

Care Quality Commission

Inspection Evidence Table

Bexley Group Practice (1-5583738743)

Inspection date: 20 March 2019

Date of data download: 18 March 2019

Overall rating: Good

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes ¹
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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 ²
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes ³
Explanation of any answers and additional evidence:	
1. The safeguarding policy was last reviewed in January 2018, and was due a review in January 2019.	

Safeguarding	Y/N/Partial
<p>However it included all the relevant contact details.</p> <p>2. The provider was aware of the recent changes in safeguarding training recommendations and had arrangements in place to ensure all staff were trained to the new recommended levels. There were plans to ensure nursing staff were trained to level three in safeguarding children, and level three in safeguarding adults. There were plans to ensure non-clinical staff who had patient contact, such as the reception staff team were trained to level two safeguarding children, and level two in safeguarding adults.</p> <p>3. We saw evidence (clinical and multidisciplinary team meeting minutes) that the practice held regular meetings which were attended by external professionals from other disciplines.</p>	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 09/03/19 (Main site) and 16/03/2019 (Branch site)	Yes
There was a record of equipment calibration. Date of last calibration: June 2018 (Main site) and September 2018 (Branch site)	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 14/11/2018	Yes
There was a log of fire drills. Date of last drill: 05/03/2019	Yes
There was a record of fire alarm checks. Date of last check: 18/12/2018	Yes
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: April 2018	Yes
Actions from fire risk assessment were identified and completed.	Partial ¹
Explanation of any answers and additional evidence: 1. Actions from the most recent fire risk assessment had not been completed. The provider was aware of the need to prioritise these and they sent us evidence of their completion shortly after our inspection. There were no actions identified as needed in relation to high level risks that remained uncompleted.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2018	Yes
Explanation of any answers and additional evidence:	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 08/01/2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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
Explanation of any answers and additional evidence:	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	0.91	0.88	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.0%	9.8%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	6.36	6.31	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.45	1.79	2.13	No statistical variation

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

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence:	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Clerical error in the recording of low haemoglobin test results, which was incorrectly recorded as haemoglobin A1c (HBA1c) result.	The error was noticed by the GP consulting with the patient the following day. The incident was discussed in staff meeting and the importance of following the protocol for pathology results was reiterated.
Patient was seen by an advanced nurse practitioner with left breast lump.	A 2 week wait referral was done, and the patient was seen by the hospital breast clinic and diagnosed with breast cancer. Appropriate protocols had been followed in the practice to allow prompt referral and diagnosis.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) (NHSBSA)	0.45	0.59	0.79	No statistical variation

Older people

Population group rating: Good

Findings

- Housebound patients in this group had access to home visits provided by clinicians, including access to phlebotomy services.
- The practice had an elderly care lead GP who visited patients proactively to help reduce unnecessary emergency department attendances.
- The practice used a clinical tool to identify older patients who were at risk of unplanned hospital admissions, and they developed personalised care plans with them.
- Older patients had access to a range of additional health promotion services including seasonal flu vaccinations, annual health checks, and a social prescribing service to address social, emotional and practical needs.
- The practice has a clinic for the elderly and frail, PROACT, which they started in March 2018,

and which they have found to reduce emergency department attendances in winter months, and unplanned attendances to the practice.

- Vulnerable patients, including those who are housebound or frail, were highlighted as such on their patient records so they were prioritised for services.
- The practice worked to the Gold Standards Framework for end of life care, and patients with life limiting conditions had care plans prepared with them, and their care and treatment needs were discussed and reviewed in multidisciplinary team meetings.
- The practice has a clinical care coordinator, who oversees the patients on the admissions avoidance register, as well as patients identified as vulnerable due to old age or frailty.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. There were clinical leads for specific services, including diabetes care, joint injections, dermatology, elderly and palliative care, and respiratory care.
- Bexley Group practice provides enhanced diabetes care within the practice. This included clinical staff providing diabetes care having completed certification from an accredited insulin initiation course, and the practice having strong treatment escalation competencies such as initiation of insulin and insulin regimen changes for people with type 2 diabetes.
- There was an in-house phlebotomy service available to patients as part of the regular / ongoing monitoring of their conditions.
- The practice followed the Gold Standards Framework for end of life care.

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) <small>(QOF)</small>	80.7%	80.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	3.0% (21)	14.1%	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) <small>(QOF)</small>	84.9%	79.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.7% (19)	10.5%	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) <small>(QoF)</small>	77.4%	79.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	4.6% (32)	13.3%	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) <small>(QoF)</small>	72.0%	73.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (19)	8.1%	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) <small>(QoF)</small>	91.6%	87.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.6% (19)	11.6%	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) <small>(QOF)</small>	82.9%	82.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.8% (34)	5.0%	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) <small>(QOF)</small>	97.8%	87.6%	90.0%	Variation (positive)
Exception rate (number of exceptions).	12.3% (13)	6.6%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets or met the 90% national targets.
- 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.
- Weekly baby clinics were held for 6-8 week checks and childhood immunisations. Postnatal checks were carried out on new mothers during 6-8 week baby health check appointments to reduce visits required by patients.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

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)	141	148	95.3%	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) (01/04/2017 to 31/03/2018) (NHS England)	136	146	93.2%	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)	139	146	95.2%	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) (01/04/2017 to 31/03/2018) (NHS England)	137	146	93.8%	Met 90% minimum (no variation)

Any additional evidence or comments

The practice actively provided for mothers to become better informed about childhood immunisations. In response to their previous year's childhood immunisations figures, they arranged a number of coffee mornings for mothers. They were able to educate them in a relaxed and welcoming space about the benefits of immunisations, as well as allowing patients to identify and discuss their concerns and reservations about immunisations. The practice observed an increase in the uptake of childhood immunisations following the coffee mornings, and plan to keep them as regular programmes in their events calendar.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice had health promotion initiatives directed at this age group, which included advice on

weight management, support for making healthy lifestyle choices, and smoking cessation programmes.

- Family planning services, including coil and implants, were available in the practice.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	70.7%	74.2%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.3%	76.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	52.7%	54.4%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	80.0%	68.6%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	43.1%	54.4%	51.9%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- People with caring responsibilities were identified and offered additional support, such as annual health checks and prioritised for appointments.
- All practice staff were aware of who the safeguarding leads were, for advice and escalating any safeguarding concerns.

- Chaperones were available on request, and there was signage throughout the practice to this effect.
- The practice operated an Orange dot scheme, which helped patients discreetly ask for help with abuse in any form in adults and children. The practice has helped three adults with abuse issues, who used the scheme.
- The practice held regular multidisciplinary meetings and clinical meetings. Discussion about the care and support for their vulnerable patients were held at these meetings.
- Support was available from the secretaries, who helped to follow up on any appointments in secondary care on behalf of vulnerable patients

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

Population group rating: Good

Findings

- The practice assessed, monitored and provided treatment for the physical health of people with mental illnesses. As with the rest of the practice patients, these patients had access to relevant health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for 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. Significant event discussions were held during clinical meetings about such patient cases. The practice invited the Mental Health team to the monthly multidisciplinary team meetings.
- 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.
- High alert warnings were on patients' records with Mental Health, Dementia and Learning Disability diagnosis. The practice found that this helped clinicians to opportunistically check their general wellbeing.
- All patients in this population group were given priority for appointments.
- The practice attended Integrated Care Management (ICM) meetings (via web conferencing) with the wider local primary care team to discuss patients with complex needs.
- All staff had received training in the mental capacity act within the last 12 months.
- Social Prescribing referrals were made for patients in this population group as required. The social prescribing service addressed social, emotional and practical needs.

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) <small>(QOF)</small>	91.1%	91.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.1% (6)	11.1%	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) <small>(QOF)</small>	100.0%	90.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	4.7% (4)	8.9%	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) <small>(QOF)</small>	85.0%	79.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (2)	5.3%	6.6%	N/A

Any additional evidence or comments

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)	557.1	515.4	537.5
Overall QOF exception reporting (all domains)	4.5%	6.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

past two years

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. The practice had carried out several clinical and CCG led audits and reviews.

- The practice had carried out an audit on the management of patients prescribed methotrexate. The audit had two cycles, with the second cycle showing nine patients were soon due tests. These patients were followed up and have subsequently completed their reviews.
- The practice had carried out an audit on co-prescribing of amlodipine and simvastatin. The audit was more like a medicines management survey than a clinical audit. They had been carrying out this audit annually since 2012.
- The practice had carried out an audit on controlled drugs. The audit had two cycles. However, the second cycle was not comparable, as it was not completed the same timeframe as the first cycle.
- The practice had completed a cancer peer review audit, which consisted of the detailed review of seven cases. This had been completed as part of a CCG led review.
- Where appropriate, clinicians took part in local and national improvement initiatives. For example, clinicians took part in continuous professional development and revalidation.

Any additional evidence or comments

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes ¹
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes ²
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.	Partial ³
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. The practice had identified learning and development topics, mandated for the staff team to complete. However, they did not maintain an overview report, to help them monitor and manage training gaps. They were able to provide us with a report showing the status of all staff training on identified topics within a week after the inspection. 2. The healthcare assistance Care Certificate was dated 5 December 2018. 3. Some non-clinical staff had not had an annual appraisal in line with the provider policy. The provider was aware of this gap and had arrangements to get appraisals completed. 	

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)	Yes
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.	Yes

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	N/A
Explanation of any answers and additional evidence:	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes ⁴
Explanation of any answers and additional evidence:	
4. The practice posters in the waiting area and articles on the TV screens in the reception area reflected topics of national public health priorities. Articles displayed have included NHS Health checks in June 2018, Flu vaccination campaign in August/September 2018, Breast Cancer Awareness in October 2018, and Sepsis awareness January/February 2019.	

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) <small>(QOF)</small>	96.5%	94.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (6)	0.9%	0.8%	N/A

Any additional evidence or comments

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Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mostly positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	40
Number of CQC comments received which were positive about the service.	40
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
CQC Comments cards	Patients gave entirely positive feedback about their care and treatment experiences, staff attitudes, the practice environment, facilities and services. Several respondents commented about specific ways they had received care that met their personal needs. These included people with caring responsibilities who felt supported by the practice, people who had been supported to get prompt referrals to secondary care services, and people with long term conditions who felt the practice had the expertise to ensure they received the right treatment, and management of their conditions.
Patients interviews	We spoke with six patients during our inspection. Patients we spoke with told us they generally had good care and treatment experiences. One patient reported their experience of care and treatment given to their child with learning disability and physical health problems as being very good. Some said there was sometimes a lack of continuity of care if they saw a locum GP. Areas patients told us could be improved was appointments running on time with two patients reporting long waits to be seen, 30 minutes and one hour respectively. Three patients also reported poor reception staff attitudes as an issue. They said at times the reception staff were rude towards them, raised their voices and were not sympathetic in the way they informed them there were no more walk in appointments available for the day. Three patients reported having difficulties getting appointments, having to wait up to three weeks for a routine appointment.

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
12245	312	108	34.6%	0.88%

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)	70.4%	85.7%	89.0%	Significant 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)	70.8%	84.7%	87.4%	Variation (negative)
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)	88.1%	93.7%	95.6%	Variation (negative)
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)	71.2%	80.1%	83.8%	No statistical variation

Any additional evidence or comments

The practice monitored and reviewed patient feedback, as well as reviewing and monitoring their staff performance.

They also completed an inhouse patient survey in January 2018, which had a greater sample of respondents, and showed mostly positive results for patient experiences for clinical care and overall service experiences.

The provider has undergone an active recruitment programme over the last two years, and uses regular locum staff wherever possible to encourage consistency in the quality of care and treatment.

Question

Y/N

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

Yes

Any additional evidence

In house patient survey conducted in January 2018.

Below are the consultations related findings of the practice in-house survey, which was completed by 271 of the 300 patients it was distributed to: -

- 98% of patients feel that they were given good explanations of test results and further treatment last time they was seen or spoke to a GP
- 96% of patients feel that they are involved in decision making about their care with their GP
- 100% of patients feel that the last GP they saw or spoke to was good at treating them with good care and concern
- 100% of patients have confidence and trust in the last GP they saw or spoke to
- 92% of patients feel that the nurse they last saw was good at listening to their concern
- 96% of patients feel that the last time they saw a nurse the explanation of test results and further treatment was good
- 92% of patients feel that the last time they saw a nurse they were involved in the decision about their care
- 98% of patients feel that the last nurse they saw was good at treating them with care and concern
- 100% of patients had confidence and trust in the last nurse that they saw
- 97% of patients described their overall experience with the surgery was very good
- 96% of patients said that they would recommend the surgery to someone new to the area

The results were discussed in a staff meeting in April 2018. The practice was particularly happy about the areas where they received a 100% satisfaction score

1. Patients felt that the last time they saw or spoke to a GP listened to their concerns.
2. Patients felt that the last GP they saw or spoke to was good at treating them with good care and concern
3. Patients have confidence and trust in the last GP they saw or spoke to
4. Patients had confidence and trust in the last nurse that they saw

They recognised areas where the nurses' scores could be improved, and that there were other areas for further improvement. This included the receptionists score indicating patients felt more satisfied with the help they received. Ways of improving scores and performance were discussed at staff meetings.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients.	All the patients we spoke with during our inspection told us they felt involved in decisions about their care and treatment. However some raised issues about lack of continuity of care and the need to repeat some of their medical history which they felt the clinician should have reviewed beforehand from their records.

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)	83.7%	92.0%	93.5%	Variation (negative)

Any additional evidence or comments

The practice monitored and reviewed patient feedback, as well as reviewing and monitoring their staff performance. The provider has undergone an active recruitment programme over the last two years, and uses regular locum staff wherever possible.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	No
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	210 patients identified as having caring responsibilities out of 12318 patients. This is equivalent to 1.7% of patients having caring responsibilities.
How the practice supported carers.	They are given carers packs, which includes literature to help support them in their responsibilities. They can be referred to a local carers' support charity if they have that need. They are offered seasonal flu vaccination.
How the practice supported recently bereaved patients.	They send a letter out inviting patient to come in for support. The lead GP, Dr Nair, will telephone them and offer support

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times		
Day	Time (Main Surgery)	Time (Branch Surgery)
Opening times:		
Monday	8:00am – 6.30pm	8:00am – 6.30pm
Tuesday	8:00am – 7.30pm	8:00am – 6.30pm
Wednesday	8:00am – 7.30pm	8:00am – 6.30pm
Thursday	8:00am – 7.30pm	8:00am – 6.30pm
Friday	8:00am – 6.30pm	8:00am – 6.30pm
Appointments available:		
Monday	8am - 11am and 3.30pm - 6.30pm	8am - 11am and 3.30pm - 6.30pm
Tuesday	8am - 11am, 3.30pm - 7.30pm	8am - 11am and 3.30pm - 6.30pm
Wednesday	8am - 11am and 3.30pm - 7.30pm	8am - 11am and 3.30pm - 6.30pm
Thursday	8am - 11am and 3.30pm - 7.30pm	8am - 11am and 3.30pm - 6.30pm
Friday	8am - 11am and 3.30pm - 6.30pm	8am - 11am and 3.30pm - 6.30pm
Walk in appointments	Monday to Thursday between the hours of 8am to 10.30am at our Upper Wickham Lane surgery.	On Mondays, for a maximum number of 18 patients

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12245	312	108	34.6%	0.88%

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)	91.9%	94.4%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular multidisciplinary team (MDT) meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were available at their main site.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

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

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)	51.5%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	47.4%	61.8%	68.6%	-
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)	45.0%	59.5%	65.9%	-
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)	54.4%	68.9%	74.4%	Variation (negative)

Any additional evidence or comments

The practice has recently introduced online GP consultations, as an additional method of accessing services. Patients requesting an online consultation submit their form and would get a response by the end of the next working day. Responses vary including a prescription being given, or if the GP needs more information, the patient would be given an appointment to come and see a GP face to face.

Source	Feedback
Patient interviews	Areas patients told us could be improved was appointments running on time with

	two patients reporting long waits to be seen, 30 minutes and one hour respectively. Three patients reported having difficulties getting appointments, having to wait up to three weeks for a routine appointment.
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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.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes ¹
<p>Explanation of any answers and additional evidence:</p> <p>1. The practice monitors the complaints they receive for themes and trends, and to check they were consistently working within published guidelines.</p> <p>The practice has introduced additional services in response to patient feedback and complaints. These have included the in-house phlebotomy service and walk in appointments.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
Patient complaint about having to buy over the counter (OTC) medicines, rather than having them prescribed.	<ul style="list-style-type: none"> Written response made explaining the new Bexley CCG policy on what can be brought over the counter. The patient was offered the opportunity to attend the surgery for a medication review. The practice agreed the patient was advised appropriately; however they could have given them a copy of the Bexley Medicines Management letter which better explained the reason for the change.
Written complaint from a patient who was requesting a smear test 3 months earlier than when it was due	<ul style="list-style-type: none"> The practice agreed that each request for an early smear test should be discussed with the screeners on an individual basis so the clinician would have a specific reply to that patient's request.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence:	

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

Source	Feedback

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

Engagement with patients, the public, staff and external partners

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

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

Feedback from Patient Participation Group.

Feedback
The PPG has been re-established since the move to the new premises. They have provided feedback that they have been supported and felt involved in the practice developments.

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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The practice has become a GP Training practice. Their first ST1 trainee joined the practice in February 2019.	

Examples of continuous learning and improvement

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice continually reviewed its staffing arrangements and explored opportunities to recruit a range of staff to meet their patients' needs.

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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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.