

Care Quality Commission

Inspection Evidence Table

Willow Bank Surgery (1-8698878321)

Inspection date: 7 June 2020

Date of data download: 12 May 2021

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

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 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

Safeguarding	Y/N/Partial
<p>The practice had a team for safeguarding with a nurse as clinical lead, supported by the registered manager (RM) plus support from a dedicated member of the admin team.</p> <p>The practice has followed the latest guidance for safeguarding training. All administrative staff had completed level two; clinical staff had completed level three and the safeguarding leads had also completed the additional training for their lead roles.</p> <p>The practice held a dedicated safeguarding team meeting every Thursday, and a remote video conference meeting would be arranged to include other health professionals when required,</p> <p>The out of hours service for the practice was provided by Vocare and there was a special notes section which the practice used to advise the out of hours service if there was any safeguarding concerns the service should be aware of.</p>	

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.	Partial
<p>The practice advertised all staff vacancies throughout all their practices and used a local external website. The external website generates immediate interest for administrative and reception staff. For clinical staff the practice advertised throughout all their practices, NHS jobs and the local GP federation.</p> <p>We were able to see via a shared screen that the practice had all relevant documents for both locum and substantive staff.</p> <p>The practice had been able to use staff flexibly from their other site to support the Willow Bank Surgery shortly after they took over the surgery and experienced an unexpected turnover in staff.</p> <p>The practice used a dedicated DBS checking company which has a website the practice could access to make any DBS checks on staff when required.</p> <p>The practice had an informal system to check the registration of clinical staff. The practice manager demonstrated that all staff were appropriately registered and told us they would develop a simple spreadsheet to see dates of renewal to formalise the checking process.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: May 2021</p>	Yes
There was a record of equipment calibration.	Yes

Date of last calibration: March 2021	
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
A fire risk assessment had been completed. Date of completion: March 2021	Yes
Actions from fire risk assessment were identified and completed.	Yes
The practice explained the fire procedure and told us that clinicians would escort patients who were with them should an alarm go off. Fire marshal training had recently been arranged and the practice planned to have two fire marshals available for the practice. There were two fire exits and either could be used to access the muster point, which was clearly marked in the staff car park.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: May 2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2021	Yes
Daisy chaining (i.e. when one lead was plugged into another) of electrical leads had been addressed and there were now single leads to sockets when an extension was required.	

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: May 2021	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
<p>The practice had developed comprehensive infection prevention and control (IPC) risk assessments for the practice and all areas of their clinical work. They had recently completed a detailed IPC audit and had a follow up plan in place which enabled them to monitor progress on any of the issues they had identified.</p> <p>There were masks and hand gel available at the entrance to the practice. Hand gel was widely available throughout the practice, in every room and in convenient public locations. An electronic thermometer took everyone's temperature before they were allowed to enter the building. There was a clearly marked one-way system with reminders for people to keep two metres apart. We observed that staff and visitors observed the safety measures imposed during the Covid 19 pandemic.</p>	

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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
<p>There were aide memoirs for staff to determine if a patient's condition deteriorated and what steps should be taken in the reception area. Staff were confident they could contact the duty doctor and speak to them if they felt a patient was unwell or had symptoms indicating a medical red flag.</p>	

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
Referrals to specialist services were documented, contained the required information 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 had improved their checking process when patients had blood tests taken to ensure that results were checked in a timely manner.	

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) (01/01/2020 to 31/12/2020) (NHS Business Service Authority - NHSBSA)	0.92	0.81	0.76	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). (01/01/2020 to 31/12/2020) (NHSBSA)	7.8%	7.7%	9.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2020 to 31/12/2020) (NHSBSA)	5.27	5.22	5.33	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	195.7‰	182.9‰	127.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2020 to 31/12/2020) (NHSBSA)	0.88	0.70	0.67	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

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

Medicines management	Y/N/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.	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.	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.	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
The practice had a log sheet system for logging prescriptions in and out of secure storage. Printers were also locked, and all unprinted scripts were removed from printers at end of every day and returned to secure storage identified within the practice log system.	
All the emergency equipment was kept in a room close to the reception area with that door clearly labelled.	

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:	Four
Number of events that required action:	Four
The practice had an electronic proforma for reporting when things did not go well. Due to the turnover of staff the practice felt that there had been under reporting of events. Staff we spoke with during the remote part of the inspection confirmed that they knew how to report but had not been using the form as they told the next person in seniority to them and believed it was resolved. The practice told us they would deliver refresher training following our inspection. The practice demonstrated that they considered when complaints could also be treated as significant events.	

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

Event	Specific action taken
The practice had taken a complaint and viewed this as a significant event as it had the potential to impact other people. The practice had received a complaint about a delay in receiving a death certificate during the Covid 19 pandemic.	The practice had reviewed all the associated processes in getting a death certificate out to a family. They had identified areas where communication from the practice to bereaved families could be clearer and the need to explain delays as soon as the practice became aware of them. The practice updated their process as a result of the complaint.
The practice received a complaint from a patient with a long-term condition and they had been advised they could purchase an over the counter medicine when previously the same medication had been prescribed.	The practice had followed best practice guidelines and sought further advice from the local medicines optimisation team. Learning was widely shared across the primary care network regarding medicines linked to long term conditions and when they should be prescribed.

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
We saw examples of actions taken on recent alerts for example, regarding sodium valproate.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: The practice ensured they updated policies and protocols with best practice guidance.	

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. The practice used the Aristotle tool for frail patients which helped identify the risk for those patients. The electronic system the practice used had a library which had useful resources and an inbuilt frailty tool. 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 medicines reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. The whole practice team had recently attended dedicated dementia training.
- Health checks, including frailty assessments, were offered to patients over 75 years of age. The practice also offered an elderly care facilitator service.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. The practice explained they had used video calls where they could during the Covid 19 pandemic to support patients with long term conditions and ensured that blood tests were completed.
- The practice had a dedicated diabetic nurse who worked at the practice once a fortnight and targeted those who had a diagnosis of diabetes who had higher than 100 HBAC1 scores. This was initially to get those with the worst results better controlled and the practice would then review all high HBAC1 scores.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice had an electronic device and app for detection of atrial fibrillation (AF) and told us they had identified several at risk people having used this and had been able to refer these patients appropriately.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring. The practice had also suggested that some patients could be encouraged to buy their own machine and keep a diary.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	71.9%	78.4%	76.6%	No statistical variation
PCA* rate (number of PCAs).	26.6% (240)	8.1%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an	89.8%	88.4%	89.4%	No statistical variation

assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>				
PCA rate (number of PCAs).	22.3% (59)	8.6%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	83.0%	82.3%	82.0%	No statistical variation
PCA rate (number of PCAs).	8.2% (20)	3.9%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	50.9%	64.0%	66.9%	Variation (negative)
PCA rate (number of PCAs).	11.1% (72)	11.3%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	74.2%	71.9%	72.4%	No statistical variation
PCA rate (number of PCAs).	6.7% (73)	4.9%	7.1%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	91.0%	92.7%	91.8%	No statistical variation
PCA rate (number of PCAs).	2.7% (4)	3.9%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	67.9%	72.5%	75.9%	No statistical variation
PCA rate (number of PCAs).	9.4% (61)	8.8%	10.4%	N/A

Any additional evidence or comments
The practice was concentrating on the patients with diabetes who had an HBA1C of 100 and over to start with in order to give patients with worst control some structured support and improve their control. They were working to improve the HBA1c for all patients with diabetes. The practice always referred patients with diabetes to health education programmes e.g. healthier you.

Findings

- The practice had met the minimum 90% for all five childhood immunisations uptake indicators. The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four out of five childhood Immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisations and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The practice run a GP dedicated women's health clinic once a week, for coils implants and HRT.

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) (01/04/2019 to 31/03/2020) (NHS England)	169	174	97.1%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	177	184	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	178	184	96.7%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	177	184	96.2%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	198	214	92.5%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice was proactive in their approach to this and sent a text message invitation to this age group
- 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 medicines without the need to attend the surgery. Due to the pandemic the practice had no online booking at the time of inspection and were using the triage system to ensure questions about Covid were asked when appointments were booked.

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). (Snapshot date: 31/12/2020) (Public Health England)	71.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	71.0%	71.9%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	55.3%	N/A	63.8%	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 (01/04/2019 to 31/03/2020) (QoF)	93.3%	86.6%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	54.5%	55.6%	54.2%	No statistical variation

Any additional evidence or comments

The practice was mindful they had not met the target for cervical smear uptake and had sent out text messages. They also used the pop up on the computer system so that eligible patients could be encouraged to book their cervical smear when they booked other appointments. The practice made

smear tests more available and could offer these on a Saturday or Sunday due to their extended access arrangements. The practice anticipated meeting target for the following year.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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.
- The practice had a dedicated mental health practitioner who worked three sessions per week. The local PCN was in the process of appointing a PCN for mental health which all practices within that PCN will share.
- 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 medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	69.3%	84.6%	85.4%	No statistical variation
PCA rate (number of PCAs).	1.9% (2)	10.2%	16.6%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	73.0%	81.1%	81.4%	No statistical variation
PCA rate (number of PCAs).	6.0% (8)	6.0%	8.0%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	511.8	Not Available	533.9
Overall QOF score (as a percentage of maximum)	91.6%	Not Available	95.5%
Overall QOF PCA reporting (all domains)	6.9%	Not Available	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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.	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
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
<p>The practice had developed a new appraisal and feedback form this year. The annual appraisal process had started, and staff knew they were due an appraisal although not all had yet been completed. The appraisal process was reviewed and updated to include reflective practice and to capture learning and development needs and achievements. A six-monthly review process had been introduced this year, just to check how staff were feeling.</p> <p>The registered manager (RM) carries out the appraisals for the advanced Nurse Practitioners (ANPs). There were diarised reviews sessions for ANP's with the RM when consultations and diagnostic and prescribing decisions could be reviewed.</p> <p>The practice had recently introduced a consultation template and audited all consultations quarterly and formal review and debriefs were built into the clinical diary for support and supervision of non-medical clinicians.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
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

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 and tackling obesity.	Yes
Following their NHS health check patients could be referred onto the lifestyle programmes. The practice had a social prescriber available through their local PCN. For patients who were isolated the social prescriber sourced some electronic devices for patients who had no other means of seeing family or friends. These devices enabled socially isolated patients to be able to communicate with family or friends during the Covid 19 pandemic.	

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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
The clinical team had recently attended ReSPECT training. The resuscitation council UK created a range of resources to support decisions during the Covid 19 pandemic. The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices.	

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-judgmental 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:	

Source	Feedback
Care Homes	We spoke with representatives from all seven of the care homes the practice provided a GP service to. Although all the representatives said that they received good care from the practice the majority of them reported difficulty in telephoning or getting repeat prescriptions. We shared the feedback the representatives gave us with the practice. The practice copied us into the e mail to the homes advising of the dedicated telephone line the practice had put in place for them to contact the practice on. The practice also assured the homes that they were aware of the issues with ordering repeat medication and that they would address the issues and ensure access and training was provided where required.
NHS website	The practice had received 32 five-star reviews regarding care.

National GP Survey results

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 (01/01/2020 to 31/03/2020)	89.7%	86.9%	88.5%	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 (01/01/2020 to 31/03/2020)	91.6%	85.8%	87.0%	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 (01/01/2020 to 31/03/2020)	94.8%	95.0%	95.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2020 to 31/03/2020)	88.1%	81.0%	81.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
The practice's efforts to develop in house surveys was significantly hampered by the Covid Pandemic as they took this contract just before the first national lockdown. The practice planned to review patient feedback soon.

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
All reception and administrative staff had received signpost training to support patients and guide them towards other services when required. Easy read and pictorial materials were available in the reception area.	

Source	Feedback
Your experience forms	Although we had shared the link for the your experience forms with the provider, who had made it available on their website we did not receive any completed your experience forms with regards to care from the practice.

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 (01/01/2020 to 31/03/2020)	92.2%	92.1%	93.0%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 484 of their patients as carers from their patient population of 11300 patients which was approximately 4% of their practice list.
How the practice supported carers (including young carers).	The practice had not yet identified their younger carers and planned to do this soon. The practice signposted adult carers to North Staffs carers if outside support was required and used the social prescriber for support. The practice had planned to offer a carers health check, but this was interrupted by the Covid 19 Pandemic. The practice was reviewing if they would relaunch this at the time of inspection. All carers get offered a flu vaccination.
How the practice supported recently bereaved patients.	The practice sent a condolence letter from the practice and signposted the recently bereaved to support services, which included a counselling service. A flexible health care appointment is offered when required.

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
The practice is situated within a modern purpose-built building and there is both stair and lift access to the floor the practice used.	

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
<p>The practice had developed the women's health clinic to support the needs of the practice population.</p> <p>The practice appointed a dedicated specialist diabetic nurse to support the patients with diabetes and get their diabetes back under control.</p> <p>The practice had worked with the local specialist learning disability nurse and had developed accessible information for people with learning disabilities to deal with self-examination and support key conditions.</p> <p>The practice offered an average of 1011 appointments with all health care professionals to their patients on a weekly basis.</p> <p>Patients were able to book an appointment by telephone, in person at the practice (and online would be available again when Covid restrictions were completely relaxed) or by e-mail contact. The EMIS Web system ensured patients were able to book an appointment quickly, within a reasonable timeframe, and they could pre-book an appointment if they wished.</p> <p>All patients requesting on the day appointments received a telephone triage. The triaging clinician then decided whether a telephone consultation, video consultation or a face to face or home visit was required. Every available clinician had some, on the day appointments identified, to accommodate specific patient requests or emergency appointments.</p> <p>The practice was able to ensure that they could offer: all patients who requested an urgent appointment had contact with a GP or ANP within 48 hours. All patients whom the duty doctor considered an urgent face to face appointments or home visits was required were seen within 24 hours.</p>	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am until 6.30pm Extended hours 6.30pm until 8pm

Tuesday	8am until 6.30pm
Wednesday	8am until 6.30pm
Thursday	8am until 6.30pm
Friday	8am until 6.30pm
Appointments available:	
Monday	GPs run flexible 3.5 hours surgeries morning and afternoon Nurse appointments are available 8am-12pm and 1pm-5pm
Tuesday	GPs run flexible 3.5 hours surgeries morning and afternoon Nurse appointments are available 8am-12pm and 1pm-5pm
Wednesday	GPs run flexible 3.5 hours surgeries morning and afternoon Nurse appointments are available 8am-12pm and 1pm-5pm
Thursday	GPs run flexible 3.5 hours surgeries morning and afternoon Nurse appointments are available 8am-12pm and 1pm-5pm
Friday	GPs run flexible 3.5 hours surgeries morning and afternoon Nurse appointments are available 8am-12pm and 1pm-5pm
	OOH appointments via Meir PCN extended access – Monday to Friday 6.30-pm - 8pm and Saturday & Sunday from 9am – 2pm.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice had made less home visits during the Covid 19 pandemic as fewer home visits had been requested and the CCG had developed the Acute Visiting Service.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients through links with a local pharmacy.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available through extended hours and access.
- 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 have an appointment on the same day.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Monday and hosted extended access every weekday evening until 8pm. Pre-bookable appointments were also available to all patients at another location on a Saturday and Sunday from 9am to 2pm.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

National GP Survey results

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 (01/01/2020 to 31/03/2020)	51.6%	N/A	65.2%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2020 to 31/03/2020)	61.9%	66.6%	65.5%	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 (01/01/2020 to 31/03/2020)	64.3%	64.5%	63.0%	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 (01/01/2020 to 31/03/2020)	73.3%	73.1%	72.7%	No statistical variation

Source	Feedback
NHS	There were 33 reviews with a 5-star rating of the service posted on the NHS website. Although the service was awarded 5 stars, one contact had expressed concern re access. We saw that they had been offered contact from the practice. We followed the details up during this inspection and the contact had not accepted the practices' offer. The practice had explained to us what the delay was and action they had taken to improve the process.
PPG	The PPG told us that the practice had included them in conversations about the GP survey and they expected this would continue when meetings resumed.
Healthwatch	Healthwatch shared 28 complaints with us regarding access at the surgery or difficulties getting repeat prescriptions. The practice had engaged with the CCG over these and there had been no further complaints during the eight months before inspection.

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.	23
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
The practice could demonstrate that complaints were viewed as significant events when required. This ensured that the practice took every opportunity to learn from complaints. We saw that the practice recorded changes to systems and processes and shared improvements made with all the practice staff. Staff we spoke with confirmed that they were included in practice learning and improvement processes.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient was concerned that their medication had been reduced as a cost cutting exercise.	The practice engaged with the patients concerns and provided a user-friendly explanation of the guidelines which required that medicine to be reduced and why. They also reassured the patient that cost was not an issue. They explained the protocol which had been discussed during the patient consultation and their GP and offered a further appointment for reassurance.
The practice received a complaint about a family experiencing a delay in receiving a death certificate during the Covid 19 pandemic.	The practice reviewed their entire process and how they had communicated with family during their bereavement. The practice demonstrated that they had reflected on the family's experience and took steps to ensure that communication was clearer when death certificates were required during the Covid 19 pandemic, and they tried to manage expectations and where delays could occur.

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.	No
The practice had recently commenced discussions about developing a succession plan. The practice had recently recruited younger staff in preparation for older staff to retire but had not yet formalised their succession plan.	

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
The practice had a mission statement which was “to deliver modern evidence based high quality health services to the community we serve”. They had shared this with their staff and minutes from various staff meetings demonstrated that staff were aware of their role in achieving the practices strategy and participated in the monitoring of progress and quality improvement.	

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
The practice used the access to work service and supported staff who required assistance in the workplace with specialist equipment when required. The practice also offered the mental health well-being service to support staff. Some staff were able to swap location or work from home during the Covid 19 pandemic to support their wellbeing. The practice had a speak up safely guardian who was based within the CCG.	

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

Source	Feedback
Staff	Staff we spoke with as part of the inspection process told us that they enjoyed working at the practice and felt well supported. They told us that they could raise any issue and it would be taken seriously and that they were comfortable to raise anything at any time with a supervisor or the practice manager.

Governance arrangements

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

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

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	No
Staff were trained in preparation for major incidents.	No
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Although the practice had not got a major incident plan, they were aware that there would be one for Stoke on Trent and that they would be part of it. The practice planned to check with the Clinical Commissioning Group (CCG) to identify local requirements for the major incident plan.	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
The practice offered face to face appointments when required, although mainly offered telephone and video calls during the Covid 19 pandemic. For patients who had no access to the internet the practice had supported routine requests over the telephone.	

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
<p>The practice nursing team had recently met with a GP partner and together they had identified lead areas to monitor progress. The newly identified leads had approached the practice manager to request an additional immunisation clinic.</p> <p>The practice had developed a dedicated spreadsheet for ultrasound requests or repeats and captured when these had been completed. This ensured the practice could easily monitor all patients who had been recalled and ensured the patients notes were updated in a timely manner.</p>	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
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
Patients were informed and consent obtained if interactions were recorded.	Yes
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.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group.

Feedback
<p>Although we had offered a teleconference number to the PPG for a chat with the inspector, many people had experienced technical difficulties and been unable to join others on the call. We suggested that those who had missed the call could still share their views via your experience form. Between these two methods we were able to hear from members of the PPG.</p> <p>We were told that the PPG had not met during the Covid 19 pandemic and that remote methods had not been successful for them.</p> <p>The PPG was formed from members within the three GP practices within the one building and referred to themselves as Meir Watch.</p> <p>Prior to the Covid 19 pandemic the PPG had met every other month and usually attracted up to 15 attendees.</p> <p>Not all members of the PPG had understood the change in practice management, and some had confused Willow Bank Surgery who were now part of Adderly Green Medical Services Ltd with unrelated services. We fed this back to the practice who were keen to address any miscommunication issues.</p> <p>The PPG were able to tell us about good working arrangements with the practice and joint events they had participated in and enjoyed, for example: meet the practice staff sessions; coffee mornings for mums and toddlers; have a cuppa and a flu jab sessions, designed to increase uptake.</p> <p>The PPG also told us that the surgery had “done a fantastic job with Covid vaccinations and had really looked after everyone”.</p>

Any additional evidence
<p>The practice told us that they planned to encourage further PPG meetings and that planned future meetings would be supported by a member of the management team and that a GP would be invited on a regular basis.</p>

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
The practice was able to demonstrate that they shared learning with all staff and encouraged continuous improvement. Staff we spoke with confirmed that they knew about changes in a timely manner and were included in practice wide sharing of learning from complaints and events.	

Examples of continuous learning and improvement
The practice had signed up to take part in the lung health project with University Hospitals of North Staffordshire. The project included smokers, and ex-smokers for patients over 40 years of age. Patients who were willing to be involved were asked to sign dedicated consent forms for the project.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **PHE:** Public Health England.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- $\%$ = per thousand.