

# Care Quality Commission

## Inspection Evidence Table

### Stockwell Lodge Medical Centre (1-540153838)

Inspection date: 5 November 2021

Date of data download: 13 October 2021

## Overall rating: Requires improvement

At our previous inspection in October 2019, the practice was rated as requires improvement overall because:

- The provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.
- There were no comprehensive systems or processes that enabled the provider to assess, monitor and improve the quality and safety of the services being provided.

At this inspection,

- Current guidelines were not followed when prescribing some medicines.
- There were some gaps in recording information in the patient computer records specifically related to the annual review of patients with asthma and details on Do Not Attempt CPR (DNACPR) orders.
- Actions had been taken to improve patient satisfaction with the way they were able to access care and treatment in a timely way. There had been an improvement to the results of the National GP Patient Survey. However, they remained lower than local and national averages in all areas.
- Improvements had been to the uptake of childhood immunisations and cervical screening. However, they were still below the targets set by the World Health Organisation and Public Health England in some areas.
- Improvements had been made to the practice's systems, practices and process to keep people safe and safeguarded from abuse.
- Governance structures had been strengthened and there was oversight of systems and processes.

The practice is rated as requires improvement overall.

## Safe

## Rating: Requires improvement

At the October 2019 inspection, we rated the practice as requires improvement for providing safe services because:

- The practice's systems, practices and process to keep people safe and safeguarded from abuse were not always comprehensive.

- The practice's systems for the appropriate and safe use of emergency medicines were not always comprehensive.

At the November 2021 inspection, we rated the practice as requires improvement for providing safe services because:

- Current guidelines had not been followed when prescribing medicines for uncomplicated urinary tract infections in women.
- Actions from a safety alert had not been followed. We found patients were prescribed a combination of two medicines that was not recommended.
- Improvements had been made to the practice's systems, practices and process to keep people safe and safeguarded from abuse.
- Processes were in place to ensure the appropriate and safe use of emergency medicines.

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the October 2019 inspection, we found that some clinical staff had not completed safeguarding vulnerable adults refresher training.</p> <p>At the November 2021 inspection, all staff had completed the relevant training.</p> <p>All staff we spoke with were aware who was the lead member of staff for safeguarding processes and procedures and how to access the appropriate policies relating to safeguarding.</p> <p>Information was available in the consulting and treatment rooms regarding actions to take if any safeguarding concerns were identified.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: September 2021	Y
There was a fire procedure. Date of fire risk assessment: August 2021	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the October 2019 inspection,</p> <ul style="list-style-type: none"> <li>one member of staff had not received fire safety training.</li> <li>actions had not been completed following the fire risk assessment.</li> <li>fire exit signage was not satisfactory and fire escape routes were partially obstructed.</li> </ul> <p>At the November 2021 inspection,</p> <ul style="list-style-type: none"> <li>fire safety training had been completed by all staff.</li> <li>a new fire risk assessment had been completed and we saw evidence that the practice were completing the identified actions.</li> <li>Appropriate fire exit signage was in place and fire escape routes were clear.</li> </ul>	

## Infection prevention and control

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

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: September 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the October 2019 inspection, two staff members had not completed infection prevention and control (IPC) training.</p> <p>At the November 2021 inspection, all staff had completed IPC training.</p>	

Additional measures were put in place due to the COVID-19 pandemic to minimise the risk of the spread of the infection. For example,

- Personal protective equipment was used by all staff. Patients and visitors were requested to wear face coverings in the building.
- Hand-gel was available for staff, visitors and patients throughout the building including at the entrance and exit.
- All staff were responsible for cleaning the surfaces of their work area after face to face appointments with patients.

## 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.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
Explanation of any answers and additional evidence: There were posters in the reception area that displayed the symptoms of sepsis as guidance for reception staff.	

## Information to deliver safe care and treatment

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

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

A review of the patient computer records showed that some test results received by the practice had been assigned to one of the clinicians but had not been reviewed for three days. The practice took immediate action to rectify this and reviewed all of the test results at the time of the inspection. There were no abnormal results found that would have required action. Following the inspection, the practice informed us that they had introduced a system for administrative staff to check that a GP had reviewed all test results coming into the practice.

### Appropriate and safe use of medicines

**The practice systems for the appropriate and safe use of medicines, including medicines optimisation, were not always effective.**

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.74	0.72	0.69	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). (01/07/2020 to 30/06/2021) (NHSBSA)	9.6%	10.0%	10.0%	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 (01/01/2021 to 30/06/2021) (NHSBSA)	6.64	5.43	5.38	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	128.0‰	91.9‰	126.1‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	0.95	0.55	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	5.5‰	5.5‰	6.7‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures 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.	Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the October 2019 inspection,</p> <ul style="list-style-type: none"> <li>blank prescriptions were stored in an unlocked filing cabinet.</li> <li>some emergency medicines had passed their expiry date.</li> </ul> <p>At the November 2021 inspection,</p> <ul style="list-style-type: none"> <li>the filing cabinet for storing blank prescriptions had been replaced and these were now stored securely.</li> <li>All emergency medicines were in date. Logs were in place to check the emergency medicines each month to ensure they had not expired.</li> </ul>	

Medicines management	Y/N/Partial
<p>The practice had a process of peer review in place for the non-medical prescribers. The process was overseen by the practice clinical pharmacist to ensure appropriate prescribing took place.</p> <p>Data we reviewed showed the practice was tending towards a negative variation for the prescribing of medicines to patients with an uncomplicated urinary tract infection. We carried out a remote search of the patient computer record system and found the current guidelines were not followed when Nitrofurantoin was prescribed for uncomplicated urinary tract infections in women. The practice prescribed a seven-day course of the medicine instead of the recommended three days.</p>	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	5
Number of events that required action:	5
<p>Explanation of any answers and additional evidence:</p> <p>The incident reporting process was managed by the practice manager. All staff we spoke with were aware of the process for reporting incidents and significant events.</p>	

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

Event	Specific action taken
An error was made when issuing a repeat prescription.	Protected time and a private area was made available for the staff members issuing repeat prescriptions. This ensured they were not disturbed whilst undertaking the task to reduce the risk of errors being made.
A patient was issued with another patient's blood test request which resulted in a breach of confidentiality.	Additional measures were put in place for staff when handing out blood test request forms. They were advised to check three pieces of information, the patients name, address and date of birth, to ensure the correct form was issued.

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

We found that there was a log kept of safety alerts and actions taken. However, when we reviewed the clinical system, we found that the actions for one alert had not been followed.

For example, there were nine patients prescribed a combination of a medicine used to treat those who have had a stroke to reduce their chances of having a further one, and a medicine used to reduce stomach acid. A safety alert issued in 2014, advised that these medicines should not be prescribed together as the medicine used to reduce the chance of having a stroke was made less effective.

Immediately following the inspection, we were informed that all of these patients had been contacted for a review. A process had been put in place to ensure older alerts were still followed.



## Effective

## Rating: Good

At the October 2019 inspection, we rated the practice as requires improvement for providing effective services because:

- Not all staff members had an up-to-date record of training relevant to their role.
- Not all staff members had received an appraisal in line with practice's appraisal policy.
- Uptake for cervical screening had declined, rates were below target and the national average.
- Uptake for childhood immunisations had declined, rates were below local and national averages.
- Data from the Quality and Outcomes Framework 2018/2019 showed performance for care provided to patients with diabetes was lower than local and national averages.

At the November 2021 inspection, we rated the practice as good for providing effective services because:

- Improvements had been to the uptake of childhood immunisations and cervical screening. However, they were still below the targets set by the World Health Organisation and Public Health England in some areas.
- Staff members had completed training relevant to their role and all staff had received an appraisal in the previous 12 months.
- There were some gaps in recording information in the patient computer records specifically related to the annual review of patients with asthma and details on Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders.

*QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.*

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y

Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems in place to keep all clinical staff up to date. Staff had access to clinical templates and National Institute for Health and Care Excellence (NICE) best practice guidelines. They used this information to deliver care and treatment that met patients' needs.</p>	

## Effective care for the practice population

Findings
<ul style="list-style-type: none"> <li>• 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.</li> <li>• Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>• Flu, shingles and pneumonia vaccinations were offered to relevant patients.</li> <li>• 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.</li> <li>• The practice contacted the parents or guardians of children due to have childhood immunisations. Childhood immunisation was provided during six-week post-natal and child health checks. There had been an improvement in the uptake of child immunisations.</li> <li>• 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.</li> <li>• The uptake for cervical screening had improved. However, it remained below the 80% coverage target for the national screening programme set by Public Health England.</li> <li>• All patients with a learning disability were offered an annual health check.</li> <li>• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</li> <li>• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.</li> <li>• The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.</li> <li>• Patients with poor mental health, including dementia, were referred to appropriate services.</li> </ul>

## Management of people with long term conditions

Findings
<ul style="list-style-type: none"> <li>• A remote review of the patient computer record system showed GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. However, we found that this was not always taken into consideration or recorded as part of the patient's annual review of their condition.</li> <li>• 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.</li> </ul>

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- 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 or those newly diagnosed were offered ambulatory blood pressure monitoring or blood pressure machines to monitor their own recordings at home.
- Patients with COPD and asthma were offered rescue packs.

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) (01/04/2019 to 31/03/2020) (NHS England)	69	76	90.8%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	74	78	94.9%	Met 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) (01/04/2019 to 31/03/2020) (NHS England)	75	78	96.2%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	74	78	94.9%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	82	97	84.5%	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 previous inspection in October 2019, the practice were below the minimum 90% for all of the five childhood immunisation uptake indicators.

At this inspection, the practice had improved the uptake of childhood immunisations. They had put a process in place to contact the parents or guardians of children not brought into the practice for immunisations and alternative appointments were made. The practice provided extra appointments for childhood immunisations by having a dedicated nurse responsible for these appointments.

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). (Snapshot date: 31/03/2021) (Public Health England)	75.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	71.1%	71.7%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	61.8%	66.4%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	59.3%	55.9%	54.2%	No statistical variation

#### Any additional evidence or comments

The practice contacted patients who failed to attend their cervical screening appointment and displayed information in the patient waiting area and on their website. A dedicated nurse was responsible for these appointments. The uptake for cervical screening was below the Public Health England target of 80%. However, an improvement had been made since the October 2019 inspection where the uptake was 71%.

## 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.**

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

## Any additional evidence or comments

The practice had an annual programme of clinical audits in place that identified the clinical area, auditor and frequency of audits that were carried out.

The audits covered different areas, such as, prescribing, safeguarding and minor operations to ensure current guidelines were followed.

For example, a two-cycle audit had been completed to ensure patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs), a medicine that used to relieve pain and reduce inflammation, were also prescribed a medicine to protect them from gastro-intestinal side-effects. The second-cycle audit demonstrated that the practice was prescribing appropriate medicines for these patients.

## 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Explanation of any answers and additional evidence:

At the October 2019 inspection, some clinical staff had not completed training relevant to their roles and three members of staff had not received an appraisal in the preceding 12 months.

At the November 2021 inspection, staff had protected time for training and development and all relevant training had been completed. A training log was kept to monitor when training was due and had been done. All staff had received an appraisal in the previous 12 months.

## Coordinating care and treatment

**Staff worked together and with other organisations to deliver effective care and treatment.**

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had monthly multi-disciplinary team meetings to review patients with complex needs. Patients who attended A&amp;E and the out of hours service frequently were also identified for additional support.</p>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Patients were referred to local healthy living organisations for help to live healthier lives.</p>	

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
Explanation of any answers and additional evidence: Records we reviewed showed personalised advanced care planning was in place to record patient's wishes. The practice was following guidelines around Treatment Escalation Plans (TEPs), anticipatory care planning and Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders. We found the documentation on the DNACPR forms was minimal and didn't record specific details of the discussions held with patients and family members.	

## Caring

## Rating: Good

At the October 2019 inspection, we rated the practice as requires improvement for providing caring services because:

- The results from the National GP Patient Survey, published in July 2019, showed the practice was performing significantly lower than local and national averages for several indicators.

At the November 2021 inspection, we rated the practice as good for providing caring services because:

- Improvements had been made to patient satisfaction and feedback from patients at the time of the inspection was positive.
- The practice identified and supported patients with caring responsibilities.

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

Patient feedback	
Source	Feedback
Share your experience forms	We received 25 positive comments from patients using the CQC share your experience forms. Patients commented that the GPs, pharmacist and nursing staff were caring and they felt listened to. Patients stated the reception staff were helpful and friendly. Some patients commented that they had noticed improvements in the practice.
The NHS Website	There had been 11 reviews left about the practice in the past 12 months. Three of these had negative comments regarding making an appointment. The remaining eight comments were positive regarding the practice and the care received. Patients commented that staff were helpful, professional and kind.



## National GP Patient Survey results

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 (01/01/2021 to 31/03/2021)	79.0%	90.4%	89.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	72.3%	89.5%	88.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	91.7%	96.7%	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 (01/01/2021 to 31/03/2021)	63.6%	84.4%	83.0%	Variation (negative)

### Any additional evidence or comments

Following the National GP Patient Survey, published in July 2019, the practice had taken measures to improve patient satisfaction. They had developed an ethos in the practice of 'The Patient Comes First'. All staff had received customer service training.

The results from the National GP Patient Survey, published in July 2021, showed the practice were below the CCG and England average in some of the indicators. However, they had made improvements in some areas. For example, in July 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 listening to them was 74% compared to 79% in July 2021.
- 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 was 89% compared to 92% in July 2021.
- the percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice was 49% compared to 64% in July 2021.

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

### Any additional evidence

The practice carried out their own patient surveys using the same questions as the National GP Patient Survey so they could monitor their progress throughout the year and put actions in place to make improvements.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: The practice displayed information about local services and support available to patients. The practice website offered a range of information for patients to access. Easy read materials were available.	

### National GP Patient 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 (01/01/2021 to 31/03/2021)	88.8%	93.4%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 420 patients as carers which was approximately 4% of the patient population. Four of these were young carers.
How the practice supported carers (including young carers).	There was a carers policy in place. The practice had a carers champion to provide support and answer queries or concerns raised by carers. There was information regarding support services, including contact details for a young carers service, on the practice website and in the patient waiting area in the practice.
How the practice supported recently bereaved patients.	We were informed a condolence card was sent to recently bereaved patients. Appointments were offered as a priority and advice was given regarding support services.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: The practice had an electronic check in screen to avoid patients relaying their details at the reception desk. Telephones were answered in a back office to maintain confidentiality. Staff had received training to treat patients with respect and to be polite and considerate.	

## Responsive

## Rating: Requires improvement

At the October 2019 inspection, we rated the practice as requires improvement for providing responsive services because:

- The results from the latest National GP Patient Survey results published in July 2019 showed the practice was performing significantly lower than local and national averages for several indicators.

At the November 2021 inspection, we rated the practice as requires improvement for providing responsive services because:

- Actions had been taken to improve patient satisfaction with the way they were able to access care and treatment in a timely way. There had been an improvement to the results of the National GP Patient Survey, however, they remained lower than local and national averages in all areas.

### 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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence:	
The practice worked as part of their Primary Care Network (PCN) to identify patients that required additional support.	
The practice was a two-storey building with all consultation and treatment rooms on the ground floor. Disabled parking spaces and access enabled toilet facilities were available.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments were available throughout these times.	
The practice were able to offer routine appointments with a GP, practice nurse, pharmacist or physiotherapist with the extended access service run by the local federation. These appointments were available at the following times at local practices:	
<ul style="list-style-type: none"> <li>Monday to Friday from 6.30pm to 8pm</li> </ul>	

- Saturdays from 8am to 11am
- Sundays from 9am to 1pm

### Further information about how the practice is responding to the needs of their population

- 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.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Practice nurse appointments were available outside of school hours for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Telephone appointments were available for patients who did not require a physical examination.
- The practice was able to offer home visits via the Acute In-Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. They had received a Purple Star Award in recognition of the care given to patients with a learning disability. This locally developed quality kite mark had been developed by service users, carers, the University of Hertfordshire Business School and the Community Learning Disability Service in Hertfordshire, to award services for providing good quality, accessible health care for adults with a learning disability.
- The practice had a blood pressure monitoring machine available to patients to use in a private room.
- 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 such as homeless people and Travellers.

## Access to the service

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

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
Explanation of any answers and additional evidence: Patients could book appointments by telephone, in person or via online services. Appointments were available either face to face, by telephone or video call. Longer appointments were available for patients with multiple conditions or complex needs. Home visits were available for housebound patients. The practice was able to offer home visits via the Acute In-Hours Visiting Service. This was a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital.	

## National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	33.1%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	59.3%	70.1%	70.6%	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 (01/01/2021 to 31/03/2021)	56.9%	63.7%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	66.3%	81.6%	81.7%	Variation (negative)

### Any additional evidence or comments

The results from the National GP Patient Survey, published in July 2021, showed the practice were below the CCG and England average in some of the indicators. However, they had made improvements in all areas related to telephone access and appointment booking. For example, in July 2019,

- 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 was 22% compared to 33% in July 2021.
- the percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 39% compared to 59% in July 2021.
- the percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times was 48% compared to 57% in July 2021.
- the percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered was 58% compared to 66% in July 2021.

The practice had responded to patient feedback and survey results. An action log was in place to make improvements. For example,

- The practice made contact with another practice in the area to review their telephone system and identify areas of good practice.
- New messages were added to the telephone system to help manage patients' expectations when waiting for their call to be answered.

The practice completed their own patient surveys throughout the year to monitor patient satisfaction.

Source	Feedback
The NHS Website and CQC Share your experience forms.	There was feedback from four patients regarding telephone access and appointment booking. These patients commented on the length of time it took for the telephones to be answered and then unable to book an appointment or speak to a clinician.  The practice had responded to comments made on the NHS website.

## 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.	16
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: Information about how to make a complaint was available on the practice website and in the patient waiting area. There were links on the practice website for patients to contact the practice online with feedback or complaints. Complaints and the learning from them was discussed with staff in practice and clinical meetings.	

### Examples of learning from complaints.

Complaint	Specific action taken
A patient complained that they were unable to make an appointment when needed.	The practice recognised that more same day appointments were needed and made these available. They promoted the use of online consultations for patients to use for non-urgent queries.
An electronic prescription was sent to the incorrect pharmacy.	All clinicians were reminded to confirm with patients their nominated pharmacy when sending an electronic prescription.



## Well-led

## Rating: Good

At the October 2019 inspection, we rated the practice as requires improvement for providing well-led services because:

- The provider had not established a governance framework to ensure adequate oversight of systems and processes across all areas.
- The provider did not have a comprehensive process to identify, understand, monitor and address risks to patient safety in all areas.

At the November 2021 inspection, we rated the practice as good for providing well-led services because:

- Governance structures had been strengthened and there was oversight of systems and processes.
- The practice maintained a risk log that documented actions taken to mitigate risks. Identified areas from the previous inspection had been addressed.
- Staff were supported and were positive regarding the GP partners and practice management.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice had made some changes to the leadership team and partnership. They had included the practice manager, an advanced nurse practitioner and the clinical pharmacist to the partnership to provide a multi-disciplinary approach to managing the practice.	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	

The practice had reviewed their vision, values and strategy and had developed a new ethos of 'The Patient Comes First'.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: Staff had access to an employee assistance programme. This service provided confidential advice and counselling through an external human resources company. The practice supported staff with regular one-to-one meetings, annual appraisals and training relevant to their role.	

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

Source	Feedback
Staff	Staff we spoke with felt the practice was a good place to work. They felt supported by the GPs and managers and found them approachable for both professional and personal support.

## 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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: At the October 2019 inspection, we found the practice did not have an adequate system in place to ensure all staff members had completed the appropriate training relevant to their roles. Not all staff members had received an appraisal within the preceding 12 months.	

At the November 2021 inspection, we found systems and processes had improved. There was a training policy and training log in place that ensured all staff received training relevant to their roles. All staff had received an appraisal in the previous 12 months.

## 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.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the October 2021 inspection, the practice did not have clear and effective processes for managing risks in some areas. For example,</p> <ul style="list-style-type: none"> <li>• Actions had not been taken following fire safety and health and safety risk assessments.</li> <li>• Some emergency medicines were past their expiry dates.</li> <li>• Blank prescriptions were not always stored securely.</li> </ul> <p>At the November 2021 inspection, there were processes in place to manage risks. The practice maintained a risk log that documented actions taken to mitigate risks. Identified areas from the previous inspection had been addressed.</p>	

### The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y

There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the pandemic patients were offered telephone and video consultations in addition to face to face appointments.</p> <p>The practice were actively monitoring demand for appointments to ensure there was sufficient staff capacity to meet the requirement.</p>	

### 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 monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

### Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice Patient Participation Group (PPG) met regularly prior to the COVID-19 pandemic and continued to meet online when not able to hold face to face meetings. The PPG have supported the practice with queue management at COVID-19 vaccination clinics.	

Feedback from Patient Participation Group.

Feedback
Feedback from the PPG was positive. We were informed the group felt listened to and had met with the practice for a planning meeting to look at how to continue to make improvements in the future. The PPG informed us that the practice was always represented at their meetings.

## Continuous improvement and innovation

**There were systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice used significant events and complaints to identify areas of learning and improvement.	

## Examples of continuous learning and improvement

The practice worked closely with other practices within the locality and a GP federation. The practice participated in a Primary Care Network (PCN). (A Primary Care Network is a group of practices working together to provide more coordinated and integrated healthcare to patients).

The practice was working to be a training practice within the next two years. Two of the GPs were in training to become trainers.

The practice had a Green Initiative Plan in place that outlined how they aimed to become more sustainable over the next five years. The plan was put in place following a suggestion from a staff member. Actions

identified included, for example, a reduction of printing paperwork, the use of online communications wherever possible and using automatic sensor lights in public areas.

#### 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.
- 
- $\text{‰}$  = per thousand.