

# Care Quality Commission

## Inspection Evidence Table

### Abbey Field Medical Centre (1-1120583333)

Inspection date: 04 December 2018

Date of data download: 04 December 2018

## Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

**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
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	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
<ul style="list-style-type: none"><li>Staff knew who the lead for safeguarding was at the practice.</li><li>All staff had received a DBS check.</li><li>Patients vulnerability was identified on records to support the staff to provide a tailored service to meet their needs.</li><li>There were safeguarding posters on the walls of every consulting and treatment room.</li><li>We saw the process to manage vulnerable patients that did not attend hospital appointments.</li></ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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 and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Staff records seen showed vaccination maintenance with checks and re vaccination requirements, registration numbers, medical indemnity, and revalidation status recorded.	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y May 2018
There was a record of equipment calibration. Date of last calibration:	Y May 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y 21/05/2018
There was a log of fire drills. Date of last drill:	Y 28/06/2018
There was a record of fire alarm checks. Date of last check:	Y 29/11/2018
There was a record of fire training for staff. Date of last training:	Y 09/05/2017
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y 24/01/2018
Actions from fire risk assessment were identified and completed.	Y
<ul style="list-style-type: none"> <li>• We were shown well documented and recorded safety records.</li> <li>• We saw all fire marshals had high visibility waist coats.</li> <li>• The actions taken after the most recent assessment was to check and service the lightning conductor. We saw this action had been completed.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment:	Y Oct 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Oct 2018

## **Infection prevention and control**

### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	19/11/2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<ul style="list-style-type: none"> <li>• Actions seen from audits included; fixing wires against the wall, and guidance for staff that the cleaning cupboard is locked.</li> <li>• These actions were seen discussed in meeting minutes.</li> </ul>	

## **Risks to patients**

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

	<b>Y/N/Partial</b>
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
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	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
There was equipment available to enable assessment of patients with presumed sepsis or another clinical emergency.	Y
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.	Y

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<ul style="list-style-type: none"> <li>• Sustainability and cover for staff absences and busy periods was provided by training the staff to be multi-skilled.</li> <li>• Emergency processes and equipment demonstrated to inspection team by staff at the two locations we inspected.</li> <li>• Although the clinicians we spoke with knew how to identify and manage patients with severe infections including sepsis, we questioned the lack of visual sepsis workflow charts reminders within consulting and treatment rooms to support clinicians with sepsis diagnosis.</li> </ul>	

### 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.	Y
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
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
<ul style="list-style-type: none"> <li>• The practice used icons and flags for vulnerable groups for example children in need, end of life care.</li> <li>• The system used by the practice is compatible with the walk-in service and community services which allows excellent communications in the local area for patients care.</li> </ul>	

## 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
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). (01/10/2017 to 30/09/2018) (NHSBSA)	8.0%	10.9%	8.7%	No statistical variation

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 in place 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.	Y
There was a process in place 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
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 in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
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 in place 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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use. Checked	Y June 2018
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> <li>Appropriate antimicrobial use at the practice was audited by the local medicine management</li> </ul>	

Medicines management	Y/N/Partial
<p>team and supported by the practice audit clerks.</p> <ul style="list-style-type: none"> <li>• There was a procedure to manage uncollected prescriptions. Checks were made to ensure people were safe when a prescription had not been collected.</li> <li>• The dispensary room temperature was recorded effectively where medicines were stored, however, other rooms where medicine was stored at the two locations we inspected did not show room temperatures recorded. The dispensary had air conditioning however with no temperature recordings in the other rooms where medicine was held, this meant we were not assured medicines were stored safely.</li> </ul>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system was in place to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
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.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Y
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y
<ul style="list-style-type: none"> <li>• Standard Operating Procedures we looked at had current data and information, and covered all aspects of the dispensing processes.</li> <li>• Dispensary processes were well documented and both the room temperature and fridge temperatures monitoring kept medicines safe.</li> <li>• Dispensing incidents and near misses were well recorded, and learning was seen. A regular review and discussion in dispensary meetings ensured the chance of reoccurrence was reduced.</li> <li>• There was the facility for dispensers to speak confidentially to patients to discuss any issues or concerns with taking their medicine.</li> </ul>	

## 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:	12
Number of events that required action:	7
Explanation of any answers and additional evidence: Review meetings and learning from significant events meant repeated events were less like to occur. None of the events seen needed the services of the ombudsman to resolve.	

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

Event	Specific action taken
Information recorded on the wrong patients notes.	Staff reminded while using two clinical databases to check patients date of birth. (Systems now merged)
Patient was registered twice. Occurred when practices merged.	All notes now digitalised and issue resolved.

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
<ul style="list-style-type: none"> <li>The medicines and healthcare regulatory agency (MHRA) alerts, were well documented by the practice manager showing the date alerts were received and how they were tracked through the practice.</li> <li>The documented alerts showed the staff members they were sent to for action.</li> <li>However, on the day of inspection we checked patients that had been affected by recent alerts and found two that had not received the required actions. Consequently, we were not assured that all patients affected by alerts were reviewed and safe.</li> <li>Within 48 hours of the inspection we were provided with evidence to show patients affected by alerts were safe, and an updated procedure adding a standard item to clinical meetings to discuss recent and reviewed alerts.</li> </ul>	

## Effective

Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place 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
Explanation of any answers and additional evidence: Annual long-term condition and mental health review management ensured patient outcomes were monitored and improved.	

## Older people

Population group rating: Good

Findings
<p>Add findings here (for example):</p> <ul style="list-style-type: none"><li>• All people over 75 received a letter advising them of their named GP. People over 75 were also be offered a health check.</li><li>• We were told people over 75 were given an appointment when they requested even when GP surgeries were full.</li><li>• The practice identified older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li><li>• Home visits were offered to housebound patients, this included visits for example to review long term conditions.</li><li>• The practice followed up older patients discharged from hospital, to ensure their care plans and medicine needs were updated to reflect any changes.</li><li>• Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. For example, regular meetings with a local care facility for a patient at end of life without any family support, ensured their emotional, social and clinical needs were supported. The patients GP had provided them with their own mobile phone number and had told the patient they could call day or night.</li></ul>

## People with long-term conditions    Population group rating: Good

### Findings

- All patients with long-term conditions (LTC) had a structured annual review to check their health and medicines needs were being met. For patients with more complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. We were told these reviews were more frequent if there were any concerns.
- Housebound people had their annual reviews undertaken at home.
- We found a co-ordinated system in place to ensure patients were seen according to their clinical need and sent reminders when they needed a review.
- Staff who were responsible for reviewing patients with LTC had received specific training. For example, in support of diabetic patients there was both a lead GP and lead nurse.
- GPs followed up patients who had received treatment in hospital or through out of hours services, for example, an acute exacerbation of asthma.
- 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.
- Practice warfarin monitoring was undertaken. Flu vaccinations were offered to all patients with a LTC annually.

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 (01/04/2017 to 31/03/2018) (QoF)	71.9%	76.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.4% (32)	6.8%	13.2%	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 (01/04/2017 to 31/03/2018) (QoF)	77.4%	76.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.7% (26)	5.0%	9.8%	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 (01/04/2017 to 31/03/2018) (QoF)	80.3%	79.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.7% (45)	8.5%	13.5%	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 (01/04/2017 to 31/03/2018) (QoF)	72.8%	74.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (42)	4.6%	7.7%	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 (01/04/2017 to 31/03/2018) (QoF)	90.7%	87.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.9% (59)	9.8%	11.5%	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 (01/04/2017 to 31/03/2018) (QoF)	76.3%	81.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (60)	2.7%	4.2%	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 (01/04/2017 to 31/03/2018) (QoF)	87.1%	88.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (5)	4.7%	6.7%	N/A

#### Any additional evidence or comments

Practice quality performance data for long term condition management showed their achievement was comparable with local and national practices.

## Families, children and young people

Population group rating: Good

### Findings

- Baby checks were provided at 8 eight weeks old, before their initial immunisations were given.
- Parents of preschool children were sent a health questionnaire which, was reviewed by the doctor. Parents could discuss their child's health and/or the GP may request parents bring the child in for a review. Questionnaires not returned were flagged to the health visitor.
- 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.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care and liaised with health visitors when necessary.
- Young people could access services for sexual health and contraception. Regular coil clinics were available and GPs were trained to insert and remove implants.
- We were told that the practice gave specific support for families, an example was given of a bereaved family being provided healthcare support above and beyond normal care to support the family through the difficult time.

Child Immunisation	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) (01/04/2017 to 31/03/2018) (NHS England)	257	271	94.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	266	285	93.3%	Met 90% minimum (no variation)
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) (01/04/2017 to 31/03/2018) (NHS England)	267	285	93.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	265	285	93.0%	Met 90% minimum (no variation)

### Any additional evidence or comments

- Childhood immunisation uptake rates exceeded the World Health Organisation (WHO) targets.
- Children missed more than three immunisation appointments the practice manager reviewed their records and liaised with the practice safeguarding lead to agree the most appropriate course of action going forward.

**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 without existing conditions aged 40 to 74. There were appropriate and timely follow-up on the outcome of health assessments and checks when abnormalities or risk factors were identified.
- Private medicals were available for those that needed them and included the recently introduced seafarer medicals.

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) (01/04/2016 to 31/03/2017) (Public Health England)	73.9%	74.2%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	70.6%	74.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	58.4%	57.9%	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)	91.9%	68.8%	71.3%	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)	69.9%	55.8%	51.6%	No statistical variation

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were signposted to further sources of support when appropriate.
- The practice demonstrated they had a system to identify and manage people who misused substances. Due to the number of vulnerable patients registered at the practice because they had a mental illness, dementia, drug and/or alcohol abuse or learning disabilities, staff have received suitable training to provide people support appropriately.

- The GP care advisor attached to the practice provided additional support when necessary.

**People experiencing poor mental health  
(including people with dementia)**

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to annual health checks. Interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services were also provided.
- People booked for half hour mental health checks were always with a mental health trained GP or nurse practitioner to ensure continuity of care.
- There was a system for following up patients who failed to attend for the administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 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.

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 (01/04/2017 to 31/03/2018) (QOF)	93.8%	84.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.1% (20)	7.9%	12.7%	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 (01/04/2017 to 31/03/2018) (QOF)	94.5%	84.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.6% (17)	6.0%	10.5%	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 (01/04/2017 to 31/03/2018) (QOF)	76.4%	80.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.1% (8)	8.0%	6.6%	N/A

#### Any additional evidence or comments

The practice mental health quality performance data showed they were comparable with local and national practice.

#### 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)	543	525	537
Overall QOF exception reporting (all domains)	5.5%	4.4%	5.8%

	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

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

- An audit took place to look at the number of foot checks carried out at the practice, in line with NICE guidelines for diabetic patients to check and refer high risk foot issues in a timely way to podiatry secondary care. We saw two cycles of this audit. The first audit cycle showed 87% of foot checks had been undertaken and 100% referred in a timely way for secondary podiatry care. One of the recommendations the practice initiated was to receive training from a podiatrist to help staff better understand NICE guidelines. This training was undertaken. The second audit cycle showed 97% of foot checks had been undertaken and 100% referred in a timely way for secondary podiatry care.
- The practice told us they have recently been awarded a sum of money to undertake a project to analyse the patients who attend the practice most frequently. They intended to review all the reasons those people came to the surgery frequently and provide a multi-disciplinary approach towards resolving issues that caused the frequent visits. They hoped this would provide a holistic approach for the health and welfare of these patients and improve their clinical, social and healthcare experience.

## 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. This 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
We saw examples of competency checks carried out for some staff members, this included the nursing and dispensary staff.	
The practice had two registrars (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice. They will usually have spent at least two years working in a hospital before you see them in a practice and are closely supervised by a senior GP trainer in the practice).	

## 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 (01/04/2017 to 31/03/2018) (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 services.	Y
Each team manager both clinical and administrative held a meeting monthly with their team members across the three locations owned by the practice.	

## 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
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

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 (01/04/2017 to 31/03/2018) (QOF)	94.4%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (26)	0.7%	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
Records seen showed patient consent was recorded, this included verbal consent when appropriate.	

# 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
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
The practice looks after a Nepalese community in Colchester. They had found many to have complex, and co-morbidities. To look after this community, they liaise with their interpreters who also act as advocates to ensure they receive the best possible care and are fully aware of what is happening with regards to their health, care, and treatment.	

CQC comments cards	
Total comments cards received.	1
Number of CQC comments received which were positive about the service.	1
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patients	Very caring staff and polite receptionists.
	GPs and nurses provide really good care. Sometimes it's difficult to get through on the phone.
	Feel safe and secure having treatment in the new building, always clean.

## 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 changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18967	259	82	31.7%	0.43%

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)	78.0%	85.7%	89.0%	Variation (negative)
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)	77.8%	84.2%	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 (01/01/2018 to 31/03/2018)	94.5%	94.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	61.4%	78.8%	83.8%	Variation (negative)

#### Any additional evidence or comments

Actions taken to improve indicators that show lower patient satisfaction than local or national averages.

- Locum GPs that did not meet the expected requirements set by the practice, have not been asked to return.
- With investment from the CCG a new phone system has recently been installed. Complaints regarding telephone access have reduced since installation.

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

### Any additional evidence

The practice monitored and reviewed NHS Choices, and Friends and Family returns to understand patient satisfaction improvements that were needed.

Feedback from GP appraisals showed most of the responses were very good, or good for:

- Making them feel at ease.
- Listening to them.
- Assessing their condition.
- Explaining their condition and treatment.
- Decisions about treatment.
- Providing treatment.

### 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

Source	Feedback
Interviews with patients.	Patients told us that they were involved in their care and treatment and given the opportunity to make choices about their care.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that 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)	90.3%	92.1%	93.5%	No statistical variation

	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 On request
Information about support groups was available on the practice website.	Y
We saw a range of information leaflets from various support organisations in the waiting room and available on the practice website. Coffee mornings arranged at a local care home ensured both patients and their carers were invited to support their emotional and social needs.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 72 carers, this equates to 0.4% of their patients.
How the practice supported carers.	Information is available in the practice and on the website. The practice was in contact with agencies such as Age UK for information on services for carers. The administrative staff were aware of the need to identify and code carers on the patient record system. This allows staff to be flexible when offering to support them.
How the practice supported recently bereaved patients.	Staff told us if families had suffered a bereavement, their GP or nurse contacted them to offer an appointment when appropriate. Staff also updated the patient records in a timely way.
We questioned the practice with regards to the lower than average numbers of carers identified by the practice.	
The practice told us that due to their population age being mainly below 69 years of age, certain clinical registers were much lower than other practices locally or nationally. They also told us they had identified carers at the point of registrations and during any consultation where a person may have a carer for example, when seeing people with a learning disability, or dementia. They told us there was a prompt on patients care records on these registers to record the details of carer. Carers were also identified during the recently established dementia coffee mornings.	

## 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
The reception area supported confidentiality. Patients were asked to stand back if there was a queue and paperwork, prescriptions and pathology forms waiting to be collected were stored away to ensure they could not be seen by patients at the desk.	

## Responsive

## Rating: Requires Improvement

### Responding to and meeting people's needs

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

	Y/N/Partial
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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice had a care navigator triage system to assess whether a home visit was clinically necessary and the urgency for medical attention.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am to 6.30pm.
Tuesday	8.00am to 6.30pm.
Wednesday	8.00am to 6.30pm.
Thursday	8.00am to 6.30pm.
Friday	8.00am to 6.30pm.
Some clinics were available on Saturday mornings during a pilot phase.	
Appointments available	
Daily	08:15am to 6:30pm

### Extended hours opening (GP and nurse practitioner appointments available during the evenings and at the weekend).

The practice worked with others in the North-East Essex GP network, to deliver extended opening hours.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18967	259	82	31.7%	0.43%

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)	93.3%	94.0%	94.8%	No statistical variation

Responses in the National GP satisfaction survey were very low for the practice in relation to ease of getting through to someone at their GP practice on the phone, and for positivity to the overall experience of making an appointment. These low scores affected all the population groups and affected their rating.

## Older people

### Population group rating: Requires Improvement

#### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients. Home visits and urgent appointments were provided for those with enhanced needs and complex medical issues.
- The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term

### Conditions

### Population group rating: Requires Improvement

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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. The practice held regular meetings with the local multidisciplinary team to discuss and manage the needs of patients with complex medical issues.

## Families, children and young people

### Population group rating: Requires Improvement

#### Findings

- Appointments were available for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances or at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day

appointment when necessary. This was confirmed on the day by parents that spoke to us.

## 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.
- Patients could book or cancel appointments online, order repeat medication without the need to attend the surgery, and contact the practice via email.
- Extended hours were provided at the weekend to help with access for those who worked.
- Consultations were available over the phone when appropriate to add greater access for this population group.

## People whose circumstances make them vulnerable

### Population group rating: Requires Improvement

#### Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. The practice worked with a local charity facility to provide appointments for homeless people in Colchester.
- 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 we spoke with had an excellent understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment appointment to detect possible signs of 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 (01/01/2018 to 31/03/2018)	30.2%	61.1%	70.3%	N/A
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)	33.4%	61.9%	68.6%	Variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	58.1%	61.1%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	60.5%	71.7%	74.4%	No statistical variation

#### Any additional evidence or comments

We asked the practice about the low patient satisfaction around the experience of making an appointment. They told us that since they merged the practices the telephones are answered and triaged at the Abbey Field site. Changes to the appointment system and the way that calls were handled were modified on a regular basis.

Source	Feedback
NHS Choices	Telephone access  based on 47 ratings.
	Appointments  based on 46 ratings.
	Dignity and respect  based on 46 ratings.
	Involvement in decisions  based on 46 ratings.
	Providing accurate information  based on 46 ratings.

## 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.	33
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
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
We saw that learning from complaints was discussed with staff in practice meetings. We also spoke with members of the patient participation group that told us that complaints and learning were shared with them.	

Example(s) of learning from complaints.

Complaint	Specific action taken
The daughter of patient complained that she heard we would not undertake a home visit to her parent living in a care home. Analysis showed daughter did not have correct information. The daughter was reassured by letter.	Learning to all staff - be clear regarding practice visit procedures.
Mental health medicines were reduced and an appointment was given to manage medicine. Analysis showed letter of explanation sent however, appointment was for the next day.	Learning to all staff – a next day appointment was possibly too soon, and it should have been made clearer it would be with a mental health clinician.

## 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 in place, including a succession plan.	Y
<ul style="list-style-type: none"><li>When IT stopped working the business continuity came into play and clinics were moved to another site.</li></ul>	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care. / The practice had a clear vision but it was not supported by a 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 in place 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

### 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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
Staff members	We were told the management and clinicians were all very visible and accessible.
	Staff told us they were encouraged to raise concerns, suggest new ideas, and they felt listened to. Staff told us they had been given opportunities for training and development.
	Staff were kept informed and updated with information and changes in processes or procedures regularly.

## 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 in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Review dates within policies and procedures were well managed and updates met recent guidelines and legislation.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place 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
We saw a range of clinical and administrative audits to monitor patient outcomes and internal administrative processes for improvement.	

## 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
We saw staff performance was reviewed within annual appraisals.	

## 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
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
The staff told us they were encouraged to be involved with planning and improving services at the practice.	

### Feedback from Patient Participation Group.

Feedback
<p>We spoke with members of the patient participation group (PPG) that told us they had been involved with the planning of the practice since the before the new premises were built. They told us the meetings were held on a bi-monthly basis and the practice updated them with regards to the service and changes being proposed. The PPG told us about the service improvements they had played a big part in setting up, for example:</p> <ul style="list-style-type: none"> <li>• A hopper bus when the service moved to the current premises and the Grinstead estate location.</li> <li>• A pharmacy inside the current premises to support people to receive their treatment and medicine in a single visit.</li> </ul>

## 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

Examples of continuous learning and improvement
<p>Audits undertaken highlighted to the practice areas where patient outcomes could be improved, for example:</p> <ul style="list-style-type: none"> <li>• Work was being undertaken with a chronic obstructive pulmonary disease (COPD) nurse specialist to review all patients with this condition.</li> <li>• Work was being undertaken with a local community healthcare service provider to deliver clinics on Lifestyle advice.</li> </ul>

- Work to review patients on medication for long term pain was taking place to ensure they were well managed.
- There were many Nepalese community members within the practice population. The practice had found this population often had many complex, co-morbidities. Interpreters acted as advocates to ensure patients in this population were given the best possible care and were fully aware of the care and treatment they received.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

#### 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.