

Care Quality Commission

Inspection Evidence Table

Edridge Road Community Health Centre (1-8117906171)

Inspection date: clinical review 28 September 2021, staff interviews 27 and 28 September and 13 October and site visit 12 October 2021

Date of data download: 08 September 2021

Overall rating: Requires Improvement

The practice is rated as requires improvement overall as:

- The vaccine cold chain had not been monitored in accordance with the practice's policy.
- Expired equipment was found with the practice's emergency equipment.
- One staff member was unable to outline of the guidelines in respect of obtaining consent and assessing the capacity of minors.
- Some risks identified with infection control had not been acted upon; though we found that the practice was trying to engage with the building manager to try and get these issues addressed.
- Complaint responses did not contain information about organisations that patients could escalate complaints to.
- There had been little engagement with patients in respect of below average national patient survey scores related to care and treatment and access; though the practice had made some efforts to improve patient satisfaction in these areas.
- Rates of cervical screening were below target. However, this service was suspended during the early part of the pandemic and the practice had hired additional nursing staff and could refer patients to the local access hub where this service was available. Additionally, the practice had an annual turnover of approximately 50% which impacted on the practice's ability to meet this and other targets.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Requires Improvement

The practice is rated as requires improvement for providing a safe service as we found that fridge temperatures were not being recorded daily, although each fridge had an internal data logger.

There were two pieces of expired equipment stored with the practice's emergency supplies.

Staff vaccination records were incomplete.

We also found that there were some risks related to infection control and legionella that had been identified and it was either unclear if these had been addressed or they had not been addressed.

However, both issues related to aspect of the building managed by NHS property services and we saw that the provider was actively trying to engage with the building managers on these issues.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	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
Staff who acted as chaperones were trained for their role.	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

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.	N
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
We were provided with spreadsheets containing staff vaccination information which were not completed in line with the practice's immunisation policy. We asked the practice manager about this and were told that they had found it difficult to obtain information from staff around vaccinations and that blank spaces on the vaccination records did not mean that staff had declined to have a vaccination but that the practice had been unable to obtain this information from staff.	

Safety systems and records	Y/N/Partial
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There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 23 November 2020	Y
There was a record of equipment calibration. Date of last calibration: 8 February 2021	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
A fire risk assessment had been completed. Date of completion: 19 March 2020	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Legionella risk assessment 28 April 2021	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 16 September 2021	Y
<p>The provider told us that the management of risk associated with legionella was the responsibility of the building managers, NHS Property Services. It was unclear from the risk assessment whether actions had been completed. The practice provided evidence that they had chased the building managers to ask for confirmation that issues raised in the practice's legionella risk assessment had been completed but had yet to receive a response.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met in most instances and the practice were actively engaging with the building owners to address identified areas of risk.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
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: 7 May 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Partial

There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>The main issues identified from the practice's latest infection control audit were to undertake a legionella risk assessment and to address wear and tear in certain areas of the premises. The practice told us that both issues were the responsibility of NHS Property Services who managed the building. We were provided evidence of the legionella risk assessment. Actions points in the risk assessment had not been addressed although we saw that the practice had made attempts to contact NHS Property Service to address these issues without success. The practice told us that they had chased NHS property services to address the wear and tear in the practice, but this had also yet to be resolved.</p> <p>Vaccination records for staff were incomplete.</p>	

Risks to patients

There were systems to assess, monitor and manage risks to patient safety; though we found expired equipment stored with the practice's emergency supplies.

	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.	Partial
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
<p>The practice had appropriate emergency medicines and equipment including oxygen and a defibrillator and we saw evidence of a system of documented checks. However, we found one piece of expired equipment stored with each of the practice's two stores of emergency equipment.</p>	

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

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines in most regards. However, the temperatures of fridges storing vaccines were not being monitored in accordance with their policy.

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)	0.37	0.58	0.69	Significant Variation (positive)
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)	12.5%	10.6%	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)	5.27	5.58	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	63.3‰	60.2‰	126.0‰	Tending towards variation (positive)
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)	0.59	0.59	0.65	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	4.0‰	4.6‰	6.8‰	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
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.	N/A
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.	Y
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.	N
The practice had internal data loggers for each of their vaccine fridges and we were told that the information from the data logger was reviewed on a monthly basis. The practice policy stated that in addition to monthly reviews of the data logger, fridge temperatures should be checked twice daily. We were provided with daily temperature logs for each fridge. Each log had multiple gaps where the temperature had not been recorded. Additionally, on one of the records there was an instance where the fridge temperature had increased above eight degrees and there was no accompanying narrative to explain this.	

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:	14
Number of events that required action:	13

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
GP prescribed medication by wrong route	Prescribing practice changed so that GPs refer to guidance prior to prescribing this type of medicine.
Patient registration form deleted in error	Appointed two people to review emails to ensure better oversight of email communication to prevent this from happening again.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
The practice pharmacist had set up systems to undertake regular reviews to ensure that prescribing continued to take account of both new and historic patient safety alerts.	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. However, coding of medication reviews for patients on multiple medicines posed a potential risk that some medicines would not be reviewed within the appropriate time frame.

	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.	Partial
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
We reviewed the records of several patients who were prescribed multiple medicines. However, we found that patient records had been coded to indicate medication reviews had been completed for patients despite only having one category of medicine reviewed. This created a risk that the practice system would not alert staff at the practice that reviews were still needed for the other medicines prescribed.	

Older people

Population group rating: Good

Findings

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

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) <small>(QOF)</small>	78.9%	75.2%	76.6%	No statistical variation
PCA* rate (number of PCAs).	11.3% (26)	8.9%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	90.1%	89.4%	Variation (positive)
PCA rate (number of PCAs).	12.5% (2)	8.6%	12.7%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	80.0%	82.3%	82.0%	No statistical variation
PCA* rate (number of PCAs).	6.3% (2)	3.4%	5.2%	N/A

The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	60.3%	64.6%	66.9%	No statistical variation
PCA rate (number of PCAs).	27.2% (47)	10.6%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	69.0%	70.9%	72.4%	No statistical variation
PCA rate (number of PCAs).	13.4% (40)	4.9%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	100.0%	90.7%	91.8%	Tending towards variation (positive)
PCA rate (number of PCAs).	0.0% (0)	4.8%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	81.6%	74.8%	75.9%	No statistical variation
PCA rate (number of PCAs).	18.5% (32)	8.5%	10.4%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Any additional evidence or comments

The practice had a number of areas where the Personal Care Adjustment rate was above the local and national average.

The practice had undertaken analysis of this issue and were able to demonstrate that this was primarily the result of high rate of patient turnover due to the transient nature of the practice demographics. Analysis undertaken by the practice in November 2020 showed that the practice had approximately 3000 patients registered and deregistered for a practice population of approximately 6000 patients.

Despite QOF requirements being suspended during the pandemic, the practice continued to provide care in line with the QOF indicators. We were shown unpublished data from the clinical system for the period of 2020/21 and this indicated that performance against these indicators had remained broadly consistent with the previous year's performance.

Families, children and young people

Population group rating: Good

Findings

- The practice has not met the minimum 90% for all five childhood immunisation uptake indicators and has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all five childhood immunisation uptake indicators. The provider submitted evidence of analysis of immunisation figures and efforts made by the practice to target parents whose children had not attended.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	89	106	84.0%	Below 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)	78	102	76.5%	Below 80% uptake
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)	78	102	76.5%	Below 80% uptake
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)	81	102	79.4%	Below 80% uptake

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)	83	115	72.2%	Below 80% uptake
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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

The practice had undertaken analysis of children who had/had not received an immunisation in November 2020. We were told that of the 133 eligible children 27 had not completed their course of immunisations. Of those 27; 10 patients declined, five had not completed according to the patient record system and 12 had not completed despite multiple efforts by the practice to contact the parents and ask them to attend. The practice told us that each parent/guardian had been contacted between two- and seven-times including letters, texts and phone calls from nurses and GPs. Nursing staff told us that they would call those parents who children had not had immunisations to enable any questions or concerns to be addressed. Again, the transient nature of the practice population presented additional challenges for the practice. The practice has a list size of approximately 6,000 patients. In the period that the above figures related to the practice had 3029 patients leave the practice and 3053 joined.

The practice provided data on childhood immunisations up to March 2021 which showed that performance against targets for this year was comparable to the previous year's performance and remained below target.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice's uptake for cervical screening was below the local and national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (Snapshot date: 31/03/2021) (Public Health England)	63.4%	N/A	80% Target	Below 70% uptake

Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	52.9%	67.1%	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)	33.3%	57.8%	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	100.0%	93.7%	92.7%	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)	100.0%	54.3%	54.2%	No statistical variation

Any additional evidence or comments

The rate of uptake for cervical screening had improved since our last inspection; previously 58%; this was despite the suspension of cervical screening during the early part of the covid 19 pandemic.

The practice provided unverified data for both March and September 2021. The data showed that there was improvement in performance between March and September with 68% of patients aged between 25 and 49 and 77% of patients aged between 50 and 64 years old having been screened. The practice had reviewed the number of cervical screenings undertaken for those aged 50 – 64 and that of the 178-patient due five yearly screening, 52 had not received this. The practice had contacted these patients 114 times by letter and text and engaged opportunistically when attending the practice. Both clinical and nonclinical staff were engaged in efforts to encourage uptake.

Again, the transient nature of the practice population presented additional challenges for the practice. The practice has a list size of approximately 6,000 patients. In the period that the above figures related to the practice had 3029 patients leave the practice and 3053 joined.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. Unverified data for 2020/21 indicated that all but one patient with learning disabilities had received a health check within the previous 12 months.
- 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 demonstrated that they had a system to identify people who misused substances.

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

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	89.3%	88.3%	85.4%	No statistical variation
PCA* rate (number of PCAs).	16.7% (15)	11.2%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	100.0%	82.2%	81.4%	No statistical variation
PCA rate (number of PCAs).	0.0% (0)	5.6%	8.0%	N/A

*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	England average
Overall QOF score (out of maximum 559)	542.5	533.9
Overall QOF score (as a percentage of maximum)	97.1%	95.5%
Overall QOF PCA reporting (all domains)	8%	5.9%

	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

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

<p>The provider had a programme of quality improvement activity. For instance, the practice had undertaken a two-cycle audit focusing on the early diagnosis of cancer. After the first cycle the practice took action in an effort to improve early cancer diagnosis by improving learning amongst clinicians, increasing awareness of the urgent referral pathway and ensuring safety netting of two week wait referrals. The practice had improved the proportion of those who were diagnosed using the urgent referral pathway from 90% at the first cycle to 100% at the second cycle. The proportion of cancers diagnosed at stages 1 or 2 increased from 90% at the first cycle to 100% at the second cycle.</p> <p>The practice also completed a two-cycle audit in respect of patients prescribed Lithium. The practice audited themselves against six criteria for lithium prescribing and monitoring. Although the service was meeting most of the standards at the first cycle of the audit; 50% of patients had not had their calcium levels checked. At the second cycle this had improved to 100%.</p> <p>The practice had also completed numerous prescribing reviews and had a system in place to supervise the practice paramedic and clinical pharmacist.</p>
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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

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
The provider participated in regular multidisciplinary meetings with other health and social care providers in the area to provide a tailored package of support for those who required this.	

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

Consent to care and treatment

The practice 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.	Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Partial

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
One member of the nursing team was not able to outline the legislation around assessing the ability of patients under 16 to consent to care and treatment.	

Caring

Rating: Good

Kindness, respect and compassion

Staff told us that they treated patients with kindness, respect and compassion. However, some feedback from the national patient survey indicated that not all patients were satisfied with the care and treatment provided by the practice.

	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

Source	Feedback
NHS choices	Feedback related to the care and compassion shown by practice staff was mixed with some saying that both clinical and nonclinical staff were friendly and treated them well and others indicating that some members of the reception team could be rude.

National GP 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)	79.3%	90.1%	89.4%	Tending towards 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)	79.2%	88.4%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	90.9%	95.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	62.8%	85.2%	83.0%	Variation (negative)

Indicator	Practice	CCG average	England average	England comparison
the overall experience of their GP practice (01/01/2021 to 31/03/2021)				

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

Any additional evidence
The practice told us that they had not run a patient survey since their previous survey in July 2019 but planned to undertake an online survey in the future. The practice had held a joint Patient Participation Group (PPG) meeting in August 2021 with patients from this location and from their other location and attempted to encourage attendance. However, no patients from this location attended the meeting.

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	86.6%	93.1%	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 40 patients who acted as carers in October 2021 (0.6% of the practice population)
How the practice supported carers (including young carers).	The practice sent carers texts to inform them of eligibility for both flu and covid 19 vaccinations. Carers were offered annual health checks and we were told that during the pandemic the Primary Care Network social prescriber contacted all of the practice's carers to provide advice about support services and information on how to access carers allowance. There was information on the practice's website which directed carers to local support services.
How the practice supported recently bereaved patients.	If families experienced bereavement, their usual GP contacted them or sent them bereavement support information. This call was either followed by patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We saw information on support services was available to patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
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

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.	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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00 am – 6:30 pm
Tuesday	8:00 am – 8:00 pm
Wednesday	8:00 am – 6:30 pm
Thursday	8:00 am – 6:30 pm
Friday	8:00 am – 6:30 pm
Saturday	8:00 am – 12:00 pm
Appointments available:	
Monday	8:30am to 11:30am and 3:30pm to 5pm
Tuesday	8:30am to 11:30am and 3:30pm to 5pm
Wednesday	8:30am to 11:30am and 3:30pm to 5pm
Thursday	8:30am to 11:30am and 3:30pm to 5pm
Friday	8:30am to 11:30am and 3:30pm to 5pm
Saturday	9:00 am – 12:00 pm

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice 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 provided effective care coordination to enable older patients to access appropriate services. The practice hosted a social prescriber employed by the primary care network who could offer support and assistance to patients who needed support with social problems including issues related to benefits and housing.

- Patients who were identified as most at risk of getting flu were provided with flu vaccinations.
- The practice patients had access to social prescribers who specialise in supporting older people.

People with long-term conditions

Population group rating: Good

Findings

- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. The practice offered 20-minute appointments for patients with complex needs who were identified by alerts on the patient management system.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The patients had access to in-house phlebotomy service.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under five were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Tuesday and offered appointments between 9 am and 12 pm on a Saturday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available 8am to 8pm seven days a week.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability; 30-minute appointments were offered for these patients.
- The provider held weekly Special Allocation Scheme clinics at their other location for patients who had been removed from other practice lists to continue to access healthcare service. This service had been relocated to this site while their other location was being renovated.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Access to the service

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

National GP Survey results

	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

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)	52.6%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	57.4%	74.8%	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)	62.9%	71.4%	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)	69.2%	82.1%	81.7%	Tending towards variation (negative)

Any additional evidence
<p>The practice had taken action in an effort to improve patient experiences accessing care and treatment. For example, they had recruited an additional nurse and two GPs. The practice were also in the process of finalising a contract with an organisation who would provide remote consultations to patients when there was limited capacity at the practice. This would help support the practice with remote long term condition reviews and enable the practice to catchup with care delayed as a result of the pandemic. The practice also worked with the local hub to improve access to cervical screening.</p> <p>The practice had changed telephone provider in March 2021; aiming to further improve the patient experience when calling the practice. This enabled staff to answer calls remotely.</p> <p>Though the practice had taken action to improve patient experience with access; they had not undertaken any broad patient engagement exercise to determine if the actions taken had improved patient experience. Although the practice had held a recent PPG meeting; no patients from this practice attended. Staff at the practice told us that the volume of complaints related to access had reduced in recent months.</p> <p>A number of staff we spoke with suggested that the reception team would benefit from additional support. The practice told us that they were trying to recruit more staff for the reception team.</p>

Source	Feedback
NHS Choices	Feedback related to access was mixed with some patients stating that they were able to access services when needed and that access had improved and other

	saying that they were having difficulty getting appointments, including face to face appointments, during the pandemic.
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Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care. However, complaint responses did not include information about who they could escalate concerns to if they were unhappy with the practice's response.

Complaints	
Number of complaints received in the last year.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
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

Any additional evidence or comments
<p>The practice had only received one complaint related to this location and we saw that the practice had taken appropriate action as a result. The complaint was patient identifiable and therefore will not be referred to in this report. We reviewed complaints related to the provider's other location and were satisfied that there were systems and processes in place for listening to and responding to complaints.</p> <p>However, complaint responses did not include details of organisations patients could escalate concerns to if they were unhappy with the practice's response although this information was detailed in the practice's complaint policy which some complaint responses directed patients to.</p>

Well-led

Rating: Requires Improvement

The service is rated requires improvement for providing a service that is well led as:

- Some staff reported that some of the partners were dismissive and unsupportive which impacted on the practice culture.
- Governance arrangements did not operate effectively in key areas relating to risk and safety
- Although engagement had been attempted with patients via a recent PPG meeting and the practice had made changes in response to patient feedback; there was little evidence that patient feedback had subsequently been sought to identify if action taken had addressed patient concerns.

Leadership capacity and capability

Staff feedback on leadership within the practice was mixed and failure to identify some areas of concern found at this inspection indicated a lack of oversight.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Partial
There was a leadership development programme, including a succession plan.	Y
Leaders within the practice did not have sufficient oversight to enable them to identify some of the concerns raised on inspection.	
Some staff reported that members of the partnership were not always visible or approachable and could be dismissive of staff concerns.	
However, the practice, in conjunction with the PCN, had set up and run the local covid 19 vaccination programme and was in the process of setting up the booster vaccination programme.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
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

Culture

Most staff said that there was a positive and open culture within the practice however others felt that members of the partnership were dismissive or combative.

	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.	Partial
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's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Most staff said that they were happy working at the practice and that they felt well supported. However, some staff told us that they felt that members of the partnership were dismissive and combative, that they did not feel valued and were not always confident that concerns raised would be acted upon.	

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

Source	Feedback
Staff interviews	See above

Governance arrangements

Clear responsibilities, roles and systems of accountability to support good governance were present in most areas though lacking in some.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Although the practice had good systems and processes in most respects which ensured that patients received good quality clinical care; the systems related to the management of vaccines and emergency equipment needed further refinement.	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance in most areas though risks related to equipment and the storage of vaccines required review and development.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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.	Partial
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
Assurance systems in relation to vaccine cold chain and the maintenance of appropriate emergency equipment were lacking.	

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

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making yet some areas of risk management were lacking.

	Y/N/Partial
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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.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Some areas of risk management were lacking for example we were not assured that all staff were appropriately vaccinated as vaccination records were incomplete.	

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 had made some attempt to engage with patients and improve services based on their feedback.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
The practice had an active Patient Participation Group.	Partial
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
The practice had made changes to services on the basis of the national GP patient survey however they had not undertaken their own survey of patients to determine if changes made had improved patient	

feedback. The practice had arranged a recent PPG meeting for patients at both of the sites they managed but no patients from Edridge Road Community Health Centre had attended

Feedback from Patient Participation Group.

Feedback
N/A

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.	Y
Learning was shared effectively and used to make improvements.	Y
The practice had an extensive programme of clinical review and audit which ensured high quality clinical care was being delivered consistently. This was evidenced by our review of clinical records which showed that, with the exception of an issue around coding of medication reviews, patients were receiving appropriate monitoring and follow up.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.
- *PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- ‰ = per thousand.