

Care Quality Commission

Inspection Evidence Table

Slag Lane Medical Centre (1-4084964064)

Inspection date: 21 June 2018

Date of data download: 12 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 3 Jan 18
There was a record of equipment calibration Date of last calibration:	Yes 13 Dec 17
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 5 Jun 18
Additional observations: Legionella Testing undertaken Feb 17	
Health and safety Premises/security risk assessment? Date of last assessment:	N
Health and safety risk assessment and actions Date of last assessment:	N
Additional comments: We saw evidence the practice had arranged for an external company to come in and review their overarching health and safety policies and procedures.	

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes 6 Jun 18 Yes
The arrangements for managing waste and clinical specimens kept people safe?	Yes

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes

Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

Medicines Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes

Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes

Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to 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.	Six
Number of events that required action	Six
Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes

Effective

Effective needs assessment, care and treatment

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	87.5%	81.3%	79.5%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	8%	13.5%	12.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	92.3%	82.4%	78.1%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	2.9%	7.9%	9.2%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	80.0%	79.4%	80.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	13.8%	13.3%	13.2%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the	88.2%	77.7%	76.5%	Significant Variation

preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) <small>(QOF)</small>				(positive)
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	5%	9.2%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	98.0%	91.3%	90.4%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	13.6%	9.8%	11.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	89.3%	85.8%	83.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0.4%	4.1%	4%	
Indicator	Practice	CCG average	England average	England comparison
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. (01/04/2016 to 31/03/2017) <small>(QOF)</small>	85.4%	89.0%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	19.6%	6%	8.2%	
Any additional evidence or comments				

Families, children and young people

Indicator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) <small>(NHS England)</small>	100%	Practice is above the WHO target of 95%

The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	100%	Practice is above the WHO target of 95%
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) (01/04/2016 to 31/03/2017) (NHS England)	100%	Practice is above the WHO target of 95%
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	100%	Practice is above the WHO target of 95%

Working age people (including those recently retired and students)

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	82.4%	74.7%	72.1%	Significant Variation (positive)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.6%	71.9%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	59.2%	58.1%	57.4%	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. (PHE)	38.5%	70.2%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	50.0%*	39.5%*	51.0%*	Comparable to other practices
Any additional evidence or comments				

*there are data quality issue with this value

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	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	100.0%	92.3%	90.3%	Significant Variation (positive)

documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	13.3%	11.7%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	93.3%	90.7%	Significant Variation (positive)
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0%	12.1%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.2%	85.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	3.6%	9.4%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	99.8% (558)	97.3%	95.5%
Overall QOF exception reporting	7.1%	10.0%	10.0%

Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Y

Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
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The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.7%	96.0%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate	CCG Exception rate	England Exception rate	
	0.7%	0.8%	0.8%	

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately

The practice monitored the process for seeking consent appropriately and undertook checks of patient records to ensure this was recorded in an accurate and consistent manner.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	45
Number of CQC comments received which were positive about the service	44
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
CQC Comment Cards	All patients who responded said they were treated with kindness and dignity. We saw comments that staff and GPs were supportive, encouraging and caring, explaining care and treatment and taking time with patients; patients said they were treated with respect.
Inhouse General Practice Assessment questionnaire	All patients stated: <ul style="list-style-type: none"> • The GP put them at ease • The GP was polite and considerate • All staff were good at listening to them
Friends and Family Test	Patients consistently said they were extremely or highly likely to recommend the practice.
Discussions with patients	All patients we spoke with said they received safe, compassionate and treatment and care of a very high standard.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,699	259	105	41.0%	9.6%
The practice had continued to improve its results over a number of years and was the highest performing GP practice in the local CCG area.				

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area	94%	80%	77%	Significant Variation (positive)

(01/01/2017 to 31/03/2017)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	96%	88%	89%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	100%	95%	95%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	97%	85%	86%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	97%	94%	91%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	95%	93%	91%	Comparable to other practices

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

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
CQC Comment Cards	All patients said they were involved in decisions about their treatment and care and received satisfactory explanations of any procedures or treatment they were going to undertake.
Discussions with patients	All patients we spoke with told us they were treated as a partner in their care and were involved in any decisions that were made.

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 saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to	97%	86%	86%	Significant Variation (positive)

31/03/2017)				
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	96%	83%	82%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	97%	93%	90%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	89%	89%	85%	Comparable to other practices

Question	Y/N
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 about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice had identified 38 patients who were carers (1.4% of the practice list). We saw staff had validated this register shortly before our inspection.
How the practice supports carers	Practice staff had undertaken carers awareness training and there was information available for them in the practice waiting area.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement, their GP contacted them and all staff in the practice were notified of this. This call was either followed by a 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.

Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	The chairs in the reception area were situated away from the reception desk. There were measures in place to ensure people could not see computer screens.

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Interviews with patients.	Patients told us they felt their privacy was respected and if they needed to discuss something privately with reception, staff would do this quietly and professionally.

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-19:45
Tuesday	08:00-18:30
Wednesday	08:00-13:00
Thursday	08:00-18:30
Friday	08:00-18:30

Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally, patients can access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
All home visit requests would be triaged by the GP to decide if a home visit was necessary.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,699	259	105	41.0%	9.6%

The practice had continued to improve its results over a number of years and was the highest performing GP practice in the local CCG area.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	92%	80%	76%	Significant Variation (positive)

The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	95%	79%	71%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	95%	86%	84%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	94%	78%	73%	Significant Variation (positive)

Examples of feedback received from patients:

Source	Feedback
Speaking with patients and comment cards	Patients commented that it was easy to get an appointment and they did not have to wait too long.

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	Nil
Number of complaints we examined	Nil
Number of complaints we examined that were satisfactorily handled in a timely way	N/A
Number of complaints referred to the Parliamentary and Health Service Ombudsman	N/A

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

Practice Vision and values

The practice was committed to working with empathy and understanding to provide all its patients with accessible, responsive and effective services that deliver good, safe patient centred care.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice had:

- An embedded culture of caring for patients and staff.
- All staff demonstrated an awareness of health values.
- Clinical staff were skilled to meet clinical needs.
- Policies, procedures and training were in place to support the vision and strategy.
- The practice worked collaboratively with other practices and the wider health community.

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

Source	Feedback
Staff	Staff told us that they were well supported by management at the practice and they felt able to approach managers for support.
Staff	Staff were encouraged to engage in professional development.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.

Practice specific policies	There were a range of both clinical and administrative policies, that were
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	easily accessible for all staff, that supported the delivery of good quality and sustainable care.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

	Y/N
Complaints	
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Examples of methods of engagement

	Method	Impact
Patients	Discussions during consultations. Patient questionnaires. Suggestion box	Ongoing assessment of services and discussion of any suggested improvements. The practice worked to address any concerns they had to ensure that care and treatment was delivered to the highest standards.
PPG	Meetings	The PPG met every two months. They worked collaboratively with the practice and felt valued by the practice management team. The practice viewed the PPG as partner and critical friend. The practice improved their car park to allow for a disabled space as requested by the PPG.
Public	Practice website.	Improved flow of information to and from the practice.
Staff	Open door policy. Staff meetings and minutes. Staff appraisal.	Open and transparent communication. Staff felt able to raise concerns and involved in service development.
External partners	Regular programme of meetings. Good communication channels.	Meeting with the local CCG and as a locality helped to map out service provision and plan for future developments. This enabled services to be planned and delivered effectively and for better sustainability of service provision in the future.

Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Medicines Optimisation	The GP had undertaken work on behalf of the CCG to help a neighbouring practice to reduce their antibiotic prescribing. This led to a significant reduction in antibiotic prescribing by the practice following the intervention by the GP.
DMARD (Disease-modifying antirheumatic drugs) prescribing	The GP identified unsafe practices when he joined the practice. They introduced a prompt to prevent prescribing of DMARD if the patient had not had a blood test. Also reviewed patients with high numbers of repeat prescriptions.
Research	The practice had entered into research with Christie Hospital Cancer Vanguard, Synexus, and will become a Royal College of General Physicians research and surveillance centre which is part of the Clinical Innovation and Research Centre.

DO NOT DELETE THE NOTES BELOW

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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

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

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).