

# Care Quality Commission

## Inspection Evidence Table

### Locking Hill Surgery (1-561930325)

Inspection date: 24 January 2020

Date of data download: 22 January 2020

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

### Safe

### Rating: Good

At our inspection of 29 January 2019, we rated the practice as requires improvement for providing safe services. This was because

- The practice system was not effective in ensuring that patients who required monitoring and reviews were recalled appropriately
- There was not a written protocol for reception staff of when to advise patients to call 999 in the case of a medical emergency. Not all staff had been given guidance on identifying acutely unwell patients or those who may deteriorate.
- Exception reporting was higher than local and national averages and performance was lower for Mental Health indicators. Care planning for those patients had not been fully developed and reviewed consistently.

As a result a requirement notice under Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014 in respect of providing Safe care and treatment was issued

At this inspection we found that the practice had addressed these issues.

#### 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 which were accessible to all staff.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	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

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
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 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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 7 January 2020	Yes
There was a record of equipment calibration. Date of last calibration: 20 September 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: 14 January 2020	Yes
There was a log of fire drills. Date of last drill: 20 September 2019	Yes
There was a record of fire alarm checks. Date of last check: January 2020	Yes

There was a record of fire training for staff. Date of last training: eLearning various dates records checked	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 2017 next due 2022	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: September 2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2020	Yes

### 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
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

### 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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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	Yes

unwell patient and had been given guidance on identifying such patients.	
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
At our inspection of January 2019 we found that there was no written protocol for reception staff of when to advise patients to call 999 in the case of a medical emergency. Not all staff had been given guidance on identifying acutely unwell patients or those who may deteriorate. At this inspection we found that there was comprehensive guidance to help reception staff direct patients to the right service from the time their call was answered. The reception staff, and other appropriate staff, had been trained how to identify and manage patients with severe infections including sepsis.	

### 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 and 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
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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

## 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) (01/10/2018 to 30/09/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.73	0.83	0.87	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). (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	9.2%	8.9%	8.5%	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 (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	4.31	5.55	5.60	Variation (positive)
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	1.39	1.93	2.08	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	Yes

<b>Medicines management</b>	<b>Y/N/Partial</b>
changes to a patient's medicines including changes made by other services.	
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
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.	Yes
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 and expiry dates.	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
At our inspection of January 2019 we found there was no formal process for the monitoring of patients prescribed medicines that required regular monitoring. At this inspection we found that this issue had been addressed. There was a diary system to identify which patients needed regular blood tests and when. If patients did not comply with the need for checking there was a system where the amount of medicines, prescribed to them, was reduced, systematically, until they had had the blood test. Regular searches were run against the practice's prescribing records to identify patients newly prescribed high risk medicines.	

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

### The practice learned and made improvements when things went wrong.

<b>Significant events</b>	<b>Y/N/Partial</b>
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:	13
Number of events that required action:	13

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

Event	Specific action taken
A medical couch had collapsed under a patient's weight.	The practice had ensured that the patient was unhurt. The practice apologised to the patient. There was a review of the maximum weights of the various couches used in the practice. Firstly, to help ensure that the same incident would not happen again and, secondly, to check if the equipment being used by the practice was being updated to reflect the changes to the whole population. The incident was discussed in clinical meetings so that staff were aware of the need to check that the equipment being used was suitable for the patient.

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
At our inspection of January 2019, we found that not all relevant safety alerts were received and acted on at the practice. At this inspection we found that this had been addressed. For example, we saw that there had been audits of the use sodium valproate, a medicine which has been the subject of several safety alerts. We saw that recent safety alerts concerning the supply problems for a medicine, had been received and acted on.	

## Effective

## Rating: Good

At our inspection of 29 January 2019, we rated the practice as requires improvement for providing effective services. This was because

- the practice's recall system for patients with long-term conditions was not effective in ensuring that patients who required monitoring and reviews were followed up appropriately and in a timely manner.
- Exception reporting was higher and performance was lower for patients experiencing poor mental health (including people with dementia). Care planning for those patients had not been fully developed and reviewed consistently.

At this inspection we found that the practice had addressed these issues.

### 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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	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) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	1.11	0.81	0.74	No statistical variation



## Older people

Population group rating: **Good**

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- influenza, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

## People with long-term conditions

Population group rating: **Good**

At our previous inspection we found that services for this population group required improvement because patients were not always effectively recalled and reviewed. At this inspection we found that these concerns had been addressed.

### Findings

- Patients with long-term conditions were offered 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.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	83.5%	82.5%	79.3%	No statistical variation
Exception rate (number of exceptions).	13.6% (77)	16.6%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	77.8%	78.8%	78.1%	No statistical variation
Exception rate (number of exceptions).	10.2% (58)	13.0%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.8%	81.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	12.0% (68)	17.2%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	75.0%	76.2%	75.9%	No statistical variation
Exception rate (number of exceptions).	17.0% (105)	8.3%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	93.4%	91.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	18.5% (48)	12.8%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.2%	84.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (71)	4.9%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.7%	92.8%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.3% (18)	5.7%	5.9%	N/A

### Any additional evidence or comments

At our last inspection of January 2019 we found that whilst patients with atrial fibrillation were treated appropriately the recall system for such patients was not effective as those patients had not always been monitored appropriately. At this inspection we found that this concern had been addressed.

At our last inspection of January 2019 we found that QOF exception reporting for some areas of asthma and COPD (Chronic obstructive pulmonary disease) and mental health were markedly higher than local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

At this inspection we found that the practice had addressed these issues.

## Families, children and young people

**Population group rating: Requires improvement**

### Findings

- The practice had not met the minimum 90% target for any of the four childhood immunisation uptake indicators.
- At our last inspection of January 2019 we asked the practice to consider implementing written consent when fitting implants and intrauterine devices. At this inspection we saw that the practice had adopted a template for recording discussions and the fitting of implants and intrauterine devices. The template included written consent.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- 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.
- 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.

- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	63	82	76.8%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	78	90	86.7%	Below 90% minimum
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) (01/04/2018 to 31/03/2019) (NHS England)	79	90	87.8%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	79	90	87.8%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Any additional evidence or comments

At the last inspection we said that the practice should continue to implement actions to improve the uptake for childhood immunisation because the practice was below the 90% target set by the World Health Organisation for one out of four domains for childhood immunisation. Despite the practice's efforts the uptake for childhood immunisations had fallen. The practice told us that families who did not take up the immunisation programme were contacted twice by letter. This was followed up by a telephone call from the nurse of the GP. If the family still declined they were sent a letter asking them to sign a disclaimer stating that they did not want the immunisation for the child. When children, who had not had the vaccinations, attained the age of sixteen, the age at which they could consent to immunisation, they were sent a letter offering them the immunisations.

**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.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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). (31/03/2019 to 30/06/2019) (Public Health England)	79.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	70.3%	73.2%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	60.0%	61.9%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	71.4%	68.7%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	68.9%	58.5%	53.8%	No statistical variation

## Any additional evidence or comments

At our last inspection of January 2019 we found that the percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period was 77.9%. This was at 31 March 2018. We said that the practice should continue to implement actions to improve the uptake for the cervical screening programme and at 31 March 2019 data, above, showed that the rate had increased to 79.4%. At the time of the inspection the practice produced unvalidated data which showed that the percentage stood at over 80%.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

## Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at local residential homes.

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

### Population group rating: Good

At our previous inspection we found that services for this population group required improvement because performance for mental health indicators was lower than average and exception reporting for mental health indicators was higher than average. At this inspection we found that these concerns had been addressed.

## 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.
- Same day and longer appointments were offered when required. We looked at some care plans for patients in this domain and they were well structured and effective.
- 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.
- 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.
- Patients with poor mental health, including dementia, were referred to appropriate services.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.1%	90.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	39.8% (49)	16.3%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.9%	91.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	26.0% (32)	14.5%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.3%	86.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.6% (6)	7.3%	6.7%	N/A

#### Any additional evidence or comments

At our last inspection of January 2019 we found that performance for mental health indicators was lower than average and exception reporting for mental health indicators was higher than average. The inspection of January 2019 used the QOF data from April 2017 to March 2018 to help make these judgements. That data showed that the exception rate for patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan was 28% and percentage of patients with such a plan was 80%.

Following the January 2019 inspection, the practice made substantial changes to the processes for reviewing patient's treatment and for exception reporting. The data in this report relates to the QOF year ending at March 2019, two months after the inspection. Much of the exception reporting had already been done for that QOF year and the practice's changes were not well embedded. The data showed an improvement in the percentage of patients having a plan, up from 80% to 85% although the exception rate had also risen from 28% to 40%.

At the time of this inspection the practice showed us unvalidated data that showed that, for patients having an annual mental health review the exception rate was 15% as opposed to 40% the previous year. The same data showed an improvement in the percentage of patients having an agreed plan, up from 85% to 95%.

#### 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	England
-----------	----------	-----	---------

		average	average
Overall QOF score (out of maximum 559)	540.8	550.1	539.2
Overall QOF score (as a percentage of maximum)	96.7%	98.4%	96.7%
Overall QOF exception reporting (all domains)	5.4%	6.3%	5.9%

	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
Quality improvement activity was targeted at the areas where there were concerns.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

Any additional evidence or comments
<p>The was an audit plan. It comprised both clinical and administrative audits.</p> <p>The practice had initiated a “workflow” system whereby correspondence was screened and directed so that it only went to those who needed to see it. For example, analysis of incoming correspondence showed that hospitals sent out correspondence in batches during the day causing peaks in the practice workload. Working had been adjusted to take account of this.</p> <p>We looked at the first cycle of an end of life care audit. The audit identified the areas for example, failure to include patients in the palliative care register, where the practice should make improvements. There was a plan for a follow up audit to see if the planned improvements had been achieved.</p>

## 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.	Yes



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

## 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 (01/04/2018 to 31/03/2019) (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.	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
Patients had access to appropriate health assessments and checks.	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

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,	91.2%	94.9%	95.0%	Tending towards variation (negative)

diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)				
Exception rate (number of exceptions).	0.6% (16)	1.0%	0.8%	N/A

#### Any additional evidence or comments

The practice was aware of this trend. They were confident that changes they had made to patients' reviews and QOF management since the last inspection would reverse the trend.

#### 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
Policies for any online services offered were in line with national guidance.	Yes

## 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
Staff displayed understanding and a non-judgemental attitude towards 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.	33
Number of CQC comments received which were positive about the service.	33
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 comment cards	Of the 33 comment cards 17 specifically mentioned the caring attitude of staff, both clinical and administrative. Patients felt the reception staff were committed to directing them to the right healthcare professional when making the appointment.
NHS Choices	There were two comments in this forum, both were negative. One stated that they felt the practice was unhelpful, the other that the practice was uncaring.
Internet feedback	There were six reviews on the internet over the previous year. Five were positive about the practice, praising the "front desk" staff. The negative comment concerned a difficulty in getting an appointment.

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9722.0	273.0	127.0	46.5%	1.31%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time	94.9%	90.7%	88.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)				
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 (01/01/2019 to 31/03/2019)	94.8%	90.1%	87.4%	Tending towards variation (positive)
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 (01/01/2019 to 31/03/2019)	96.7%	96.5%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	92.5%	86.6%	82.9%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes
The practice carried out monthly Friends and Family Tests. The practice conducted a survey relating to the proposal to move GP premises and over 100 patients responded.	

### 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

Source	Feedback
Interviews with patients.	We spoke with four patients. They felt that the staff were professional. Staff listened to what was said, and they felt the doctors work hard to diagnose problems and find effective treatments.

## 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 (01/01/2019 to 31/03/2019)	96.7%	95.4%	93.4%	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

Carers	Narrative
Percentage and number of carers identified.	Two hundred and ninety-three patients had been identified as carers. This represented about 3% of the practice population.
How the practice supported carers (including young carers).	The practice had a system that formally identified patients who were also carers. There was written information to direct carers to the various avenues of support available to them. For example, to a “good companions” group or a local dementia support carers group. These were social action groups, aiming to support people’s independence and reduce social isolation. Patients who were also carers were offered influenza vaccinations annually. The practice’s computer system alerted staff if a patient was also known to be a carer.
How the practice supported recently bereaved patients.	The practice sent a condolence card to the family. Bereavements were notified to all staff, so they were aware when talking to relatives. Relatives were offered a consultation either by telephone or a home visit. The practice also provided help by signposting relatives to other support services where appropriate.

## 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

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

# Responsive

Rating: Good

## Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	7am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 8pm
Thursday	7am – 6.30pm
Friday	8am – 6.30pm
Appointments available:	
Monday	7am – 6pm
Tuesday	8.30am – 6pm
Wednesday	8.30am – 7.45pm
Thursday	7am – 6pm
Friday	8.30am – 6pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9722.0	273.0	127.0	46.5%	1.31%

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	95.5%	95.4%	94.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2019 to 31/03/2019)				

## Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.</li> <li>The practice provided effective care coordination to enable older patients to access appropriate services.</li> </ul>

## People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment.</li> <li>The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.</li> <li>The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> </ul>

## Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Nurse appointments were available for school age children so that they did not need to miss school.</li> <li>We found there were systems 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&amp;E) attendances.</li> <li>All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.</li> <li>There was a weekly baby clinic.</li> </ul>

## Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>The practice had flexible opening hours to meet the needs of this population group. Pre-bookable appointments were also available to all patients at additional locations within the area, as the</li> </ul>



practice was a member of a GP federation.

### 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.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. Homeless patients were able to use the practice address as their place of abode for medical registration purposes.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: 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.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

### Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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	91.8%	N/A	68.3%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	80.9%	73.2%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	81.9%	68.8%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	89.2%	78.8%	73.6%	Tending towards variation (positive)

Source	Feedback
CQC comment cards	Of the 33 comment cards 6 specifically mentioned that they were able to get appointments when they needed them. There were two comments to the effect that the appointments started on time and one comment that appointment were sometimes delayed but not for very long.
Internet feedback	There were six reviews on the internet over the previous year. There was one negative comment concerning the difficulty in getting an appointment.

### 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.	Four
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained that a healthcare professional had not followed the proper procedure in obtaining consent.	There was discussion with the patient and a formal response was sent. The issue was discussed with the healthcare professional and a learning point acknowledged by the professional concerned.

## 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

### 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

### 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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes

Staff had undertaken equality and diversity training.	Yes
---	-----

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

Source	Feedback
Staff interviews	Staff told us that there was a family feel to working at the practice. The leaders were approachable. There were regular meetings at which staff views were welcomed and acted upon. For example, staff had suggested that a guidance protocol for staff working at reception would be a useful tool. The suggestion was adopted. A GP, a nurse and the reception staff worked on a flow chart which was used by reception staff to help them prioritise patients and direct them to the right resource for their problem from the time the patient contacted the practice.

### 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

### 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

### 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 entailed.	Yes

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes

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

**The practice involved patients, 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
The practice had an active Patient Participation Group.	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

Feedback from Patient Participation Group.

Feedback
We spoke with a member of the Patient Participation Group (PPG). They reported that the PPG meetings with the practice were open and effective. There was a GP and a member of the practice management present at each meeting. The group was currently engaged in developing plans for the practice's move to new premises. The PPG member told us the group was helping to draw up specifications for the new build in areas such as decoration and floor layout. The suggestions made by the group were listened to and adopted, or a reason given why the suggestion could not be taken up.

### 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

### Examples of continuous learning and improvement

The practice had worked hard to improve the experience of patients at the end of their life, and their families. They had used audits to measure improvement and this had been recognised by the grant of a bronze award from the local end of life clinical programme.

The practice was a GP training practice. As such the partners were very aware of the most recent changes to best practice within the profession and this was always available to clinical staff. In addition GPs told us how the knowledge of the GP trainees (Registrars), fresh from the learning environment, was disseminated at frequent clinical meetings

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## 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.