidents reviewed. For example, it was not documented or clear as to whether an accident form had been completed or an environmental risk assessment following a report of a fall. The learning from a clinical staff member prescribing error and in relation to a vaccine administration error was not fully documented such as a clear root cause analysis or training or policy implications explored with evidence of the actions taken to reduce or mitigate risk of reoccurrence. Immediately following the inspection, the practice manager researched how to improve the practice analysis of incidents and events and intended to implement this into the practice system.</p>	

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

Event	Specific action taken
A person fell and suffered injury.	Immediate first aid was provided, and the person attended secondary care. Following a complaint, the outcome for learning was to complete an accident form.
A patient was repeat prescribed a cholesterol reducing medicine rather than an anti-inflammatory medicine.	The lesson learned was to request that the patient contact the pharmacy.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes

Explanation of any answers and additional evidence:

There were gaps seen in the practice's patient safety alert system. There was a lack of a systematic approach for ensuring patient safety alerts had been actioned. Alerts were disseminated to clinical staff members via email. Clinical staff requested or conducted appropriate patient record searches and actions taken. However, there was no audit trail to evidence the actions described had taken place. There was no specific person responsible for ensuring that the patient safety alerts had been actioned in full, evidence of the patient searches and recalls, or a clear auditable trail.

Immediately following the inspection, the practice informed us that they had developed a spreadsheet available for all staff on patient safety alerts arranged in monthly folders with links to the outcomes and any actions taken and that this would be discussed at weekly meetings as appropriate.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.68	0.56	0.79	No statistical variation

Older people

Population group rating: Good

Findings

- The current register of patients who were 75 years and over was 1220, over 9% of the practice registered population.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice Advanced Nurse Practitioner liaises with care homes
- The practice had recently engaged in the clinical commissioning group (CCG) initiative entitled staying well, supporting patients who are older and frail to remain well supported at home.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Examples of monitoring included the practice awareness that for example:
85% of diabetes patients offered a foot health check had attended for review in the last 12 months (1% had declined).
72% of diabetes patients had attended retinal screening in the last 12 months 3% had declined).
88% of heart failure patients had had an annual review in the last 12 months
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. There was a diabetes lead GP and two nurses trained to provided insulin initiation where assessed as appropriate.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice could access the Specialist COPD nurse from the National Improvement Service who performed annual reviews on the practice patients with COPD.
- 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.

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>	76.9%	78.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.2% (99)	11.7%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	74.0%	74.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.5% (77)	10.3%	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>	75.2%	79.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.1% (74)	13.9%	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>	77.0%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.7% (24)	11.1%	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>	93.1%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.4% (20)	11.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	80.2%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.9% (96)	4.6%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	90.1%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (12)	5.3%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- 74% of patients with long term conditions who have had a child in the last 16 years had received an annual review since May 2018.
- 1% of teenage patients had become pregnant in the last 12 months. The practice nurses provide contraceptive advice and some sexual health screening.
- The practice provides a full emergency contraceptive service.
- The practice operates an urgent walk in surgery every morning up to 10.30am.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	129	129	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	136	138	98.6%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	135	138	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	135	138	97.8%	Met 95% WHO based target (significant variation positive)

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. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. For example, 90% of patients aged 45 years had had a blood pressure check completed.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice operates an urgent walk in surgery every morning up to 10.30am.
- The practice offers on-line booking facilities and text message appointment reminders as well as 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)	74.0%	75.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.1%	71.7%	70.0%	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)	57.9%	58.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	73.3%	71.5%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	44.3%	47.7%	51.9%	No statistical variation

Any additional evidence or comments

The practice provided information to its patients to support them to take up screening programmes when they are offered.

The practice notice boards provided literature for patients to read take away on the benefits of screening.

For those with autism and learning disabilities literature was also available in easy read formats. The nurses advised that this had as a direct result promoted two patients to attend and complete the screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Fifty-nine percent of patients with a learning disability had accepted an appointment for an annual review to date. Appointments for patients were planned at quieter times within the surgery and for 30-minute appointments. One of the ANPs provides a home visit service for reviews in their own homes.
- 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 was a Veteran accredited practice
- The practice is the only one in the locality responsible for the care of a group of patients in a specialist care home for people with Prada Willi Syndrome. GPs and nursing staff have attended training on the care and treatment for this sensitive group of patients.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication. The practice had 120 patients on their mental health register of which 86% had attended for their annual care plan review.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had 121 patients with dementia 84% had had an annual review of their needs in the last 12 months.
- The practice aimed to become a dementia friendly practice.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.8%	90.7%	89.5%	Variation (positive)
Exception rate (number of exceptions).	18.4% (18)	17.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.0%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	15.3% (15)	14.8%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	79.4%	81.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.5% (5)	5.4%	6.6%	N/A

Monitoring care and treatment

The practice had a 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)	548.8	543.0	537.5
Overall QOF exception reporting (all domains)	5.9%	5.8%	5.8%

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

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

- An audit was completed to ensure the practice adequately risk assessed young people started on antidepressant medications will appropriate follow ups completed according to best practice. To audit that they had offered patients written information as appropriate to their needs. The audit indicated that 85% of patients had a risk assessment, with 94 % having follow-up arrangements clearly documented. Eight percent of patients were advised to have a review at one week after initiating medication in line with the current guidance.

The main learning points from the audit were around improving the one-week follow-up appointment levels and to improve upon the result of 67% of patients having received written information to 100%. Giving patients written information relevant to their level of risk was important as it potentially provides them with an alternative source of information about depression. The information often included useful contact details and emergency contact numbers in case the patient has suicidal ideation, thoughts of deliberate self-harm or of harming others.

The practice recommendations included clinician education on the latest guidance, clinicians documenting risk for any patient who comes in presenting with mental health concerns, improvement in documentation of follow up plans, present audit to others to indicate standards, ensure written information is printed and readily available, to re-audit following above to check if improvements have been made.

- The practice wanted to assess and review the process by which they completed medication reviews. The practice planned to implement a new system streamlining to a one-stop process for patient reviews.

During the initial appointment with a healthcare assistant blood tests were undertaken in preparation for the clinical review as part of the data collection. The data collection included; height, weight, blood pressure, pulse, smoking status and blood test used to check kidney function (creatinine level). The findings were used as a bench mark and learning was derived and targets for recording the data made.

The audit was repeated, and improvements in documentation within the records had been made in all areas except for blood pressure recording which had remained relatively static. The audit concluded that further work and discussion was needed around the new system and the audit re-run for the year 2019-2020 to ensure effectiveness.

Effective staffing

The practice were 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.	Partial
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The staff training matrix demonstrated that staff were overdue training. The practice manager was aware and was working towards a more systematic approach on both staff training requirements and achievements. There was a lack of training certificates seen in staff personnel records.</p> <p>A new clinical prescriber described the face to face and one to one support they received in respect of prescribing and clinical record reviews. This could be evidenced within the blocked off appointment times for the new prescriber and the clinical staff member. There was no formal competency framework used to demonstrate the prescribing competence of non-medical prescribers or documented clinical supervision.</p> <p>The practice is a training practice and recognised the need for a formalised competency framework and informed us that they were arranging a meeting to discuss this further. The practice planned to provide nurses with protected time for clinical supervision and to use the framework with their respective GP mentors, in addition to their current blocked time at the end of each surgery. To formalise the process the practice proposed to discuss having a nominating lead for nurse supervision.</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 (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	NA

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.0%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (20)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

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

Source	Feedback
Patient Participation Group	The PPG provided positive feedback on the ongoing engagement with the practice team. They told us that the practice listened to views, opinions and issues raised and took action appropriately. They had found that access to appointments had improved and that the practice was highly valued and well regarded within the local community.
NHS UK	There were a range of comments with an overall rating of two and a half stars based on 17 reviews.
Comment Cards	Patients reportedly positively on the care and treatment received and cited individual staff names for particular praise.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13296	276	123	44.6%	0.93%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	95.3%	89.0%	89.0%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	92.5%	87.4%	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 (01/01/2018 to 31/03/2018)	100.0%	96.1%	95.6%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.1%	83.0%	83.8%	No statistical variation

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

Any additional evidence
The PPG reported that they had together with the practice completed in house patient surveys in the past but had not done so in the last few years. They were actively recruiting for patients to join the PPG be that in person or via a virtual PPG group.

Involvement in decisions about care and treatment

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

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.5%	94.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
The practice staff met were aware of the Accessible Information Standards (AIS) as set out by NHS England. They coded patient's communication requirements and needs from registration at the practice.	

Carers	Narrative
Percentage and number of carers identified.	There were 281 carers on the practice register which represented just over 2% of the registered population.
How the practice supported carers.	<p>The new PM had identified that the Carer register needed to be managed more effectively and updated. They had therefore appointed a Carer champion to be responsible for carer list register and engagement to improve upon the number of patients on their register. They had completed a number of initiatives to support carers for example;</p> <ul style="list-style-type: none"> • GDPR consent was discussed regarding carers being coded on their electronic systems. • New carers were sometimes identified via annual reviews such as dementia. • They provided a signposting service for patients to various carer groups and associations • They provided carers with the opportunities to consider having Flu vaccinations and NHS health checks.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: We found there was compassionate, inclusive and effective leadership at all levels. The practice demonstrated high levels of experience, capacity and capability. The practice had been without a practice manager and had decided to appoint from within the practice following the interest shown by one of their senior Advanced Nurse Practitioners who was appointed to post In January 2019. We found that the practice management understood issues, challenges and priorities in their service, and beyond.	

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.	Partial
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	No
Progress against delivery of the strategy was monitored.	Partial
Explanation of any answers and additional evidence: There was evidence of succession planning amongst all staff member groups. The practice staff skill mix was reviewed to meet the needs of the local and growing population with new housing development growth locally. The practice had an action plan to meet the needs of its registered population whilst bearing in mind the aims and objectives of the wider health economy. This did not include a documented vision and strategy however the practice did demonstrate at meetings discussions took place regarding their business plan ambitions. For example: <ul style="list-style-type: none">• A quality outcomes framework action plan• Patient engagement, through surveys and via their patient participation group• Participation in the local extended hours service	

- A regular analysis of significant events and complaints to identify any common trends, maximise learning and help mitigate further errors.
- Improving known carers 2% of the registered patient population were known carers.
- An improved appointment system, auditing and monitoring. The practice had been aware of patient feedback on telephone access had through observation had noted staff ambivalence when phones were ringing. The practice instigated a new system to monitor and manage this effectively. This had included the appointment of reception team leaders who were appointed to post, and access improvements had been noted by patients.

Staff we spoke with were not aware of the practice vision or values in order to understand the vision, values and strategy and their role in achieving them.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and patient's experiences. This included, staff involvement and engagement, encompassing their opinions which helped to direct the practice wide solutions.</p>	

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

Source	Feedback
Staff	<p>There were high levels of satisfaction across the staff groups with a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce. When asked, staff responded that they were most proud of the practice team. They were proud of the practice as a place to work and spoke highly of the culture.</p> <p>Staff had opportunities to meet as a whole team. This enabled communication with staff to ensure they all received consistent information and had opportunities to feedback any ideas and areas for improvement.</p>
Patient participation group	The PPG had helped support health awareness events, patient information and support packs, promotion of the PPG on the practice notice board and increased PPG interest.
External: Practice Learning & Training events	The practice met with other practices at locality learning events which included information sharing for best practice ideas on appointments and access.
Training practice for GP specialist trainees in year one, two and three. (ST1/2/3)	The practice was an approved training practice one of the former trainees had decided to continue to work at the practice following their training.

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.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>There were clear lines of accountability in relation to administrative workflow processes, safeguarding, infection control, recall systems, performance data and clinical governance. The workflow was streamlined with information readily accessible and catalogued. Staff reported they had clarity around their roles and the governance arrangements in place.</p> <p>A systematic approach was taken to working with other organisations to improve care outcomes. The practice held meetings to discuss incidents and events, complaints and governance issues of which there were minutes available for staff to access. These included for example:</p> <ul style="list-style-type: none"> • Planned for clinical meetings every Tuesday • Partner meetings • Reception staff, practice manager and assistant practice manager meetings • PPG meetings • Nurse meetings • Appraisals and revalidation • Multidisciplinary meetings including palliative care quarterly • Child safeguarding meetings • Primary Care Network meetings • Extended Hours meetings • Practice Manager forums • Practice nurse forums • Locality practice learning and training days <p>We found some gaps in governance which the practice was aware of and working towards making improvements in which included:</p> <ul style="list-style-type: none"> • Staff training matrix • Recruitment records • Staff full immunity records • Significant event analysis • Documentation of risk assessments • Serial number logs of paper prescriptions 	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
<p>There were gaps found in the system employed for:</p> <ul style="list-style-type: none"> • Fire drills • Prescription security • Staff training records • Recruitment <p>The practice immediately following the inspection forwarded information to demonstrate the improvements made to the systems in place and the actions taken to mitigate these risks.</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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	
<p>There were gaps found in the system employed for:</p> <ul style="list-style-type: none"> • Prescribing a particular blood thinning medicine (Warfarin) • In the practices' patient safety alert system <p>The practice immediately following the inspection forwarded information to demonstrate the improvements made and actions taken to mitigate these risks.</p>	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<p>Explanation of any answers and additional evidence: Minutes of meetings held were saved in the practice electronic shared drive for staff to access.</p> <p>The practice used for example:</p> <ul style="list-style-type: none"> • Staff suggestions and a suggestion box. For example, they had charity of the month notices and fund-raising events which had included ovarian cancer awareness, autism and the British Heart foundation. • SMS text messaging instigation happened following patient feedback • Team learning events and learning from other practices • Social committee which included practice funded social activities • Team building days 	

Feedback from Patient Participation Group.

Feedback
The PPG reportedly positive on their engagement and interaction with the Lead GP and practice management team.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence: The practice had a newly appointed practice Manager, implemented new management structures, employed a new GP partner and had a new salaried GP.</p>	

Examples of continuous learning and improvement

<p>The practice completed various audits as part of an ongoing quality improvement audit programme. These included for example:</p> <ul style="list-style-type: none"> • Health status data collection and the introduction of multiple reviews • Antidepressant prescribing and risk assessment in young people
--

- Valproate pregnancy prevention audit
- Emergency contraceptive audit
- Audit of Mirena coil fitting
- A progesterone contraceptive implant audit

The practice business plan although not formalised and documented was discussed within the weekly meetings which included aspirations to:

- Increase IT digital usage
- Engage with Facebook page/ Twitter

The practice had recently started text messaging for appointment reminders and implemented the electronic prescribing system.

The practice had been involved with various pilots for example:

- Pharmacy first pilot. This included ear nose and throat minor conditions whereby patients were referred to the pharmacy for treatment. The practice assessed the outcomes and the practice received had positive feedback from patients. The pharmacy now saw as many as five patients per week. They hoped to extend this to include some skin conditions in the near future dependant on the pharmacists training outcomes.
- Extended hours and Primary Care Network (PCN) involvement

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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