

Care Quality Commission

Inspection Evidence Table

Oakworth Medical Practice (1-4551347073)

Inspection date: 21 May 2019

Date of data download: 20 May 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
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
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.	Partial
Staff who acted as chaperones were trained for their role.	Yes

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Safeguarding was reviewed at a local and regional level and there were benchmarking and discussion between Oakworth and other practices who were part of the Modality network.</p> <p>Safeguarding policies were nationally developed and locally adopted.</p> <p>The practice told us they were working towards appropriate safeguarding levels of training which reflected the Intercollegiate guidance on safeguarding from January 2019.</p> <p>We saw that one member of the patient services team did not have a DBS check in place as per provider policy and a risk assessment was not in place. We were assured that this would be undertaken immediately. The provider informed us after the inspection that the member of staff no longer worked at the service and that they would be amending their policy on DBS checks. Members of the patients' services team did not work alone.</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
<p>Explanation of any answers and additional evidence:</p> <p>On the day of inspection, the practice was not able to reassure themselves that the appropriate recruitment checks had been undertaken and there was confusion as to which records were held locally or divisionally* (as part of the Modality group organisation). Following the inspection, we were sent evidence that the appropriate checks had been undertaken.</p> <p>Following the inspection, the practice forwarded evidence that staff vaccination was maintained in line with PHE guidance.</p> <p>*Divisionally refers to the group of eight practices run in partnership with Modality within Airedale, Wharfedale and Craven Clinical Commissioning Group, (CCG).</p>	

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: February 2019	Yes
There was a record of equipment calibration. Date of last calibration: January 2019	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: August 2018	Yes
There was a log of fire drills. Date of last drill: August 2018	No
There was a record of fire alarm checks. Date of last check: Weekly 21/05/2019	Yes
There was a record of fire training for staff. Date of last training: ongoing	Yes
There were fire marshals.	Partial
A fire risk assessment had been completed. Date of completion: 22 January 2019	Yes
Actions from fire risk assessment were identified and completed.	None noted
<p>Explanation of any answers and additional evidence:</p> <p>Staff confirmed that a fire drill had been undertaken in August 2018. However, we did not see a written record of this.</p> <p>The practice manager was trained as a fire marshal but did not normally work from the practice. After the inspection we were sent evidence that a further member of staff had completed the training, but we had been told on inspection that they also often worked from another location.</p> <p>Emergency lights and serviced 24/01/2019</p> <p>Fire alarm servicing 24/01/2019</p> <p>Gas safety 10/05/2019</p> <p>Electrical installation 05/02/2019</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 8 January 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We saw that following the health and safety risk assessment the provider was tasked to review and confirm first aid training within the team. This had not been completed but we were told that this was being reviewed divisionally as a priority within the Modality group.</p>	

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 (IPC).	Yes
Date of last infection prevention and control audit:	08/2018
The practice had acted on any issues identified in infection prevention and control audits.	No
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: We saw that the practice had scored 97% on their IPC audit. However, we did not see that action plans had been completed. On the day of inspection, we did not see that a cleaning schedule was in place for the cleaning of fabric seating and carpets within the practice. Following the inspection, we were sent evidence that a deep clean of the fabric seating and carpets had been organised.	

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

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: We saw that the summarising of records and the management of referrals letters and results was undertaken by a central, off site, clinical support team. Staff would task the team as necessary. We saw that the timely management of tests, reports and referrals were monitored and reviewed monthly at a local and divisional level. Workflow documents were in place.	

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)	0.81	0.92	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). (01/01/2018 to 31/12/2018) (NHSBSA)	7.0%	6.8%	8.7%	No statistical variation
Average daily quantity per item for	6.15	5.82	5.60	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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 (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>				
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) <small>(NHSBSA)</small>	2.24	1.76	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
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.	Yes
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	Yes

Medicines management	Y/N/Partial
and expiry dates.	
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

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:	8
Number of events that required action:	8
Explanation of any answers and additional evidence: A quarterly significant event analysis meeting took place and this was reviewed by the divisional Modality team. Significant events were discussed with staff at practice level and between neighbouring Modality practices.	

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

Event	Specific action taken
Power outage at the practice	Practice updated the business disaster plan with further visual and written information. Staff were trained how to access the surgery in the event of a power outage.
Patient rang with chest pains but declined to attend A&E.	The admin team tasked the GP as per protocol. On review, it was found to be more appropriate in such circumstances to interrupt the GP so immediate advice could be given to the patient. This information was communicated to the team.

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
<p>Explanation of any answers and additional evidence:</p> <p>A safety alerts spreadsheet was in place and we saw that actions were taken, discussed at meetings and completed. Alerts were managed at a practice level and were also reviewed and discussed in a Modality divisional monitoring meeting.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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

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) <small>(NHSBSA)</small>	0.36	0.58	0.79	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any additional or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Older patients who lived in local residential homes were discussed at six weekly multi-disciplinary team meetings and reviewed in their own home as necessary. Visits would also be conducted by the community matron.
- Patients had access to minor surgery and joint injections.
- Health checks were offered to patients over 75 years of age.

People with long-term conditions

Population group rating: Good

Findings

- The practice had a service level agreement with a pharmacy organisation who worked at the practice three times per week. Tasks from the pharmacy task group were managed including the review of discharge letters and arranging dossette boxes as necessary.
- Patients with long-term conditions had a structured 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 and review templates within the clinical system linked to NICE guidance to ensure that patients were receiving the most up to date treatment.
- Patients with diabetes could access a level two clinic at the practice, which meant they did not need to attend the local hospital.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

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>	69.9%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	8.0% (16)	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>	69.8%	73.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.5% (17)	13.1%	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>	82.6%	80.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	13.6% (27)	17.0%	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>	71.6%	77.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (4)	7.7%	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>	90.3%	87.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.1% (4)	13.0%	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>	80.9%	83.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (14)	5.6%	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>	88.7%	90.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.1% (4)	9.8%	6.7%	N/A

Any additional evidence or comments

Patients could access GPs with a specialist knowledge and interest in conditions such as dermatology, musculoskeletal issues and ear, nose and throat problems.
Spirometry, ECGs and ambulatory blood pressure monitoring were also available.

Findings

- Childhood immunisation uptake rates were generally in line with the World Health Organisation (WHO) targets. When children were not brought to appointments, this was reviewed by the team and highlighted to health visitors if necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Audits had been conducted to identify patients who may be at risk. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Patients could access sexual health services from a neighbouring practice.

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)	39	44	88.6%	Below 90% minimum (variation negative)
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)	33	34	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	33	34	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	33	34	97.1%	Met 95% WHO based target (significant variation positive)

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 could book or cancel appointments online and order repeat medication without the need to attend the surgery. We were informed that 35% of patients were signed up to use this service.
- A range of appointments were available to support those who were of working age or struggled to attend appointments during normal working hours. These included telephone consultations, extended access appointments seven days per week and video consultations.

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)	79.4%	75.4%	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)	77.8%	67.6%	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)	64.4%	61.5%	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)	84.0%	64.8%	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)	57.1%	58.2%	51.9%	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. A palliative care lead was in place and patients were discussed at regular meetings.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice supported a home for patients

with a learning disability and offered annual health checks.

- The practice had a recall system in place for vaccinating patients with an underlying medical condition according to the recommended schedule.

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 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 or collect their prescriptions.
- 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 and a good knowledge of local mental health teams.
- 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) <small>(QOF)</small>	100.0%	94.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	14.3% (1)	16.8%	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%	90.9%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	0 (0)	14.6%	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>	76.9%	87.7%	83.0%	No statistical variation

Exception rate (number of exceptions).	0 (0)	8.9%	6.6%	N/A
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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)	534.4	545.7	537.5
Overall QOF exception reporting (all domains)	4.2%	6.4%	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

A review of the monitoring of physical health in patients with enduring mental illness was undertaken, which found that the appropriate patients were on the register and were receiving regular monitoring of their physical health. Following the audit, one patient was recalled for bloods and a system was put in place to check that all the patients were offered a physical health review, tied in with a review of their medication.

Any additional evidence or comments

We saw that patient outcomes and patient safety were reviewed at a practice, divisional and national level. Divisional clinical governance group meetings were held once per month, which practice leaders attended. Outcomes were then discussed and disseminated to the staff team. The practice manager also met each week with the clinical lead to discuss all aspects of care and clinical need.

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
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
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
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	No
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>A divisional nurse manager was in place to review nursing competencies and training, this was also reviewed in house by the lead practice nurse.</p> <p>We were told that appraisals in the practice had been 'hit and miss', due to the movement of staff and their assimilation into new job roles. Appraisals had not been completed for non-clinical staff. A formal consultation process had taken place when staff were moved/interviewed and slotted into roles. Meetings had been held with the Human Resources (HR) lead, for staff to discuss their skills and express interests in the roles on offer. We were told that appraisal documents had been sent to staff by the central HR team and that these were to be completed before the end of June 2019. Nursing managers told us they had completed appraisals for most of the nursing team but two were outstanding.</p> <p>Staff told us they felt very supported in their roles and had been involved in changes and decisions.</p> <p>The salaried GP had regular reviews undertaken with the practice director regarding their personal development. Additional staff including the practice manager and the patient services manager, also had weekly sessions with a lead GP to review any issues, complaints or incidents.</p>	

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 three monthly) multidisciplinary case review meetings	Yes

where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	
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.	Yes

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed a social prescriber who could arrange a one to one session with patients in the surgery or conduct home visits as required.</p> <p>Patients could use a monitoring machine in the reception area which allowed patients to assess their height, weight and blood pressure. The machine then produced a slip of paper, which could be handed to reception staff and was reviewed by the practice nurse and recorded in the patient notes.</p> <p>The practice had ongoing daily access to a home visiting team who were employed by the Modality group and worked across several sites. The team worked closely with the GPs at the practice. All requests for home visits were clinically reviewed to ensure the most appropriate person attended. The team included advanced clinical practitioners and paramedics.</p>	

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	95.0%	95.2%	95.1%	No statistical variation

smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.6% (5)	1.1%	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.	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

Any additional evidence

Patients were made aware that their consent would be required to share their GP notes if they wished to use the video consultation service.

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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards

Total comments cards received.	12
Number of CQC comments received which were positive about the service.	9
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	Patients described staff at the practice as professional, caring and friendly, who went 'the extra mile' to see patients and support them. One patient said they were never seen on time.
Patient feedback	We spoke with five patients on the day of inspection who told us that they could get an appointment when they needed one and they felt well looked after. Patients also told us they felt listened to.

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
3490	248	108	43.5%	3.09%

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)	93.3%	90.6%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	90.1%	89.3%	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)	94.1%	96.4%	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)	82.9%	84.9%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<p>The practice did not have a mechanism for receiving or recording real-time patient feedback. A patient survey had not been undertaken.</p> <p>Feedback from the Friends and Family test detailed that 62% of patients would recommend the surgery to their family and friends. Responses to this were also very low.</p> <p>The practice manager told us they had been tasked with reviewing three areas for improvement following the GP patient survey of August 2018. We were told that one area which had been reviewed was patients' access to appointments and that the practice had introduced on-line video consultations in response to this.</p>

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
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Explanation of any answers and additional evidence:
 Carers and other vulnerable groups could be referred to the social prescriber employed by the practice for a one to one session or request a home visit. The social prescriber also held a meeting once per week with a GP to discuss their caseload and review any issues.

Source	Feedback
Interviews with patients.	We spoke with five patients during the inspection. Patients told us that they felt listened, had no reason to complain and felt well looked after.

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)	96.1%	94.4%	93.5%	No statistical variation

	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.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: A number of support groups were available to patients and staff had a good knowledge of those available in the local area.	

Carers	Narrative
Percentage and number of carers identified.	101 patients, which equals 2.9% of the practice population.
How the practice supported carers.	The practice offered annual flu vaccinations to patients and health checks. Staff had been involved in a local carers event at the civic hall. Carers information was available in the practice.

How the practice supported recently bereaved patients.	Bereaved patients could be referred to the social prescriber or signposted to other community support.
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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: All telephone calls were answered in a back office, away from reception, to support confidentiality.	

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: We were told that the practice offered an individualised service to its patients.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available: During the above times.	
Extended access appointments were offered by the Modality group at local practices in the area. Appointments were available from 6.30pm to 8.30pm Monday to Friday and from 9am to 11am Saturday and Sunday.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3490	248	108	43.5%	3.09%

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)	92.6%	95.2%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice had ongoing daily access to the home visiting team who were employed by the Modality group and worked across several sites. The team worked closely with the GPs at the practice. All requests for home visits were clinically reviewed to ensure the most appropriate person attended. The team included advanced clinical practitioners and paramedics. There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice had introduced several patients with diabetes (as part of a pilot) to the modified Mediterranean diet. Patients told us they had been supported and monitored by the nurse and GP and that blood sugar levels had declined dramatically as a result. Weekly physiotherapy and pharmacy support appointments were available at the practice. The practice liaised regularly with the members of the MDT, the home visiting 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, and regularly reviewed by the team.

Families, children and young people

Population group rating: **Good**

Findings

- Systems were in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances or were not brought for appointments. Staff liaised with health visitors and the school nursing team as necessary.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had held a health awareness event at a local school.
- Patients could access sexual health services at the practice.

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.
- The practice offered extended access hours each working day and between 9am and 11am at weekends. Telephone appointments were also available, and patients could book appointments and request prescriptions on line.
- Patients over the age of 18 could access a consultation with a remote GP via a smartphone app. This was a free NHS service, where patients could download an app on their mobile smartphone. Following checks, the patient could then access a video consultation with the GP using their phone at a time to suit them.
- Patients could check their weight and height when the surgery was open, using a machine in the reception area. The machine printed a slip which could then be handed to reception or the practice nurse to check and document on the patient's record.

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, travellers and those with a learning disability. Longer appointments were offered to all these patients as necessary.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Patients could access a social prescriber at the practice.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. Annual health checks were offered.
- During December, staff at the practice had supported a 'reverse advent calendar' where staff donated an item of food each day for a local foodbank.

- A community development worker was in post who worked across several surgeries and with other local organisations to reach out to vulnerable groups, encourage attendance at events such as social prescribing days and reduce isolation in the community.

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings

- Priority appointments and opportunistic appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of local support groups within the area and signposted their patients to these accordingly. The practice had also created specific pop up alerts on patient records which were relevant to a rural community.
- Safeguards were in place for patients who did not collect their prescriptions or who were taking medicines which required regular monitoring.
- The practice worked closely with other community groups supporting a local mental health initiative called 'The Shed'. People were encouraged to attend, chat and learn new skills.

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 necessary.	Yes

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)	78.7%	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)	66.1%	68.8%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	60.6%	65.0%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				
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)	80.8%	74.4%	74.4%	No statistical variation

Any additional evidence or comments

Patients over the age of 18 could access a consultation with a remote GP via a smartphone app. This was a free, NHS service, where patients could download an app on their mobile smartphone. Following checks, the patient could then access a video consultation with the GP using their phone at a time to suit them.

The patient would consent to the sharing of their information to enable the remote consultation to take place.

We saw that the remote doctors had access to the patient record, referral templates, and both emergency and non-emergency contact numbers for the surgery and local area, which included local safeguarding teams. The remote doctor could signpost to other services and provide a fit note or prescription if necessary. Patients who chose to use the app were required to be over the age of 18 and show photographic identification at each consultation.

If the patient was required to be seen face to face by a GP at the surgery, two slots per day were allocated for this to take place. We were told that the service had been running from December 2018 and was generally used by no more than three patients per week. Figures showed that 70% of patients had their issues resolved via this service.

We saw that an audit had been undertaken to review access to appointments in the first quarter of 2019, and this showed that enough appointments were offered to meet patient demand.

Source	Feedback
For example, NHS website.	The practice had a rating of 3.5 stars on the NHS website. However, only one review had been left in the last 12 months.
Patients	Patients told us they could usually get a non-urgent appointment within a week.

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.	4
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
Explanation of any answers and additional evidence: The patient services manager reviewed any complaints weekly during a regular meeting with the lead clinician. Complaints were reviewed at a practice level and divisionally across other Modality services.	

Example of learning from complaints.

Complaint	Specific action taken
Consistently incorrect medication type on repeat prescription despite the patient highlighting the same several times.	Apology to patient, reviewed by GP, issue corrected and training to patient services team.

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: Staff told us of an open-door culture and leaders were available and approachable.	

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: The practice patient participation group (PPG) nominated lead worked across two services to engage patients but had been unable to establish an active PPG within the practice, but had continued to offer opportunities for patients to be involved. We were told that staff had been involved and consulted regarding organisational change which had taken place during the move to the Modality group.	

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: A local speak up guardian was in place within the Modality organisation and the policy detailed additional off-site staff whom the person could contact if necessary. Staff had undertaken on-line whistleblowing training and occupational health support was available.	

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

Source	Feedback
Staff member	Staff told us that the management and GPs at the practice were available and supportive.

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: We saw that staff were allocated identified areas of responsibility within the team. The staff we spoke	

with on the day of inspection were clear regarding their roles and responsibilities. Staff told us they felt supported by leaders at the practice and could discuss issues or concerns.

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:	
Consultation exercises had taken place with staff and patients during the move to the Modality group.	

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:	
Leaders at the practice attended a number of local and divisional meetings to review the quality of the service and benchmark their performance against other practices. Quality was also reviewed with the CCG.	

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.	Partial
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:	
<p>Staff told us that they were involved in the delivery of services and a national staff survey had been undertaken throughout the Modality group. It was not possible to review the results for the staff at Oakworth.</p> <p>Details on how to join the PPG at Oakworth were readily available. We were told that alongside other Modality practices, Oakworth was working with NHSE and NHS digital to look at new ways of capturing patient feedback.</p> <p>The practice had access to a Community Development Manager (CDM) who worked across the eight Modality locations. Patients were encouraged to attend local events such as light engineering and knitting classes. The CDM spent time listening to individuals and community groups and had applied for funding to support activities including the 'The Shed', which had been in place from January 2019. 'The Shed' was a group which ran locally to combat loneliness and isolation through the offer of activities and support for people living in the local community.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The PPG runs across three GP locations within the Modality group. The chairman of the PPG told us that despite numerous attempts to engage patients at the Oakworth location they have not been able to recruit any Oakworth patients to the group.</p> <p>The PPG described ongoing events to which the patients were invited and members of the wider community, these events such as talks on Diabetes were advertised in the practice and local shops and post offices.</p> <p>The PPG had hosted patient participation events at Oakworth and sat in the waiting room to talk to patients and encourage them to join the group on two occasions. We were told they did not get any feedback from patients.</p>

Continuous improvement and innovation

There was little evidence of 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

Examples of continuous learning and improvement

The practice had introduced a scheme to support salaried GPs to become members of the partnership, a similar development scheme was in place for nursing staff.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- 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.