

# Care Quality Commission

## Inspection Evidence Table

### Bottreaux Surgery (1-581923232)

**Inspection date:** 1 November 2018

**Date of data download:** 23 October 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member(s) of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
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 and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>The practice used an external HR consultant for guidance about employment matters. The practice/business manager was new to the practice in May 2018 reviewed all the staff files and had identified some gaps in information. A spreadsheet was seen and being used to manage risks around staff information. For example, the practice had identified a risk that there was no information about a DBS having been obtained and had corrected this. The spreadsheet included revalidation dates for GPs and nursing staff. Medical defence insurance was seen on two staff files, valid and due to expire in August 2019.</p> <p>The practice/business manager had reviewed the recruitment procedures and used NHS jobs website to advertise for a new practice nurse. A standardised application was being used for any staff applying for jobs. An interview record documented the applicant's performance and rationale for making the decision to recruit the applicant. We looked at another staff file, which included a statement of discussion about the General Data Protection Regulations (GDPR) and consent to hold information having been obtained.</p> <p>There was a system for recruiting and checking any new locums before working at the practice. We looked at one locum file and saw the practice had carried out appropriate checks, including checking that the GP was on the performers list.</p> <p>The practice had a Disclosure and Barring Service policy, outlining which staff were required to have these checks undertaken. The risk assessment was seen documenting the rationale for not undertaking DBS checks for reception staff. Staff in reception were clear about who had approval to undertake chaperone duties.</p> <p>A lead nurse responsible for infection prevention control systems verified the practice had obtained assurance of staff's vaccination status, which was seen on the sample of files looked at. All staff at the practice had been offered flu vaccinations.</p>	

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test: 26 October 2018</p>	Yes
<p>There was a record of equipment calibration Date of last calibration: January 2018.</p>	Partial
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	Yes
<p>Fire procedure in place</p>	Yes
<p>Fire extinguisher checks</p>	Yes
<p>Fire drills and logs</p>	Yes
<p>Fire alarm checks</p>	Yes
<p>Fire training for staff</p>	Yes
<p>Fire marshals</p>	Yes
<p>Fire risk assessment Date of completion 23 July 2018</p>	Yes
<p>Actions were identified and completed.</p> <p>Following the fire risk assessment several actions had been completed, for example the fire evacuation assembly points had been moved as they were too close to the building.</p>	Yes
<p>Additional observations:</p> <p>Calibration records for equipment demonstrated these had been checked in 2018 and the practice checked this against an inventory.</p> <p>We saw old equipment used which contained mercury. The practice had not carried out a mercury risk assessment and did not have a mercury spill kit in the event of a spillage. Staff told us this equipment was never used and after the inspection we received photographic evidence of it having been removed.</p> <p>Certification demonstrated a named member of staff had completed fire marshal training in July 2018. Following the training, fire safety procedures and risk assessments were reviewed and updated.</p>	
<p><b>Health and safety</b> Premises/security risk assessment? Date of last assessment: 25 June 2018</p>	Yes
<p>Health and safety risk assessment and actions Date of last assessment: 20 August 2018</p>	Yes
<p>Additional comments:</p>	

The health and safety risk assessment identified that no records had been kept demonstrating the cleaning schedule was being followed. This had been discussed with staff, implemented and we saw records were completed in key areas showing when cleaning had been done.

Arrangements were in place to increase the frequency of fire drills after gaps were found when the risk assessment was reviewed. Staff had received training in the last 12 months. Records demonstrated more frequent fire drills were being done with one scheduled to take place after the inspection.

A lone working policy was put in place and accessible for staff on the practice intranet. Practice meeting minutes dated 2 July 2018 showed new policies had been implemented. These included the introduction of a new health and safety handbook for staff. The handbook was also accessible online for all staff.

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail:</p> <p>The practice had recently updated boilers and fitted temperature regulators on all taps to reduce any risks associated with legionella. Hand hygiene audits had not been done and were being implemented for staff to provide assurance of competency promoting patient and staff safety.</p>	<p>Yes</p> <p>8/10/2018</p> <p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p> <p>The practice identified infection prevention control (IPC) had not been closely monitored for more than 12 months and had taken actions to address this. An audit was undertaken on 8 October 2018 and found gaps in assurance of IPC at the practice, for example hand hygiene audits had not been done. The practice had an action plan into place whereby IPC was now a standing agenda at the all staff meetings. Nationally recognised assessment tools had been implemented so the practice could rate compliance, risk and actions required to address any gaps. The IPC lead nurse was being supported to access appropriate training to manage IPC systems and was carrying out monthly checks of both sites setting actions and reporting to the practice/business manager and GP partners.</p> <p>We spoke with the IPC lead nurse who verified the support and actions taken to address the shortfalls. They had previously attended quarterly meetings with IPC lead at the clinical commissioning group (CCG), but this meeting had not been held for some time. The nurse said they had spoken to lead practice nurse at the CCG to have IPC added to the rolling training programme. The nurse told us they now had protected time to manage IPC. A report was being presented to the clinical meeting the following week where IPC actions were to be discussed and timescales agreed. Future meetings clinical meetings were said to have been agreed where governance of IPC actions would follow.</p> <p>The practice/business manager had oversight of improvements made with cleaning services. Cleaners were employed by the practice and had attended appropriate courses such as the Control of Substances Hazardous to Health (COSHH). Weekly cleaning schedules were kept and seen having been completed. We saw contracts for collections of clinical waste, which staff verified was collected weekly. Yellow waste bins for clinical waste were seen outside both sites, locked and secure.</p>	

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>The practice had reviewed staffing resources to diversify and meet patient demands. GPs told us the home visiting rate remained quite low compared with other practice. GP partners opted to increase the nursing team as 77% of patients had long term conditions, which they needed support to manage. Succession planning was evident and since we last inspected, the practice had attracted a new GP partner and business manager since April 2018. A limited number of named GP locums were used to cover periods of absence who were well known to the practice and patients.</p> <p>GP partners were mindful about managing the health and well-being of staff and reducing the potential risk of professional burnout. Examples seen, included the introduction of a new rota allowing GPs to only work seven sessions with breaks in between. Annual leave requests had to be booked at least 6/8 weeks in advance to allow time for locum GPs and nurses to be arranged.</p> <p>There had been staffing challenges through the summer due to a health care assistant leaving. The practice reviewed the nursing team structure and appointed a new practice nurse who was due to start soon. Phlebotomist hours were increased enabling practice nurses to concentrate on long term condition health management with patients.</p> <p>Ten staff completed a Care Quality Commission questionnaire. All staff identifying themselves as being in a non-clinical role verified they had received training about recognising symptoms linked to sepsis. All staff followed nationally recognised guidance with a traffic light system showing when to escalate patient symptom concerns to a GP or emergency services.</p>	

## Information to deliver safe care and treatment

Question	Y/N
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Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p> <p>The practice had successfully bid for and been awarded funding to employ a new member of staff for coding records. The new role was a shared arrangement with another practice and aimed to help improve the accuracy of recording, audits and governance.</p> <p>Vulnerable patients care and health conditions was summarised in their records. Patients were made aware of and consented to the sharing of this information with other authorised healthcare professionals.</p>	

## Appropriate and safe use of medicines

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.04	0.98	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	12.1%	9.8%	8.7%	Comparable with other practices
Any additional evidence				
Evidence of antibiotic stewardship was present, minutes demonstrated the practice had discussed this in dispensary and clinical meetings. The practice showed us evidence of prescribing practice which was in line with guidelines aimed at reducing the risks associated with over prescribing antibiotics. The patient record system prompted prescribers to consider alternative antibiotics in alignment with the Kernow Formulary.				

Medicines Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Partial
There was a process for the management 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, audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	Yes
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying	NA



and verifying the patient in line with General Medical Council guidance.	
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>The practice had dispensaries at Bottreaux Surgery and the branch surgery in Tintagel. We inspected both dispensaries on 1 November 2018. Appropriate procedures were in place for the secure storage, recording and monitoring of controlled drugs. At both Bottreaux and Tintagel dispensaries, staff told us prescriptions were usually left in the printers overnight. Cleaning staff had access to dispensary and no risk assessment had been completed. Immediately after the inspection the practice carried out a risk assessment and took action on this.</p> <p>The practice did not use patient group directions (PGDs) as all the nurses were independent prescribers. However, there were in Patient Specific Directions (PSDs) in place authorising a trained health care assistant to administer flu vaccine and Vitamin B12 injections for named patients. All staff administering medicines had received anaphylaxis training and kits with emergency medicines were in clinical areas for access in the event of an emergency.</p> <p>Medicines requiring refrigeration were stored appropriately at both sites. Records demonstrated adherence to cold chain, with twice daily checks being completed. Staff responsible for checking the equipment described the process. All staff understood the safe temperature range which medicines needed to be stored at and understood when to escalate any concerns to the practice/business manager.</p> <p>There was a system in place ensuring doctors bags were checked regularly. We saw GPs were emailed every three months to have the content of their bag checked to ensure medicines carried were appropriate and in date.</p>	

Dispensing practices only	Y/N
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Explanation of any answers</p> <p>Doors leading into the dispensaries had keypads and were only accessible by authorised staff.</p>	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to 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.	21
Number of events that required action	21

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

Event	Specific action taken
ECG pads were missing when a patient required a non-urgent ECG	The trolley had been cleaned and ECG pads removed. This was discussed at the monthly all staff meeting and actions put in place. A system was put in place so that the ECG equipment is included when checks of the emergency equipment are completed monthly.
Expired adrenaline in emergency equipment	Adrenaline in the emergency bag, anaphylaxis kit and drug cupboard at Bottreaux Surgery was found to have expired when checked in April 2018. All supplies were normally checked monthly after clinical meeting, however due to the clinical meeting not occurring it had been missed. New supplies were brought over from the Tintagel dispensary and no patients came to harm. A monthly reminder to check emergency equipment and medicines was sent to all nurses to complete this task. We found monthly checks had taken place and emergency medicine were all in date.
Repeat echocardiogram was not actioned for a patient with aortic valve disease	System set up by the practice to follow up recommendations made by secondary care when repeat diagnostic tests such as ECG are required.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>There was an effective system in place managed by the practice/business manager and a lead GP. The lead GP viewed all alerts and it was clearly recorded whether action was required or not. If action was required this was assigned to an appropriate member of staff and recorded when the action had been completed. The alerts were regularly audited to ensure that action had been taken where required. All the alerts were stored in a file which was accessible by staff should they need to refer to</p>	

them which highlighted the action taken, who was responsible and demonstrated governance.

The dispensary manager had responsibility for disseminating any medicines safety alerts electronically and monitors when these are read through a read receipt.

### **Any additional evidence**

A recent alert about a device delivering emergency medicine used to treat patients who were experiencing early anaphylactic shock (an emergency situation) was audited. All patients with this device and medicine were then sent a letter inviting them for a review to check the device and discuss the latest guidance about using it up to and within four months of expiry.

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.96	0.93	0.83	Comparable with other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	89.8%	81.9%	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 23.4% (63)	CCG Exception rate 19.5%	England Exception rate 12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	87.1%	80.8%	78.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions) 13.8% (37)	CCG Exception rate 11.9%	England Exception rate 9.3%	

Indicator	Practice performance	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 (01/04/2016 to 31/03/2017) (QOF)	91.5%	82.0%	80.1%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.6% (58)	14.8%	13.3%	

#### Any additional evidence or comments

We sampled patient records and found the practice followed national guidelines when exception reporting patients from reviews. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate). The GPs told us 77% of the practice population had long-term conditions and 42% were over 65 years, which presented challenges in achieving some of the indicator parameters within the quality outcome framework (QOF). The practice was closely monitoring outcomes for patients and discussing performance at every clinical meeting.

Other long term conditions				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	80.7%	75.5%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (3)	12.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	93.2%	90.8%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.6% (5)	13.7%	11.4%	



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 (01/04/2016 to 31/03/2017) (QOF)	88.3%	83.7%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.2% (38)	5.2%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	90.0%	88.3%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (5)	7.6%	8.2%	
<b>Any additional evidence or comments</b>				
Practice nurses had completed diploma level qualifications covering diabetes and respiratory disease management. For example, Association of respiratory training and practice training (ARTP) for safe spirometry. They were registered with the ARTP to continue doing spirometry safely for patients.				



## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	45	47	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	39	41	95.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	39	41	95.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	39	41	95.1%	Met 95% WHO based target (significant variation positive)

### Any additional evidence or comments

We spoke with a practice nurse about the significantly positive results seen with the immunisation programme. We were told the 8-week new baby check was married up with the baby's first immunisation. The practice closely monitored and reported child surveillance and did opportunistic immunisation at other reviews such as those for asthma. Discussions with families took place to dispel myths around immunisation. Practice nurses attended an immunisation course in September 2017 and followed the immunisation schedule for 2017/18 on the NHS website with monthly bulletins updating where needed. Practice nurses said they followed the green book (national immunisation schedule) and had online access to it via a bookmark on their desktop.

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	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) (01/04/2016 to 31/03/2017) (Public Health England)	75.0%	74.9%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.0%	76.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	57.1%	60.7%	54.6%	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. (PHE)	52.8%	63.7%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	42.2%	51.1%	51.6%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>The practice used every opportunity to engage women in the cervical screening programme. Information was on the practice website and screens in waiting rooms.</p> <p>Staff told us all patients with a cancer diagnosis were offered an open appointment with a practice nurse to ensure they were receiving the support they needed.</p>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	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 (01/04/2016 to 31/03/2017) (QOF)	100.0%	93.9%	90.3%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	11.8% (2)	15.9%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	91.8%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.9% (1)	13.5%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	84.0%	84.4%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.8% (1)	7.0%	6.8%	
<b>Any additional evidence or comments</b>				
GPs continued to hold joint monthly patient review meetings at the practice with the community mental health team. The practice was a positive outlier, achieving a high level of regular reviews of patients because of the collaborative approach with mental health colleagues. Patients with complex health needs had comprehensive plans in place outlining risks and strategies to implement to support the patient when in mental health crisis and avoid hospitalisation where possible.				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544	551	539
Overall QOF exception reporting (all domains)	6.3%	6.8%	5.7%

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

### Helping patients to live healthier lives

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 (01/04/2016 to 31/03/2017) (QOF)	95.2%	94.4%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (21)	1.0%	0.8%	

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
Staff were able to explain the consent process for all invasive procedures such as ear irrigation, cervical screening, blood sample taking and minor surgery. Staff had a clear understanding of Gillick competency guidelines for the care and treatment of patients under the age of 16.

Any additional evidence
Staff interviewed told us the practice had a strong learning culture where they were encouraged to develop skills and offer ideas or innovations to improve the service. A health care assistant had been supported to develop their skills enabling them to do interventions such as B12 injections using PSDs. Practice nurses specialised in management of patients with diabetes and respiratory conditions having completed advanced qualifications in these areas thereby freeing up GP appointments for patients with complex or urgent needs.

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	4
Number of CQC comments received which were positive about the service	4
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards, NHS Choices	All four CQC comment cards were strongly positive about the staff being caring, kind and the quality of service received.
Patient interviews	We spoke with six patients who were positive about staff, highlighting they were efficient and professional.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4855	228	111	48.69%	2.29%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	94.5%	92.6%	89.0%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	95.3%	92.3%	87.4%	Comparable with other practices
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.3%	96.9%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	90.5%	89.2%	83.8%	Comparable with other practices
<b>Any additional evidence or comments</b>				
Ten patients gave feedback during the inspection and their comments were reflective of the GP patient survey confirming high levels of satisfaction with being treated with care and concern and having confidence in the practice staff.				

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

Date of exercise	Summary of results
2018	<p>The practice had produced an action plan against the results from the patient survey. This set out key areas being focussed on:</p> <ul style="list-style-type: none"> <li>• To train staff and raise awareness of other types of support in the locality for patients living with long term conditions.</li> <li>• Review of the telephony provider to improve patient access, information and choice available when phoning in to the practice.</li> <li>• Improve access into the building for people with limited mobility.</li> <li>• Refurbishment and decoration of the practice.</li> </ul>

Any additional evidence
<p>The practice had a comment and suggestions box in the waiting room. Actions taken from comments were about the phone system being difficult to understand. The practice recognised call handling could be improved and signposting training was rolled out to all staff handling calls. There were plans to do service specific surveys with patients, for example to establish whether diabetic clinics were meeting their needs.</p> <p>The Patient participation group (PPG) chairperson told us there had been substantial improvements in the last year, which had seen the arrival of a new practice/business manager and new GP partner. They told us patients reported staff seemed settled and more at ease with their roles. Patients reported positive experiences when attending appointments and using the dispensary, which they valued and was working more efficiently. Patients verified they had no difficulties in getting an urgent/same day appointment..</p> <p>The PPG had worked with staff to increase awareness about the flu vaccination programme and had a positive impact on increased uptake, particularly at Crackington Haven.</p>

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Six patients told us the staff at the practice were clear when explaining any additional care or treatment/s needed. They felt engaged in this process and in control of decisions made.

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	99.2%	95.8%	93.5%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>Ten patients providing written and verbal feedback at the inspection reflected the high satisfaction rates seen in the GP patient survey results.</p>				



Question	Y/N
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 easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	102 patients representing about 2% of the patient population were identified as being a carer by the practice.
How the practice supports carers	We saw information in the waiting room advising patients of carer support groups. The practice had some outreach clinics for flu vaccination held in community centres, where patients and their carers were able to attend for tea/coffee and cake. The practice had recently met with and set up links with the local 'community maker' to increase patient access to support. (A community maker is a facilitator engaging, supporting and problem-solving access to community groups and support through the charity Volunteer Cornwall).
How the practice supports recently bereaved patients	Patients we interviewed told us they had a good relationship with their GPs who knew them and their extended families living in the area well. Home visits were carried out where appropriate. Information about bereavement counselling and support was available in the waiting room.

Any additional evidence
The practice had recently upgraded the patient record system and had jointly appointed a new member of staff whose role was to carry out coding for all health issues, including any patients being a carer. GPs considered this as a positive step towards increasing the number of carers identified.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	We saw staff were discreet when speaking with patients at reception. Information in the waiting room highlighted the importance of patient confidentiality.

Question	Y/N
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

Examples of specific feedback received:

Source	Feedback
CQC patient comment cards	Four patients provided feedback in comment cards, all of which confirmed they were treated with dignity and respect.
Interviews with patients	Six patients, including a young person spoke positively about the way staff approached them in a polite and caring way.

## Responsive - last inspection rated outstanding because:

### Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	Boscastle 8.15am to 1pm and 2pm to 6pm Tintagel 8.30am to 12md and 2pm to 6pm
Tuesday	Boscastle 8.15am to 1pm and 2pm to 6pm Tintagel 8.30am to 12md and 2pm to 6pm
Wednesday	Boscastle 8.15am to 1pm and 2pm to 6pm Tintagel 8.30am to 12md and Closed
Thursday	Boscastle 8.15am to 1pm and 2pm to 6pm Tintagel 8.30am to 12md and 2pm to 6pm
Friday	Boscastle 8.15am to 1pm and 2pm to 6pm Tintagel 8.30am to 12md and Closed

Appointments available	
The appointments telephone line is open from 8.30am	Between 8.30am and 6.30pm patients were able to access:  Same day appointments with GP Routine appointments with GP, nurse , phlebotomist and pharmacist Telephone appointments with GP, nurse or pharmacist.
Extended hours opening	
	The practice discontinued the extended opening hours service as the locality and CCG decided to reconfigure this service to improve access with hubs based in Bodmin, Stratton, St Austell, Liskeard, Newquay, Falmouth and Truro. Reception staff at the practice provided patients with advice about where they could attend out of hours for assessment and treatment.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
GPs triaged all patients requesting a same day appointment or home visit. Reception staff had received training to equip them with skills to signpost and identify risks that would necessitate and urgent response from the GP. All staff had access to decision pathways highlighting when to escalate	

concerns immediately to a GP, such as an ongoing temperature or an un-well baby. Home visits were carried out between 12-midday and 2pm unless a patient needed urgent assessment.

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4855	228	111	48.69%	2.29%

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 (01/01/2018 to 31/03/2018)	96.7%	96.1%	94.8%	Comparable with other practices

#### Any additional evidence or comments

Bottreaux Surgery is a small, rural practice with approximately 4855 patients. As a small team, staff were multi-skilled which allows for strong continuity of service. The practice had made changes improving online access for patients able to forward book appointments as well improvements to the telephony service for those choosing to book on the day either by telephone or online. The GPs offered telephone consultations for patients daily and if an urgent response to a query was required, reception staff were able to pass this through to the GP.

## Timely access to the service

### 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 (01/01/2018 to 31/03/2018)	85.6%	77.7%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	84.1%	78.1%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	80.4%	74.6%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	86.4%	82.6%	74.4%	Comparable with other practices
<p><b>Any additional evidence or comments</b></p> <p>At the inspection, we looked at the availability of same day appointments that were also available for patients to pre-book on the internet, in person or by phone. Four appointments were still available late afternoon should a patient need one. The previous day, two appointments were available and not used. The practice demonstrated patients with non-urgent concerns were able to be seen on the same day. The practice managed peak times of the year when the number of temporary residents increased the registered population by 2112 between January to November 2018. Of the temporary residents, there was a higher percentage of older patients visiting the practice which the practice had responded to by providing additional leg dressing services, repeat prescriptions and treatment of minor injuries.</p> <p>The nursing team managed the monitoring of patients with long term conditions such as diabetes, asthma and chronic pulmonary disease and heart disease. The practice provided travel vaccination and advice for patients travelling overseas, including yellow fever vaccination.</p> <p>Nursing staff had advanced skills and were able to provide contraceptive services for women including implants (normally delivered by GPs). Two GPs had specialist interest qualifications in women's health and family planning.</p>				

Indicator	Practice	CCG average	England average	England comparison
<p>Near patient testing was available for patients at the practice, avoiding them having to attend the hospital some considerable distance away. This included INR testing and dosing for patients on warfarin.</p> <p>The practice hosted support services for patients. This included third sector agencies such as Addaction for patients in recovery or wishing to detox were able to access support from a substance misuse counsellor. The service provided support for patients and their families with alcohol, drug and nicotine addiction problems.</p> <p>Weekly physiotherapy clinics were run on site by visiting physiotherapists every week for patients.</p>				

Examples of feedback received from patients:

Source	Feedback
NHS Choices	The practice was rated two out of five stars by patients in the last 12 months. This was based on the feedback of five patients with themes around time waiting for the telephones to be answered and delays in getting an appointment to see a GP of choice.
CQC patient comment cards	Four patients gave written feedback about the practice which was strongly positive. Patients remarks highlighted they felt listened to and were seeing improvements being made.
Patient participation group members	The PPG chairperson told us patient satisfaction had improved over the course of the last six months with several positive changes to the quality of services being made.

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	6
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
<b>Additional comments:</b>	
<p>We looked at a sample of complaints, one of which had been reviewed by NHS England. Learning was identified for the practice. For example, any patients on high risk medicines or those that required monitoring should have an agreed plan in place explaining common side effects and when to escalate any concerns to their GP.</p> <p>There was evidence of duty of candour, with apologies given where appropriate and resolution meetings being held with patients.</p>	

<b>Example of how quality has improved in response to complaints</b>
<p>Patient comments highlighted delayed response to phone calls and also waiting to get an appointment with a preferred GP. Ten patients providing feedback at the inspection told us this had improved.</p>

<b>Any additional evidence</b>
<p>The practice had recently changed patient record systems enabling patients to access online appointments and make repeat prescriptions requests. The telephone system was moved so all calls were answered at Bottreaux Surgery for all patients and more staff allocated to this task at peak times to answer calls.</p> <p>We saw an example of how patient feedback about preferences for a particular brand of a medicine led to meeting that patient's preferences. The preferred brand name within the dosage section of the dispensary was highlighted in the labelling system for that patient to remind staff to only dispense that particular brand for that patient.</p>

# Well-led

## Leadership capacity and capability

### Examples of how leadership, capacity and capability were demonstrated by the practice

Leaders responded to feedback from staff for communication systems to be improved. Team leaders were enabled to hold specific meetings within their teams, with the practice/business manager joining these to ensure there was consistency when messages were discussed. There were financial systems in place allowing the practice/business manager to monitor finances every month, seek ongoing advice from the accountants including an annual audit. This was linked to the agreed strategy for the practice, which included significant investment in the premises through refurbishment plans.

### Any additional evidence

The practice had a whistleblowing policy, which was updated included information about the name and contact details of the freedom to speak up guardian at the Kernow Medical Committee. There was an open culture in which staff were encouraged to raise queries, concerns and suggestions for improvement.

## Vision and strategy

### Practice Vision and values

Information on the practice website, new patient pack and leaflets stated the GP partnership was passionate about traditional family medicine and evidence based care. The vision of the practice was to provide quality care so patients are treated as people not just a medical condition. The practice plans care, which emphasises the patient's individual needs, dignity and strict confidentiality. Advice, support and information was available to help patients make the right choices.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

Ten staff CQC survey forms demonstrated the practice culture was based on quality improvement. A no blame culture was highlighted and staff encouraged to report and learn from near misses, significant events and complaints. All of the feedback was positive.

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

Source	Feedback
CQC survey	Ten staff completed a CQC questionnaire. Their comments verified that the practice was a positive place to work and they were actively encouraged to develop their skills through funded training.
Interviews with staff	Staff told us they were proud to work at Bottreaux Surgery. They described being well supported to develop their skills and knowledge through continuous



	learning opportunities. Recent changes made to processes and policies were seen as positive and helping to streamline and improve the quality of services delivered for patients.
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### Any additional evidence

Staff responding in the CQC staff survey provided examples of health and safety measures implemented to reduce risks to staff. Staff reported windows were installed which were opened electronically to prevent staff experiencing any strain whilst opening them.

### Governance arrangements

#### Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	The practice had introduced an annual review date schedule for all policies and procedures. Electronic versions of the policies and procedures were accessible for staff on the intranet. A recent addition was a lone working policy for staff.
Other examples	Staff were able to access all procedures on the practice intranet. Regular meetings were held with all staff, with minutes kept and made accessible on the practice intranet to improve communication across the practice.

	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

### Any additional evidence

The specialist GP advisor spoke with GP partners about audit activities, which they recognised could be beneficial to achieve a quality improvement approach when managing and developing the practice. Whilst there had been some audits carried out over the last two years, the practice did not have an overall quality improvement plan incorporating regular audit across all services and performed by all staff groups. We highlighted this in our feedback at the end of the inspection as an area for improvement.

### Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Risk	Example of risk management activities
Limitations of patient record system	The practice had installed a new patient record system which provided greater search facilities and stability. An audit of repeat prescription reviews had taken place since the new system was installed and identified some reviews had not taken place at the frequency required.

	All patients were reviewed and had a clear date on their records about when the next review was due.
Gaps in staff information	The new practice/business manager carried out an audit of all staff files, identifying where important information was missing. A spreadsheet was seen providing a working document showing what was missing and requested from staff. For example, the practice did not have assurance that a member of staff delivering clinical care had a satisfactory disclosure and barring service check done. This was obtained and held on file.
Wrong medication given to a patient	A person came to pick up some medicines, the correct prescription was picked but the wrong bag of medicines was handed to the patient. The practice set up a prescription collection protocol so when medicines were collected a series of questions were asked to ensure these matched the name, address and correct items being collected against the prescription by the patient or the authorised representative.

### Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

### Any additional evidence

The practice was in the process of obtaining evidence required to apply for a change of registered manager and the requirement for the previous manager to cancel their registration with CQC.

### Engagement with patients, the public, staff and external partners

#### Feedback from Patient Participation Group;

#### Feedback

We received written feedback from the Chairperson of the patient participation group (PPG). Patients explained the practice consulted them well about proposed improvements, for example refurbishment of the building. They told us they felt listened to and had influenced changes, which were set out in an action plan agreed with them.

Updates from the practice and PPG were now published in local village newsletters to increase patient awareness of developments at the practice.

### Any additional evidence

Ten patients contributed to the inspection providing verbal and written feedback about the practice. Some of the patients we spoke with had experienced primary medical services in other parts of the country and stated the service provided at Bottreaux Surgery was excellent. They told us staff monitored their healthcare needs well, with prompt and regular reminders being sent out for reviews of their long-term health conditions. Patients said there was a strong sense of community and had seen improvements being made continuously at the practice, for example, raising awareness of other

types of support available to them to improve their quality of life as both patients and for some carers.

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Monitoring patients in the pre-diabetic range	The practice wanted to implement internationally recognised current best practice to improve the monitoring of pre-diabetic patients by utilising a specific read code to conduct searches. Before this was applied an audit found 48 patients had the pre-diabetes read code out of 226 patients with the appropriate HbA1c results. After re-coding patients in the pre-diabetic range, a second audit found 226 patients had the pre-diabetes read code out of 226 patients with the appropriate HbA1c results. This equated to 100% of all pre-diabetic patients being monitored through the recall process for annual reviews.
Potential risks during pregnancy for patients prescribed sodium valproate	A medicines safety alert in 2017 highlighted potential risks to women of childbearing age prescribed sodium valproate (medicine used to treat epilepsy). The practice identified all childbearing female patients who were prescribed sodium valproate and reviewed them. GPs advised the patients of the associated risks during pregnancy and made changes to their treatment where necessary. A further audit took place in 2018 and any patients continuing to be prescribed sodium valproate were monitored and changes made where ever possible.
Reducing risk associated with installation of new patient record system	An audit was undertaken after it was found some patients did not have a medicines review date on their medication screen when the IT system changed. The first audit included patients with medicines courses where the prescription type was repeat or repeat dispensed and the course status was current. There were 2659 patients (54%) on repeat prescriptions. Of those 2659 patients, 104 patients (65 males and 39 females) did not have a medicines review date recorded, which represented 3.91%. Awareness was raised and a repeat audit found improvements with recording and only two patients (0.075%) did not have a medicines review recorded. Further training was planned soon after the inspection and a further audit scheduled for two weeks after that.

## Any additional evidence

Bottreaux Surgery is an approved training practice providing placements for GP registrars (to become qualified GPs). Two GP partners were approved trainers with the Peninsular deanery.

The practice introduced a system to hold repeat prescription requests for a month to solve any queries about any medicines that had been ordered or supplied.

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ( [See NHS Choices for more details](#)).