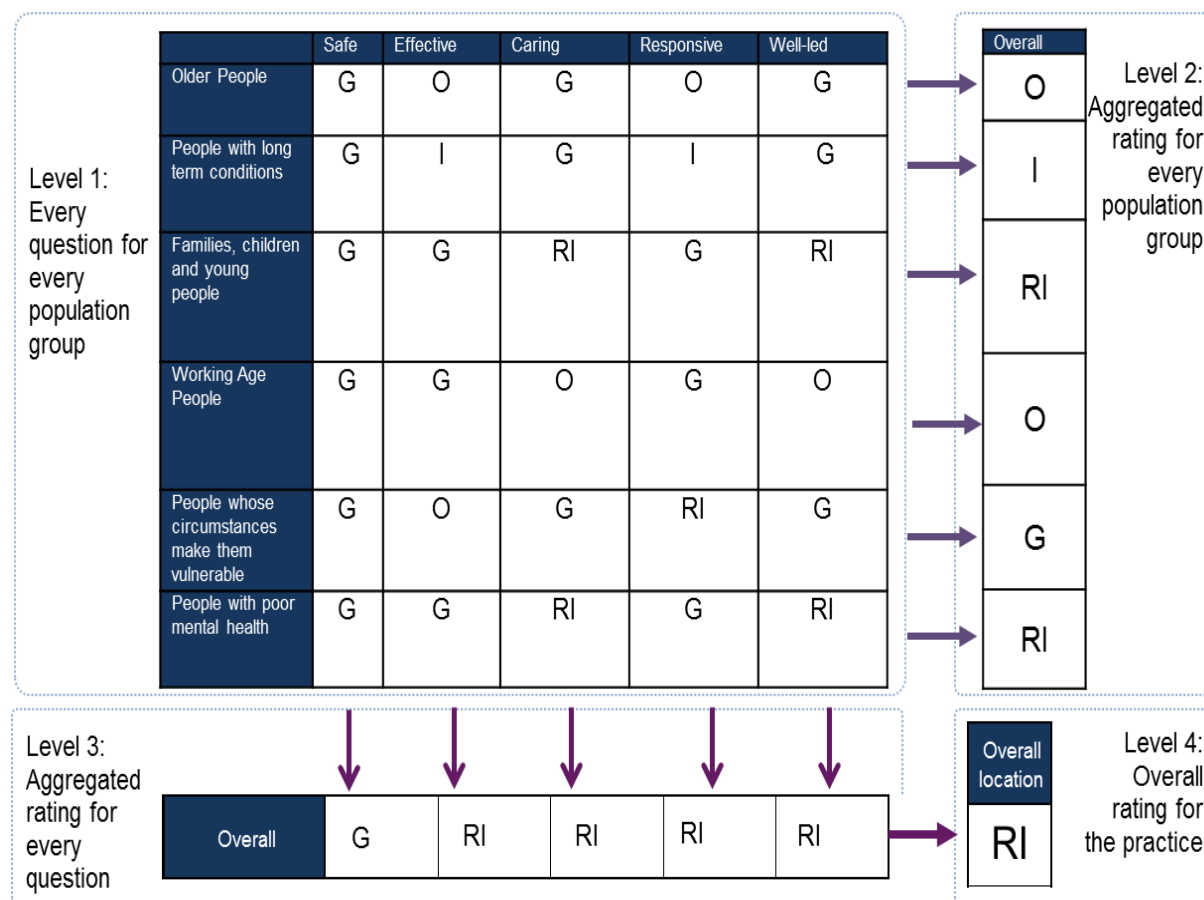


## Ratings – quick reference guide to rating GP Practices



\*PTO for ratings principles

### Steps to fill in the ratings grid:

**Step 1: Level 1 ratings. Population group by key question.** Use all evidence you have to reach these ratings. Including practice wide evidence (which applies to everyone using the practice and therefore can be considered for each population group) and the population group specific evidence.

Use the *ratings characteristics* which describe Outstanding, Good, Requires Improvement and Inadequate for safe, effective, caring, responsive and well-led and fill in the middle part of the ratings grid.

**Step 2: Level 2 ratings. Overall population group ratings.** These ratings are based on the Level 1 ratings in each row of the ratings grid (population group by key question ratings). Apply the *ratings principles* to reach the overall population group ratings.

**Step 3: Level 3 ratings. Overall key question ratings.** These ratings are based on the Level 1 ratings in each column of the ratings grid (key question for each population group). Apply the *ratings principles* to reach the overall key question ratings

**Step 4: Level 4 rating. Overall practice rating.** Based on the Level 3 ratings (ratings for each key question at the bottom of the ratings grid). Apply the *ratings principles* to reach the overall practice rating.

## The ratings principles:

1	Where a breach of a regulation has been identified and we issue a compliance action, the rating linked to the area of the breach will be limited to 'requires improvement' at best.
2	Where a breach of regulation has been identified and we take action under our enforcement powers, such as issuing a Warning Notice or imposing a condition or registration, the rating linked to the area of the breach will be 'inadequate'.
3	The five key questions are all equally important and should be weighted equally when aggregating.
4	The six population groups are all equally important and should be weighted equally.
5	All ratings will be treated equally for the purposes of aggregating unless one of the other principles below applies.  Note: The principles below adjust for combinations where it is not appropriate to treat ratings equally, for example where one of the key questions is rated as inadequate we would not expect the overall rating to be good or outstanding.
6	The aggregated rating will normally be 'outstanding' where at least 2 of the underlying ratings are 'outstanding' and the other underlying ratings are 'good'.
7	The aggregated rating will normally be limited to 'requires improvement' where at least 2 of the underlying ratings are 'requires improvement'.
8	The aggregated rating will normally be limited to 'requires improvement' at best where 1 of the underlying ratings is 'inadequate'.
9	The aggregated rating will normally be limited to 'inadequate' where at least 2 of the underlying ratings are 'inadequate'.
10	For each of the key questions of safe, effective, caring, responsive and well-led, the aggregated rating should closely align with the underlying population group ratings, plus an assessment of any provider level evidence.

**Please note:** if you are not rating any of the population groups or any of the key questions please refer to the handbook appendices for the principles: If the number of underlying ratings changes then the principles above change.

The principles will normally apply but will be balanced by inspection teams using their professional judgement. Our ratings will be based on all of the available evidence. Examples of when we may use professional judgement to depart from the principles include: **Where concerns identified have a very low impact on people who use services; where we have confidence in the service to address concerns or where action has already been taken; where a single concern has been identified in a small part of a large service.**