Care Quality Commission

Inspection Evidence Table

Abingdon Family Health Care Centre (1-5941170728)

Inspection date: 12 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: The practice had policies in place covering adult and child safeguarding that were accessible, updated and reviewed. All staff had access to these procedures, including new and locum staff.	

Safeguarding	Y/N/Partial
- All staff had received safeguarding training appropriate to their role. - The practice had a system to highlight vulnerable patients on records e.g. children on child protection plans, female genital mutilation (FGM) victims, patients diagnosed with a mental health condition or patients with mobility issues. Risk registers were in place and reviewed at practice meetings. - The practice was in discussion with local Health Visitors regarding adults and children at risk of significant harm.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: - Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. - We reviewed three staff files and found they were well presented and had full and completed information enclosed.	

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: December 2019	Yes
There was a record of equipment calibration. December 2019 Date of last calibration:	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: January 2019	Yes
There was a log of fire drills. Date of last drill: Oct 2019	Yes
There was a record of fire alarm checks.	Yes

Date of last check: 06/12/2019	
There was a record of fire training for staff. Date of last training:	Yes
There were fire marshals. – PM is the fire marshal.	Yes
A fire risk assessment had been completed. Date of completion: 06/12/2020	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 10 December 2019.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 10 December 2019.	Yes
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: • An annual infection control risk assessment was carried out. Results showed 98% compliance with infection control standards and action plans were in place where improvements were needed.	

Risks to patients

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

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

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes

There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Explanation of any answers and additional evidence:

- Procedures were in place to ensure individual care records, including clinical data, was written and stored in a way that keeps people safe. The practice had recently completed the digitalisation of patient records, so these were now stored off site.

- The practice shared information in a timely manner, including patient onward referrals. Any delays were monitored by the practice along with monitoring that patients attended clinic appointments.

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) (NHS Business Service Authority - NHSBSA)	1.55	0.90	0.87	Significant Variation (negative)
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) (NHSBSA)	4.3%	8.4%	8.5%	Variation (positive)
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) (NHSBSA)	6.96	5.70	5.60	Tending towards variation (negative)
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) (NHSBSA)	3.99	2.19	2.08	Tending towards variation (negative)

Medicines management	Y/N/Partial

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
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.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: • Medicines and medicines related stationery were managed (that is, ordered, transported, stored and disposed of) safely and securely. • Monitoring arrangements with support from the local Clinical Commissioning Group (CCG) were in place to monitor prescribing patterns (such as anti-biotic prescribing). Unverified data was provided to show that improvements had taken place to anti-biotic prescribing at the practice.	

Medicines management	Y/N/Partial

- Patients were involved in regular reviews of their medicines carried out by the GPs.

- There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines. We undertook a number of computer searches to verify these checks were completed.

- The practice held appropriate emergency medicines.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	3
Number of events that required action:	3
Explanation of any answers and additional evidence:	

- Staff we spoke with knew how to identify and report concerns, safety incidents and near misses.

- All significant events were reported, discussed at staff meetings and appropriate actions taken for learning.

- We reviewed some of the verbal concerns raised by patients and considered that these might also benefit from being fully investigated as part of a significant event process. For example, concerns raised by a patient for delays in their medication prescription being processed. We discussed this on the day and the leadership team agreed to this and actioned it straight away.

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

Event	Specific action taken
Prescription not processed in a timely way.	A review of the procedures and process for this resulting in all queries now being actioned on the same day as receipt of the request.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: • Patient safety incidents and reports were cascaded to staff via email centrally. Files were kept showing the practice had received and reviewed each notification and a record was made of any actions taken.	

Safety alerts	Y/N/Partial

Effective   Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: - The practice used relevant and current evidence-based guidance, standards and practice to ensure effective care and treatment was delivered (this includes from NICE and other expert and professional bodies). Local audits and patient searches had been completed based on current evidence based guidance. For example, a comprehensive audit had been undertaken by the practice for patients who had received end of life care. - We looked at a sample of patient records to verify this and found comprehensive assessments in place with clear clinical care pathways and protocols.	

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) (NHSBSA)	3.70	1.04	0.74	Significant Variation (negative)

Older people   Population group rating: Good

Findings

The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

The practice carried out structured annual medication reviews for older patients. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
Health checks, including frailty assessments, were offered to patients over 75 years of age.
Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions   Population group rating: Good

Findings

Appropriate plans and support was in place for long terms conditions such as 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 and patients with asthma were offered an asthma management plan.

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

Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, updates for the management of asthma. 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.

Registers were in place for patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. These were monitored by the leadership team weekly.

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) (QOF)	100.0%	79.0%	79.3%	Significant Variation (positive)
Exception rate (number of exceptions).	29.1% (69)	13.5%	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	93.6%	78.4%	78.1%	Variation (positive)

to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	7.2% (17)	10.0%	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) (QOF)	90.5%	83.5%	81.3%	Tending towards variation (positive)
Exception rate (number of exceptions).	20.3% (48)	12.3%	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) (QOF)	78.7%	74.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	9.2%	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) (QOF)	100.0%	88.6%	89.6%	Significant Variation (positive)
Exception rate (number of exceptions).	3.1% (5)	9.3%	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) (QOF)	91.6%	82.8%	83.0%	Variation (positive)
Exception rate (number of exceptions).	2.0% (11)	4.8%	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) (QOF)	88.7%	90.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.0% (4)	6.0%	5.9%	N/A

Any additional evidence or comments

The practice were aware that they were an outlier in relation to hypnotics. An action plan was not yet in place, but the practice were monitoring patients by running searches and working with other professionals to reduce this figure. The practice had an established reduction plan which included peer to peer discussion with prescribers.

Families, children and young people   Population group rating: Good

Findings

The practice had met the minimum 90% target for three of four childhood immunisation uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for one of four childhood immunisation uptake indicators. The practice contacted the parents or guardians of children due to have childhood immunisations. The practice were aware that improvements were needed for this and an action plan was in place to improve this target. For example, 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)	17	20	85.0%	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)	38	41	92.7%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	39	41	95.1%	Met 95% WHO based target
The percentage of children aged 2 who	38	41	92.7%	Met 90% minimum

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)				

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Any additional evidence or comments

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 for the practice newly registered student population.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. The practice had worked hard to improve the number of patients who were using online service and at the time of inspection the number had increased to 24% of the practice population.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	70.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.5%	63.2%	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)	48.7%	50.1%	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)	76.5%	75.1%	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)	25.0%	44.2%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 70% which was below the 80% coverage target for the national screening programme. To increase coverage of cervical screening the practice offered morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

Monthly practice meetings took place to ensure end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. A register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability was viewed.

A system for vaccinating patients with an underlying medical condition according to the recommended schedule was in place. Records showed the practice was up to date with this.

The practice carried out regular health checks for patients with a learning disability, they trained practice staff on how to care for such patients and they worked closely with local agencies to support them.

People experiencing poor mental health
(including people with dementia)

Population group rating: Good

Findings

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

Same day and longer appointments were offered when required. There was a system for following up patients who failed to attend for administration of long-term medication.

When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. Staff had received suicide awareness training.

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. 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)	97.7%	88.8%	89.4%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.0% (0)	8.8%	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)	97.7%	87.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	6.6%	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)	92.9%	83.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.7% (1)	6.8%	6.7%	N/A

Any additional evidence or comments

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)	553	No Data	539.2
Overall QOF score (as a percentage of maximum)	98.9%	No Data	96.4%
Overall QOF exception reporting (all domains)	8.8%	No Data	No Data

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

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

The practice had completed a number of audits. These included an audit of patients with chronic obstructive pulmonary disease (COPD), lung cancer, anti-biotic prescribing and patients on warfarin medicines. The results were discussed at clinical meetings and used to improve the quality of services available to patients.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: • The practice had undertaken a training needs analysis to identify the training needs of staff. • Staff had access to regular appraisals and new staff were supported with a thorough induction process. • All staff had an annual appraisal, and this was used to identify further training needs for staff. Those staff members we spoke with told us this was a positive experience and they felt well supported with training form the provider.	

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.	Yes

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

Explanation of any answers and additional evidence:

- The Gold Standard Support Framework was used and supportive care registers (SCR) were set up using a SCR Template.

- Effective links were in place for monitoring the needs of vulnerable patients and those with mental health needs. The practice had access to a community care team and the most vulnerable adult patients were referred into this for assessment.

- Regular meetings took place with the district nursing teams.

Helping patients to live healthier lives

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

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

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) (QOF)	97.6%	94.3%	95.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	0.0% (0)	0.9%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: • All staff were aware of the Mental Capacity Act and what it meant for their role. • Staff we spoke with demonstrated a good understanding of 'best interests 'decision making and when this was applicable.	

Caring   Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: • We saw that staff treated patients with kindness, respect and compassion. • We gathered feedback form 20 patients via our comments cards and they all commented on how respected they felt and how supportive practice staff had been.	

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	32
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
Comments cards	Patients told that staff were kind and caring, the GP took time to listen to patients and they were always treated with dignity and respect. The practice was always clean and hygienic. Patients felt they had a good service form the practice and they valued the support given by the full team.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3450.0	399.0	134.0	33.6%	3.88%

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)	90.6%	91.0%	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)	85.5%	89.4%	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 (01/01/2019 to 31/03/2019)	95.7%	96.2%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	86.7%	85.9%	82.9%	No statistical variation

Any additional evidence or comments

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

Any additional evidence
The practice carried out their own survey and this was reviewed by the practice manager monthly. Results across October to December 2019 showed patients were satisfied with how the practice operates and they would recommend it to others.

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
Explanation of any answers and additional evidence: • Patients told us that staff were helpful, understanding and they listened. • Patients had access to information about access and services available and staff had received training for signposting patients to local services for support.	

Source	Feedback
Comments card feedback.	Patients told us they always got an appointment when they needed it. They said they had confidence in the staff working at the practice, they were always treated with respect and their privacy was respected. Overall, the patients we interviewed told us they had been with the practice over many years and they felt fully supported with the services provided.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison

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)	91.2%	93.4%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had 24 patients on their carers list which was approximately 1% of the practice population.
How the practice supported carers (including young carers).	Carers were known by staff, flexible appointments were available if required, Carers support information was on display in the waiting area. All carers were signposted to supportive agencies.
How the practice supported recently bereaved patients.	We were told that contact would be made and with recently bereaved families to offer support.

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
Explanation of any answers and additional evidence:	

- Patients told us their privacy and dignity was respected by staff.
- Practice computers were behind a glass reception area so out of sight for other patients.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room or area to discuss their needs.

If the practice offered online services:

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

Responsive   Rating: Good

Responding to and meeting people's needs

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

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

- Staff we spoke with knew the needs of the local population well. Their approach was flexible and long standing staff members provided continuity of care for patients and families.

- The facilities and premises were appropriate for patients with disabilities. Staff supported patients who were more vulnerable or who had complex needs, for example, with longer appointment times and referral to local support agencies.

- Local translation services were available if needed.

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am. – 6.30pm
Tuesday	8am. – 6.30pm
Wednesday	8am. – 6.30pm
Thursday	8am. – 6.30pm
Friday	8am. – 6.30pm
Appointments available:	
Monday	9am – 6.30pm
Tuesday	9am – 6.30pm
Wednesday	9am – 6.30pm

Thursday	9am – 6.30pm
Friday	9am – 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3450.0	399.0	134.0	33.6%	3.88%

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)	94.9%	95.2%	94.5%	No statistical variation

Any additional evidence or comments

Older people   Population group rating: Good

Findings

All patients had a named GP who supported them in whatever setting they lived. Long term staff working at the practice knew older patients very well. Staff we spoke with were sensitive to the needs of frail older people and they were flexible when supporting families who were their carers.

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

The practice provided effective care coordination to enable older patients to access appropriate services. There was a medicines delivery service for housebound patients and we were told that all housebound patients would receive a home visit from the GP when this was needed.

People with long-term conditions   Population group rating: Good

Findings

Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice nurse led on this work and they prioritised patients so that they could have timely annual reviews of their conditions.

The practice met monthly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services and again the needs of these patients were monitored monthly.

Families, children and young people   Population group rating: Good

Findings

We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. 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. Meetings were held with the health visiting service to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.

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.

Clinicians were on site from 8am-6.30pm each day. All appointments were 10 minutes appointments -bookable in advance and same day access. The practice promoted electronic prescription management. Prescriptions could be ordered on-line and sent to a pharmacy of choice.

Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a local GP network that offered extended hours.

People whose circumstances make them vulnerable   Population group rating: Good

Findings

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people.

The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Patients were referred to appropriate services such as drug and alcohol support, domestic abuse services, counselling services and to services for support with finances and employment issues. The practice was also about to participate in a food bank scheme.

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

Findings

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

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: • The practice had recently introduced a new triage system for patient appointments. All requests for urgent appointments were being reviewed by one of the GP partners and decisions made about what kind of appointment was needed. At the time of inspection, it was too soon to evaluate the effectiveness of this.	

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)	53.2%	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)	68.2%	70.3%	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)	72.9%	68.0%	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)	74.8%	74.2%	73.6%	No statistical variation

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

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: • The practice did not have any written complaints however, they had responded to four verbal negative comments about the practice. The issues had been investigated and discussed at staff meetings and actions were put in place to prevent such incidents happening again. • On the day of inspection, the practice complaints policy was out of date. An up to date revised policy was submitted to us following inspection.	

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: • Staff we spoke with told us that leaders were visible and approachable. • Leaders had the capacity and skills to deliver high-quality, sustainable care. The practice had regular and long-standing GPs who were knowledgeable about issues and priorities relating to the quality and future of services.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: • The practice did not have a written strategy but were able to articulate the past, present and future developments. • The aims of the practice and the goals set were in line with health and social priorities across the region and had been developed with support from the local Clinical Commissioning Group (CCG) and the newly developed primary network groups.	

Culture

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

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

Explanation of any answers and additional evidence:

- Human resource management policies were in place to deal with any behaviours inconsistent with the practice vision and values.

- Staff we spoke with told us the practice had an open culture, they would be confident to raise concerns without fears of recriminations.

- The leadership team was inclusive and open with staff during staff meetings and informally.

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

Source	Feedback
Staff interviews.	Staff told us they enjoyed working at the practice. They said it was a good team that worked together. They told us they would not hesitate to raise concerns and they felt supported by the leadership team. In particular, new members of staff told us they were well supported during their induction period and they looked forward to ongoing support during annual appraisals.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: • Regular meetings took place with other bodies and local professionals to ensure patients' needs were met promptly. For example, a monthly meeting was held with the district nurse and health visiting teams to review patients at risk. • Regular consultation audits were carried out for clinicians and appropriate monitoring systems were in place. • Practice specific policies were implemented and were available to all staff. These were available in hard copy and on the practice intranet. • The practice was aware of their current performance and this was monitored at staff meetings on a regular basis.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: • The practice had a comprehensive assurance framework that brought together systems, procedures and processes to manage patient safety risks. This included regular meetings with managers and staff, significant event and complaints monitoring and clear staff structures and accountabilities. • Action plans were developed when risks were identified for example, infection control risk assessments. • There was a systematic programme of clinical and internal audit with good clinical oversight of	

results and patient outcomes.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: • Monthly staff meetings took place during which time data was reviewed to monitor and improve practice performance. • Records we viewed were well presented and were accurate, valid, reliable and up to date. • Practice risk assessment, significant event and complaints monitoring were used to identify, manage and mitigate risks for patients and staff.	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence: • The practice had participated with a CCG pilot for digitalisation of patient records, so these were now kept off site.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: • The practice had a proactive Patient Participation Group (PPG) and this was well supported by the leadership team. The group met quarterly and shared their views about practice services and how they should be run. The leadership team was responsive to the suggestions made and the team were encouraged by the support given by the group. For example, together they agreed to try to improve patient access to online services. • With the support of the PPG, the practice held daily sessions to show patients how to access services online. This support from the group members had a positive impact of the numbers of patients who now use online services (245 of the population) for appointments and repeat prescribing. • The practice worked with the newly formed primary care network to build a shared view of challenges and of the needs of the population.	

Feedback from Patient Participation Group.

Feedback
We met with two members of the PPG and both spoke positively about how supportive the practice was for the work of the group and how they listened to any suggestions made. They told us regular meetings took place and they felt up to date with any changes that were proposed or had happened at the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes

Learning was shared effectively and used to make improvements.	Yes

Explanation of any answers and additional evidence:

- The practice was working with the Primary Care Network to look at service developments in the local area.
- Continuous improvements were made when audits and patient reviews were undertaken. Clinical meetings were held to review the results and to share the learning.
- The practice participated in a number of CCG led pilots and projects, such as the Healthy Lung Project and the digitalisation of patient records pilot.
- Staff had been supported to complete professional qualifications and certificates to improve and maintain initial qualifications and learn new skills.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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