

Care Quality Commission

Inspection Evidence Table

Loughton Health Centre (1-566522029)

Inspection date: 9th December 2019

Date of data download: 26 November 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y 27.02.19
There was a record of equipment calibration. Date of last calibration:	Y 27.02.19
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y 04.06.2019
There was a log of fire drills. Date of last drill:	Y 19.09.19
There was a record of fire alarm checks. Date of last check:	Y 01.05.19
There was a record of fire training for staff. Date of last training:	Y Various
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 22.01.2019
Actions from fire risk assessment were identified and completed.	See below
Explanation of any answers and additional evidence: At our last inspection, we found that whilst remedial actions were identified in the fire risk assessment, the risk assessment was not updated to state whether action had been taken. At this inspection, we found that this issue had been resolved: there was a report annexed to the risk assessment detailing the remedial action that had been taken, including a fixed wire test and further fire warden training. Actions were identified and completed.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y 28.06.2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 19.01.2018
Explanation of any answers and additional evidence: The practice completed an ongoing risk assessment which detailed risks at the premises.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Y 27.08.19
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Risks to patients

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

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

Information to deliver safe care and treatment

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

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

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)	0.97	1.00	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	10.5%	10.1%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.52	6.21	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) (NHSBSA)	0.80	1.59	2.08	Variation (positive)

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

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	n/a
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A positive variation had been achieved in respect of 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). The practice had systems to regularly review and audit antibiotic prescribing, alongside the CCG pharmacist as required.</p> <p>We found one of the vaccine fridges was very full, which meant that there may have not been sufficient air flow. After the inspection, the practice confirmed that they would be purchasing an additional fridge.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: Significant events were initially reviewed by the practice manager, discussed with those involved and reviewed at the next meeting.	

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

Event	Specific action taken
Incorrect immunisation administered.	Discussed in clinical meeting which highlighted systems to check with other clinicians and the green book.
Blank task for referral sent to secretaries. As the task was blank, this was deleted. Patient contacted surgery as they had not received confirmation of their appointment.	Secretaries informed to conduct further investigations if blank tasks are received.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Safety alerts were continually reviewed and formed part of the standard meeting agenda. Searches were carried out to identify and recall patients. We saw examples of actions taken on recent alerts for example, sodium valproate.	

Effective

Rating: Good

At our previous inspection of 4 December 2018, we rated the practice as requires improvement for providing effective services as some QOF indicators were below average. At this inspection, we found that all indicators were now in line with averages. Where there was a tendency towards a negative variation, there were plans to improve.

We have rated the population group families, children and young people as requires improvement as child immunisation data was below the national target and had not improved sufficiently since our last inspection.

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.55	0.54	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- 98 patients over 75 had been identified. These patients were invited for a health check.
- 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

- 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.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.1%	75.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	7.9% (45)	12.6%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	67.3%	74.8%	78.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	9.8% (56)	9.0%	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) <small>(QOF)</small>	78.0%	77.4%	81.3%	No statistical variation
Exception rate (number of exceptions).	11.2% (64)	12.8%	12.7%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	71.1%	74.9%	75.9%	No statistical variation
Exception rate (number of exceptions).	19.8% (121)	5.4%	7.4%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.8%	87.3%	89.6%	Tending towards variation (negative)
Exception rate (number of exceptions).	14.4% (28)	10.1%	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)	79.1%	81.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	2.4% (43)	3.1%	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)	82.6%	91.4%	91.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.8% (7)	3.9%	5.9%	N/A

Any additional evidence or comments

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less had improved since 2018, when a negative variation was identified.
- The percentage of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who were currently treated with anti-coagulation drug therapy had improved since 2018, when a negative variation was identified.
- The percentage of patients with COPD who have had a review in the preceding 12 months had marginally deteriorated since 2018, when the performance was in line with local and national averages. The practice explained that this was due to the retirement of two trained nurses, which meant that there was only one trained COPD nurse. The practice was aware of performance and were in the process of training nurses who had been recruited from community nursing.
- Improvements had been identified in relation to the percentage of patients with asthma who had an asthma review in the preceding 12 months which was now in line with averages. Whilst exception reporting was identified as being on the higher than average at 19.8%, this had been reviewed by the CCG and there were plans to continue to review and improve the data.

Families, children and young people

Population group rating: Requires improvement

Findings

- The practice had not met the minimum 90% target for three out of four childhood immunisations; however, there were plans to improve including training for staff and additional clinics.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

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)	89	98	90.8%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	82	103	79.6%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	84	103	81.6%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	82	103	79.6%	Below 80% uptake

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

The practice attributed lower performance in child immunisations to the retirement of two trained nurses. Whilst two nurses had been recruited from the community, they had only recently received immunisations training. There were plans to add additional clinics to improve performance.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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)	75.0%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	65.5%	71.8%	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)	52.1%	55.6%	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)	81.8%	63.9%	69.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	46.9%	49.9%	51.9%	No statistical variation

Any additional evidence or comments

The practice explained that as two experienced nurses had retired in the last 12 months. Whilst two nurses had been recruited, they had only recently managed to secure cervical screening training, which had been completed in the week prior to our inspection. There were plans to improve performance.

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.

People experiencing poor mental health

Population group rating: Good

(including people with dementia)

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.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	93.7%	90.6%	89.4%	No statistical variation
Exception rate (number of exceptions).	23.3% (24)	12.4%	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)	93.3%	92.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	12.6% (13)	8.8%	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)	88.9%	80.4%	83.6%	No statistical variation
Exception rate (number of exceptions).	11.3% (8)	6.9%	6.7%	N/A

Any additional evidence or comments

Since our previous inspection, performance in relation to the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had improved and is now in line with averages. Exception reporting has also improved, from 40.4% (46 patients) at our previous inspection to 23.3% (13 patients) at our most recent inspection.

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)	520.7	No Data	539.2
Overall QOF score (as a percentage of maximum)	93.2%	No Data	96.4%
Overall QOF exception reporting (all domains)	5.6%	No Data	No Data

Any additional evidence or comments

Overall QOF data for 2018/19 had improved as the total QOF score for 2017/18 was lower at 484.48.

Y/N/Partial

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

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

The practice had embedded audit and quality improvement into their routine day-to-day activities. When concerns were identified, there were systematic searches, audit and review to improve performance.

A spreadsheet was maintained of completed audits, indicating whether this was single or multi-cycle. Nine audits had been completed in the last two years, four of which were multi-cycle. These considered antibiotic and medicines that were the subject of patient safety alerts, for example. Improvement was evident by the positive antibiotic prescribing indicators.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: There were effective systems to support staff. New staff received a review of their performance after three months and appraisal forms evidenced consideration by the manager and employee. An action plan was completed after the appraisal to document next steps.	

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)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between	Y

services.	
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	n/a
<p>Explanation of any answers and additional evidence:</p> <p>There was a weekly practice meeting attended by clinical and non-clinical staff. This was used to discuss patients of concern, risks, alerts and the day-to-day running of the practice. Information was shared effectively with other healthcare professionals, including those working with children, patients at the end of their lives and those who had long-term health conditions.</p>	

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	94.5%	94.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	1.4% (39)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	n/a
Explanation of any answers and additional evidence: Consent forms were completed for minor surgery, joint injections and coil insertions	

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.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	8
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS Choices	Since our previous inspection on 4 December 2019 there have been 24 responses left by patients on the NHS Choices. 15 of these were positive, praising the kindness of reception staff and compassion displayed by the clinical staff. Some patients raised concerns about the attitude of receptionists. All reviews were responded to by the practice manager.
Practice Survey	The practice completed an in-house access survey from June 2019 to November 2019. They had received 108 responses. 94% of patients said that reception staff were very helpful or helpful. 4% said they were not helpful and 2% didn't indicate a response.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11282.0	322.0	121.0	37.6%	1.07%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	86.9%	87.2%	88.9%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	83.3%	85.9%	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)	98.2%	94.9%	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)	73.4%	80.8%	82.9%	No statistical variation

Any additional evidence or comments

Improvements were identified in the GP Patient Survey when compared to the previous year, specifically in relation to the percentage of those who responded positively to the overall experience of their GP practice.

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

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Easy read and materials were available. Staff had received care navigation training to enable them to direct patients to services.	

Source	Feedback
Training records	Reception staff had completed care navigation training so that they could direct patients to avenues of support. Further, they had received training in the accessible information standard so that they were able to present clear information to patients in accordance with their communication requirements.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	98.7%	93.3%	93.4%	Variation (positive)

Any additional evidence or comments

Improvements were identified in 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. The practice attributed this to careful consideration of the previous GP Patient Survey which had improved GP's consultations.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence: Information was available in larger fonts and with pictorial aids as required; however, whilst the practice explained that the practice population was not sufficiently diverse to necessitate information leaflets being available in other languages, translation facilities were available. There were members of the clinical team who could communicate with patients in languages other than English.	

Carers	Narrative
Percentage and number of carers identified.	103 carers had been identified which amounted to 0.9% of the list size.
How the practice supported carers (including young carers).	Carers were offered a health check.
How the practice supported recently bereaved patients.	The bereaved family were contacted by the practice and sent a sympathy card. This provided details of bereavement services.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive Improvement

Rating:

Requires

The practice was previously rated as requires improvement for providing responsive services. This was because patients raised concern about accessing appointments and getting through on the telephone. At our recent inspection, we found that whilst the practice had completed an action plan and an access survey, there was continued low performance in some indicators. As the low satisfaction data affects all population groups, they are all rated as requires improvement.

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday Tuesday Wednesday Thursday Friday	08.30am - 11.30am 3pm – 6.30pm
Extended hours opening:	Wednesday evening 6.30pm - 9.30pm
Hub appointments available	Tuesday & Thursday evening Saturday and Sunday – all day

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11282.0	322.0	121.0	37.6%	1.07%

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)	98.5%	95.0%	94.5%	Tending towards variation (positive)

Older people

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> 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 provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> 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. 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: Requires improvement

Findings

- Additional nurse appointments were available until 7pm on a Monday to provide immunisations.
- The practice now had good relationships with midwives and health visitors who regularly attended meetings at the practice.
- 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.

Working age people (including those recently retired and students)

Population group rating: Requires improvement

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 late on a Wednesday evening. Pre-bookable appointments were also available to all patients at additional locations within the area. Appointments were available Saturday and Sunday and on a Tuesday and Thursday evening.

People whose circumstances make them vulnerable

Population group rating: Requires improvement

Findings

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those who lived in care homes.
- 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: Requires improvement

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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	38.6%	N/A	68.3%	Significant Variation (negative)
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)	41.4%	61.8%	67.4%	Variation (negative)
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)	45.6%	59.6%	64.7%	Tending towards variation (negative)
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)	60.4%	70.6%	73.6%	No statistical variation

Any additional evidence or comments

Whilst some continued underperformance was identified in relation to GP Patient Survey data in terms of access, there had been improvement across all indicators:

- 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 was 17.9% in the previous year, compared to the CCG average of 70.3%.
- The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 36.1% in the previous year, compared to the CCG average of 68.6%.
- The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied

with their GP practice appointment times was 30.2% the previous year, compared to the CCG average of 65.9% 59.7%.

The practice had devised an action plan to make these improvements, which was continually reviewed. This included promoting online consultations to free up phone systems. Whilst the CCG target was for 10% of patients to have online access, the practice had achieved 42%. All appointments were available for online patients to access on the day.

As part of their action plan, the practice utilised and invested in technology, including two-way messaging facilities so that patients had appointment reminders which they could cancel by text. More staff were now answering the phone than previously, as administrative staff also answered the phone during busy periods.

Source	Feedback
Staff	Staff explained to us how changes to the telephone system and online access had been embedded into processes. They told us that this had improved waiting times.
NHS Choices	15 of these were positive, explaining that their medical concerns were responded to quickly and efficiently. Some patients raised concerns about getting through on the telephone and accessing routine appointments.
Practice Survey	The practice completed an in-house access survey from June 2019 to November 2019. They had received 108 responses: <ul style="list-style-type: none"> • 46% of patients said that getting through on the phone was easy. 48% said it was not easy. Six percent hadn't tried. • 85% of patients were satisfied with the experience of making an appointment. Fifteen percent were not satisfied. • 95% were satisfied with the appointment they were offered. 5% were not satisfied.

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.	32
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence Details of complaints were maintained on a central log. The complainant received a timely acknowledgement in accordance with the practice's complaint policy. Necessary consent was obtained in order to correspond with third party representatives.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient not happy with level of care given at consultation	Concerned GP wrote letter explaining circumstances and offering apology.
Patient had not received referral to physiotherapist	Patient provided with apology and immediately referred for physiotherapy.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: QOF and GP patient data now evidenced improvement. Action plans were continually monitored, reviewed and updated. Where underperformance was identified by inspectors, such as in relation to cervical screening and child immunisations, the practice reflected and took immediate steps to improve.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice continued to adhere to their vision and strategy. In this, they advocated empathy, holistic treatment, health promotion, professionalism and quality. The vision and values were evidenced throughout the course of the inspection, through the respect between staff, partners and management and continued improvements to access and QOF performance. Quality was an integral part of the workings of the practice and there were continual systems to measure, review and improve services.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>In their presentation, the partners discussed the importance of their staff and their plans to provide further care and support for them in the future, including their mental health.</p>	

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

Source	Feedback
Staff	Staff told us how since the 2017 inspection, the practice had improved ways of working so that the administrative and reception team supported each other. They explained that leaders were now visible and attentive, actively engaging in reception and administrative functions.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All staff had information governance training.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Audit continued to be an integral part of the mechanics of the practice. Audits were used to drive, target and monitor improvements. Where risks or concerns were identified, both clinically and administratively, an audit was carried out to benchmark current performance and identify action to be taken. Since our previous inspection, the practice had devised a continual risk assessment which considered risks at the premises, such as flooding or the condition of the flooring.</p> <p>The practice continued to have effective systems to act on patient safety alerts. In relation to one such alerts, we saw that relevant patients were invited to an education session led by a GP partner to explain the potential risks of their medicines. Effective systems continued to be implemented to review patients who were prescribed medicines that required additional monitoring. The practice had set up monthly searches to identify patients who were due their blood tests.</p> <p>Despite significant changes in their nursing team and the unscheduled absence of a GP, the practice continued to improve QOF performance and access.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y

Staff whose responsibilities included making statutory notifications understood what this entails.	Y
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Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice had good working relationships with the CCG, PCN and other stakeholders. Through the PCN and on their own initiative, the practice had diversified the skills-mix of clinicians, including a pharmacist and care navigator.	

Feedback from Patient Participation Group.

Feedback
The PPG explained that their meetings were regular and minuted. They told us that meetings were attended by the GP partners and the management staff. They explained that whilst they could not always see their named GP, that all of the GPs at the practice were good. They said that access had improved.

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: As a training practice, partners were committed to the education and training of medical students and GPs. They were looking at ways of diversifying the clinical team and were in the process of mentoring a local pharmacist to become an independent prescriber. As they had recruited two nurses from the community, they were providing training and supervision to embed them into their new roles. There were innovative ways of improving access, such promoting online access and making staff available to demonstrate systems.	

Examples of continuous learning and improvement

At this inspection, the practice demonstrated that they were capable and skilled at responding to identified risks. They worked with other stakeholders to put effective action plans in place, motivated and involved staff and continued to make improvements despite key staff changes. The practice were keen to partake in pilots and work with other stakeholders and had taken part in a pilot to provide online consultations.

If and when any concerns have been raised by inspectors, the practice take immediate yet considered actions to learn and improve.

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.