

Care Quality Commission

Inspection Evidence Table

Clacton Community Practices (1-8537239431)

Inspection date: 29 September 2022

Date of data download: 21 September 2022

Overall rating: Requires Improvement

The provider (Ranworth Surgery) at short notice took over the management of this practice in February 2020 because the previous provider had failed to provide safe, effective and well-led care and treatment for the patient population. This resulted in the commissioning organisation cancelling the contract with the previous provider. At this time the provider inherited a huge backlog of work including medication reviews, summarising of records, deduction requests. Additionally, no improvement or audit work had been undertaken by the previous provider to understand the population needs. There was and continues to be over 100 requests per month made by new patients requesting registration. The provider has continued to register patients since taking on the contract despite the challenges faced.

A month after taking on the contract the provider had to manage COVID-19 pandemic restrictions whilst supporting the transition of staff to a new provider, the implementation of a completely new governance structure and policies, work processes, working arrangements, and staff training.

Safe

Rating: Requires Improvement

We have rated the practice as requires improvement because;

- Four of the prescribing indicators showed a negative variation in comparison to the local and national figures.
- We found some patients requiring long-term condition reviews had not received all the required monitoring for their condition management.
- We found some medicine reviews did not identify that monitoring was required.
- We found the practice did not have an effective system to ensure historical alert recommendations from the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on.

Safety systems and processes

The practice had 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.	Partial ¹
Partners and staff were trained to appropriate levels for their role.	Yes

Safeguarding	Y/N/Partial
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
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
Explanation of any answers and additional evidence:	
<ol style="list-style-type: none"> 1. During the remote searches of children and adult's patient records we found those with a recorded safeguarding alert did not always have the reason the concern was recorded. <ul style="list-style-type: none"> • Vulnerable patients were identified clearly in their clinical patient record. • Training records showed staff were trained in safeguarding to the appropriate level for their role. • We were told during the COVID-19 pandemic the regular multidisciplinary team (MDT) meetings had been conducted virtually. We were advised face to face meetings had resumed. • All the staff members we spoke with knew who the safeguarding lead at the practice was and how to raise a safeguarding concern. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff records shared showed effective staff recruitment checks, references, and vaccination status where relevant. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment:	07/07/2022
There was a fire procedure.	Yes
Date of fire risk assessment:	01/05/2022
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Evidence provided showed regular safety assessments were undertaken and actions had been carried out in a timely way. This was verified during our onsite inspection visit. 	

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.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	Yes 28/02/22
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The infection prevention and control lead had provided training to practice staff. • We found the actions identified following the last infection prevention and control audit had been carried out. • We found monthly random handwashing checks of clinical and administration staff took place. • There was an effective process for reception staff to ensure they did not directly touch specimens. • All clinical and administrative staff had been offered Hepatitis B vaccinations and monitoring. 	

Risks to patients

There were adequate in 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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Visual reminders were available for all staff and clinicians to assist them to support patients, with safeguarding concerns, signs of sepsis and deteriorating patients. These were sited appropriately in administrative and clinical locations. 	

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
Referrals to specialist services were documented, contained the required information 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff explained the process for referring patients and we were provided with the protocol for follow-up referrals. This included the assurance that patients referred through the two week wait process had received their appointment.• The management of test results ensured timely monitoring and clinical oversight.	

Appropriate and safe use of medicines

The practice had some 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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	1.33	0.94	0.82	Variation (negative)
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). (01/04/2021 to 31/03/2022) (NHSBSA)	9.7%	8.6%	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 (01/10/2021 to 31/03/2022) (NHSBSA)	6.31	5.66	5.31	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	321.9‰	183.1‰	128.0‰	Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.76	1.05	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	14.0‰	12.0‰	6.8‰	Variation (negative)

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

Any additional evidence or comments

- We were told the practice treated patients in care homes, these patients were often receiving short term respite care and this was considered the reason for the higher antibiotics use for uncomplicated urinary tract infection. They were working with the medicines management team to monitor and improve prescribing habits.
- The practice also told us they treated patients in a large dementia care home and they had an increased prescribing need for hypnotic medicines. The primary care network (PCN) pharmacists working at the practices were monitoring the prescribing of these medicines, to ensure they were clinically appropriate and advocate a reducing regime for patients where appropriate. This was part of the work initiated by the newly formed quality improvement team at the practice. The

formation of this team was as a result of our findings during the remote clinical searches carried out as part of the inspection on the practice patient record system.

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.	Partial ¹
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial ²
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement 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 UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The procedure to carry out structured medicines reviews was inconsistent and showed not all patients had been reviewed effectively. The process used to monitor patients' health in relation to the use of medicines including high risk medicines did not consistently provide appropriate monitoring and clinical review prior to prescribing 	

1&2. During the remote searches of patient records we found:

- a. 18 of 2685 representing 0.6% of patients with chronic kidney disease (CKD) had not had their urea and electrolyte levels recorded in their records.
 - b. 22 of 1257 representing 1.7% of patients with hypothyroidism who had not had a thyroid function test (TFT) monitoring for 18 months.
 - c. 140 of 1659 representing 8.4% of patients with asthma who had been prescribed two or more courses of rescue steroids: Although we found all the patients records, we viewed had steroid alerts on their records, it was unclear whether steroid cards had been provided following steroid prescribing. Annual reviews were carried out and care plans were used.
 - d. We found patients prescribed Methotrexate were having blood monitoring at both the practice and the hospital which was recorded. We saw there was a process to check hospital results before any prescribing at the practice.
 - e. 158 of 660 representing 23.9% of patients prescribed anticoagulants had not received the required monitoring.
 - f. 19 patients were found to have been prescribed a medicine without documented risks discussed in their records, which was a recommendation of the Medicines and Healthcare products Regulatory Agency (MHRA) alert. The practice immediately contacted the identified patients to ensure the risks were discussed and changed their process to monitor historical alerts. We were assured at the on the site inspection that patients were safe.
 - g. 205 patients were identified that had been prescribed a gabapentanoid medicine that had not received a review in last 12 months. Due to the patient demographic we were made aware staff had occasionally issued prescriptions early for fear of abuse or even assault by patients, however there was no rationale recorded in records to mitigate or document this.
- The practice acted immediately on the findings within the remote searches and patient records reviewed. An internal quality team was established and a clear action plan had been produced to address the findings. This included; CKD electrolyte levels recorded in patient records, ensuring all patients with hypothyroidism had thyroid function test (TFT) monitoring, documenting steroid cards had been provided following steroid prescribing, high risk medicines monitoring monthly checks, a changed process to monitor historical alerts, anticoagulant monitoring reviews had been set-up to collect the missing information on patient records, and patients were booked for reviews of their gabapentanoid medicines with a process to document non-compliance and the reason. During the site visit to the practice we saw the actions already undertaken and the recall and review invites arranged in the next few weeks. The newly developed quality team had updated protocols to embed this work at the practice going forward. This work needed to be monitored and embedded for future assurance.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	3
Number of events that required action:	3
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw evidence in meeting minutes of learning and the dissemination of information to staff, along with the improvements that had been made. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
<u>Event</u> Diabetes medicine authorisation form completed with the wrong dose by clinician.	<u>Actions</u> Clinician realised mistake and informed the administration team who had already sent information to District Nurse (DN) team. DN team was contacted and correct dose authorisation form sent.
<u>Impact</u> Overdose and diabetic instability.	<u>Learning</u> To review instructions with patient record before sending. Clinician had received training on authorisation forms and correct dosing ranges.
<u>Event</u> Delay in two weeks wait referral to urology.	<u>Actions</u> Clinician completed referral form but did not task the secretary to send causing a delay in referral. Human error clinician reports this was due to workload and portfolio.
<u>Impact</u> Delay in diagnosis and treatment.	<u>Learning</u> Portfolio reduced and to monitor. A monitoring system put in place.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial ¹
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

1. Although we found some historical safety alerts had not been monitored when we reviewed patient records, the practice provided us with a clear action plan showing they had contacted the patients at risk and documented these actions in their records. We were assured at the site visit inspection that patients were safe and that a new process was in place to ensure effective recording and actions were being undertaken to manage historical alerts at the practice.

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement 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, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
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.	Partial ¹
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 had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Clinicians told us they used the training afternoons provided by the local commissioning body for online training, to keep clinicians and administrative staff up to date with current evidence based practice. Current evidence based clinical practice was discussed and evidenced in clinical meeting minutes we saw. 1. Following the clinical searches we carried out on the patient records system, 564 patients were found to have a potentially missed diagnosis of Chronic Kidney Disease (CKD) stage 3, 4 or 5. This represented a risk to patients. The practice acted immediately on our findings and provided us with an updated process to run reports and inform and record patients of their CKD status. This updated process would reduce the risk of missing patients with CKD. During the site visit we were shown how this process was working however, this work needs to be monitored and embedded for future assurance. 	

Effective care for the practice population

Findings

- The practice identified older patients who were living with moderate or severe frailty. Those identified were offered a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had recall process to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. The practice had offered NHS health checks in the last 12 months to 734 of the 848 patients eligible to receive them. We were told health checks had been suspended at times during the COVID-19 pandemic period to prioritise long-term condition reviews.
- Follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice held a register of patients living in vulnerable circumstances including homeless people, traveler's and those with a learning disability. 36 of the 83 people eligible for a learn disability check in the last 12 months had been offered a check, and 36 (43%) of these had been undertaken. During the on-site inspection we were shown the plans to complete the remain LD checks.
- 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 assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. However, we did find some patients were missing some of the monitoring within their annual reviews. We received assurance during the site visit that the missing monitoring was being addressed within a clear action plan.
- 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. However, we found 564 patients with a potential missed diagnosis for chronic kidney disease (CKD) stage 3-5. The practice explained many of these patients were very elderly and did not want medical intervention. However the practice recognised this had not been documented in the patient records. The practice showed us the changes to their processes with

the actions already taken to code patient records that do not want intervention and ensure patients were aware of their diagnosis, this work needed to be monitored and embedded for future assurance.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	74	82	90.2%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	86	92	93.5%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	86	92	93.5%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	86	92	93.5%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	100	115	87.0%	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

- We asked the practice to comment on the percentage of children aged 5 who had received immunisation for measles, mumps and rubella as the data showed the practice had a slightly lower uptake when compared to the WHO target. The practice told us they had continued to

provide immunisation clinics throughout the COVID-19 pandemic period, however uptake had been reduced. Catch-up clinics had been set up to improve the uptake.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	67.8%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	66.7%	61.7%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	63.3%	68.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	62.9%	61.5%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Any additional evidence or comments

- We asked the practice to comment on the cervical cancer screening data that was below national targets.
- The practice told us they had continued to provide cervical screening throughout the COVID-19 pandemic period; however, it was noted that uptake by patients had been reduced. Catch-up clinics had been set up to improve the screening uptake.

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.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	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

- The practice provided evidence of audits with the actions taken to address any findings that could improve care.

Any additional evidence or comments

- The practice had recognised a number of areas to audit for example COPD/Asthma improvement outcomes, pathology to monitor filed compared with the need to speak to the GP, an audit to improve patient access within the Kennedy Way site, and patients referred for familial hypercholesterolemia. We were told that due to the Covid -19 pandemic restrictions and the new contract held by the provider for this practice these audits had not completed two cycles. However, they were already acting on findings to support improvement at the practice. They were arranging to audit again in the near future to monitor whether actions taken were delivering improvements.

Effective staffing

The practice was able to demonstrate 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.	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

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Recently recruited staff told us they had received a comprehensive induction and felt well prepared for their role. Staff told us the management and clinicians at the practice had an open door policy. We were provided evidence of competency checks carried out, and professional registrations were seen in staff records. 	

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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The local care homes had been provided dedicated access to ensure they could contact the practice quickly and easily. There was a dedicated practice visit team for care homes. 	

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 and tackling obesity.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice told us they used their patient text messaging software to remind patients about their appointments and healthcare. We saw health prevention programme information available for patients within the waiting room. We were also told the practice social prescriber and care coordinator supported patients to access health prevention. 	

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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff explained the practice consent processes during the remote interviews. We found consent was recorded within the records when we carried out the patient record searches. Clinicians told us they supported patients to make decisions about their care and treatment. We saw evidence that consent and 'Do Not Attempt CPR' (DNACPR) decisions were documented within patient records. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated 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

Patient feedback	
Source	Feedback
Interviews during the site visit with patients.	<ul style="list-style-type: none"> We spoke with nine patients during the on-site inspection. They told us access to the practice and appointments at the practice was good and had improved over the last six months. The patients were positive about the staff at the practice saying the reception staff were helpful and supportive. We were also told they felt involved in their care and treatment and felt safe receiving their care at the practice.
NHS overview website	<p>There were six reviews over the last year and a half. All comments had been responded to by the practice.</p> <ul style="list-style-type: none"> All six reviews had received five stars (the highest positive result).

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 (01/01/2022 to 30/04/2022)	83.0%	84.8%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	80.8%	82.9%	83.5%	No statistical variation

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 had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	90.5%	93.0%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	70.3%	72.3%	72.4%	No statistical variation

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

Any additional evidence
<ul style="list-style-type: none"> • Patient feedback had been collected between May 2022 and August 2022. The practice had acted where able on the responses received for example; <ul style="list-style-type: none"> ○ More face to face appointments were available since January 2022. ○ Increased the number of regular GP. ○ More pre-bookable appointments available that can be booked via the phone. ○ Improved number of telephone lines, with the ability to divert to queries, prescription clerks and to leave messages.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff could access easy read and pictorial materials to support them with their patient contacts. • The practice used language line for patients whose first language was not English. • We were told staff used hand gestures for patients with hearing loss and when necessary there was a hearing loop available. Staff also explained to allow lip reading they dropped down their face mask with patient's agreement. 	

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 (01/01/2022 to 30/04/2022)	83.4%	89.6%	89.9%	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 on request
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was information in the waiting room to signpost patients to local support groups and events. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 406 carers which represents 2.6% of the practice population
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Carer's were offered carer's health assessments and supported by the GP Care advisor and social prescriber. The practice had not identified any young carers.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> GPs phoned the recently bereaved when appropriate to offer support and sent bereavement letters with supportive information to patients.

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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Explanation of any answers and additional evidence:

- There was prominent signage at the reception desk to inform patients if they needed privacy to speak confidentially.

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: Kennedy Way	
Monday	8:00am - 6:30pm
Tuesday	8:00am - 6:30pm
Wednesday	8:00am - 6:30pm
Thursday	8:00am - 6:30pm
Friday	8:00am - 6:30pm
Saturday – extended access	8:00am – 12:30pm
Sunday	Closed
Opening times: Green Elms Surgery	
Monday	8:00am - 6:30pm
Tuesday	8:00am - 6:30pm
Wednesday	8:00am - 6:30pm
Thursday	8:00am - 6:30pm
Friday	8:00am - 6:30pm
Saturday	Closed
Sunday	Closed
Opening times: Nayland Drive Surgery	
Monday	08:30am -1:00pm and 2:00pm -6:00pm
Tuesday	08:30am -1:00pm and 2:00pm -6:00pm
Wednesday	08:30am -1:00pm and 2:00pm -6:00pm
Thursday	08:30am -1:00pm and 2:00pm -6:00pm
Friday	08:30am -1:00pm and 2:00pm -6:00pm

Opening times: PCN extended access	
Monday	6:30pm - 8:00pm
Tuesday	6:30pm - 8:00pm
Wednesday	6:30pm - 8:00pm
Thursday	6:30pm - 8:00pm
Friday	6:30pm - 8:00pm
Saturday	9:00am – 5:00pm
Sunday	Closed

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

- Patients had a named GP to support them in whatever setting they lived.
- The practice responded 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.
- Extended hours pre-bookable appointments were available at the Minor Illness Hub Clacton Hospital from 6:30pm till 8:00pm Monday to Friday and from 9:00am till 12:30pm on Saturdays.
- Parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, traveler's and those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were not always 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 and Improvement 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
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes

Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Patients told us they had good access via the phone and online to access care and treatment. 	

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 (01/01/2022 to 30/04/2022)	50.6%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	62.9%	57.0%	56.2%	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 (01/01/2022 to 30/04/2022)	71.8%	56.5%	55.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	82.1%	76.0%	71.9%	No statistical variation

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.	31
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was information within the reception area and on the practice website to support patients that wanted to raise a complaint. • The complaints we reviewed showed responses were sent to patients in a timely manner and learning from complaints was shared with staff and documented. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<u>Complaint</u> Patient felt they should be treated for a gastric ulcer after hospital appointment.	<u>Actions</u> Investigation revealed instructions from hospital September 2021 was to refer for a barium swallow, however report was filed. Barium swallow referred and performed January 2022. Investigation showed no malignancy. <u>Learning</u> To carry out routine spot checks on workflow processes.
<u>Complaint</u> Patient called to ask what infection was found in her sample. Spoke with admin who informed her on the advice of a clinician to tell the patient it was a chest infection.	<u>Actions</u> Patient records checked along with statement from clinician. Telephone call recording checked for details. <u>Learning</u> Patients entitled to know what infection they have. clinician told this and letter of apology sent to patient.

Well-led

Rating: Requires Improvement

We have rated the practice as requires improvement for Well-led services because;

- We found a lack of consistency within the practice assurance systems for safeguarding, patient monitoring, and acting on safety alerts. The practice acted on our findings but newly implemented and updated processes needed time to be monitored to ensure they were embedded.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels that could demonstrate they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We saw evidence of clinical and managerial leadership within the practice. They worked with the practices within the primary care network to understand local challenges to quality and sustainability to develop services.	

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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice held regular meetings to update staff with practice development plans.• The practice told us they worked with their primary care network practices, to discuss the development of services to meet the needs of the local patient population.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behavior 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 had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The staff information/handbook guided staff how to raise a whistleblowing application or contact the freedom to speak-up guardian. 	

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

Source	Feedback
Staff members	The staff members we spoke with were positive about the support provided by the clinicians and the management at the practice.
	Staff spoke positively about working at the practice and confirmed they felt able to raise issues and concerns knowing they would be supported to do so.
	Staff told us they encouraged to attend and request training to support them in their work to roles.
	Staff also told us they were encouraged to raise concerns and speak up during meetings to give their opinions.

Governance arrangements

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

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

- We found evidence that managerial leadership of governance, policies and procedures were regularly reviewed and met current clinical guidance.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial ¹
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	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
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> 1. We found a lack of consistency within the safeguarding system to record the reason a safeguarding alert had been added to a patient's records. The system to monitor historical safety alerts was inconsistent as some had not been acted on. The procedure to carry out structured medicines reviews was inconsistent and showed not all patients had been reviewed effectively. The practice did not have an effective system to reduce the possibility of missing long-term conditions diagnosis. <ul style="list-style-type: none"> • The practice acted immediately to establish a clear action plan with updated protocols and procedures to address the issues found. This work needed to be monitored and embedded for future assurance. 	

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.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had increased their cleaning procedures following COVID-19 and the increase now in face to face patient appointments. The practice monitored and audited access to ensure they could improve patient satisfaction. 	

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had acted on the patient satisfaction survey they carried out to improve their performance. Management staff understood their responsibility, and how to make statutory notifications to the care quality commission. 	

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.	Yes
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
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

Explanation of any answers and additional evidence:

- We were provided evidence that the practice held registration with the 'Information Commissioner's Office'.
- We saw evidence in patient records their consent was obtained and interactions were recorded.
- The practice website informed patients how their records were stored, managed and the information sharing protocol for online services.

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Staff told us their views were taken into consideration, and this was seen in meeting minutes about the planning and delivery of services at the practice.• The practice sought patient views through their website and via paper exercise forms left in the practice waiting areas.• There were fifteen virtual members on their Patient Participation Group (PPG) that held face to face meetings at the practice.	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes

Examples of continuous learning and improvement

There was a strong focus on continuous learning and improvement. These improvements have been made during a period of time when the provider faced many challenges including being given the contract to manage at very short notice at the request of the commissioning organisation, and the start of the COVID-19 pandemic.

- Clinician has provided hormone replacement therapy (HRT) and menopause talks on Saturday mornings. Additional HRT patient treatment slots have been made available and training given to other clinicians at the practice by the experienced specialist clinician.
- Men's talk group session, covering specific men's health issues in particular prostate cancer.
- A community garden area has been developed on the Kennedy Way site, for people to meet talk have refreshments. This provides a non-clinical and less scary place for people to open up and talk, with for example the social prescribers.
- The recruitment of 'additional roles reimbursement Scheme' (ARRs) including clinical pharmacists, care coordinators, musculoskeletal (MSK) practitioner, and a pharmacy technician.
- Dedicated care home team to undertaken home visits and build a rapport with correspondence channels.
- Recruitment of a social prescriber that holds clinics one day per week.
- Telephone reporting system installed to enable reporting of incoming and outgoing calls.
- Re-organisation of the prescription team to improve patient outcomes.
- Working with the patient participation group (PPG) to improve patient outcomes and experience.
- Lead respiratory nurse working alongside GP Primary Choice Ltd. (GPPC) for spirometry training and improvements across the North East Essex (NEE) area.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

Feedback

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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.