

Care Quality Commission

Inspection Evidence Table

Hadleigh Boxford Group Practice (1-537889843)

Inspection date: 23 October 2018

Date of data download: 16 October 2018

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

Safe

Rating: **Good**

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were 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
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for their role.	Yes
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current 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 required medical indemnity insurance had it in place.	Yes
Explanation of any answers and additional evidence:	
Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test:	Yes January 2018
There was a record of equipment calibration. Date of last calibration:	Yes November 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check:	Yes January 2018
There was a log of fire drills. Date of last drill:	Yes October 2018
There was a record of fire alarm checks. Date of last check:	Yes October 2018
There was a record of fire training for staff. Date of last training:	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion:	Yes July 2018
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	
Health and safety Premises/security risk assessment carried out. Date of last assessment:	Yes October 2018
Health and safety risk assessment and actions Date of last assessment:	Yes October 2018

Explanation of any answers and additional evidence:

Infection control

	Y/N/Partial
Infection risk assessment and policy in place	Yes
Staff had received effective training on infection control.	Yes
Date of last infection control audit	Hadleigh- September 2018 Boxford- June 2018
The provider had acted on any issues identified in infection control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice completed infection prevention and control (IPC) audits every three months at both sites. Actions arising from the audits were acted upon to improve the surroundings, such as changing carpets to vinyl flooring to reduce risks associated with IPC. There were two IPC leads within the practice. Spill kits were available including mercury spill kits and there were clear protocols in place for the management of clinical waste.</p>	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinician review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis	Yes

in line with National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had identified risk within a local care home and had escalated their concerns to the Clinical Commissioning Group (CCG). They worked alongside patients and the care home to try to improve patient care. The practice ensured patients had a copy of their clinical summary, medicines and prescriptions when moving service to ensure a smooth hand over of care.</p> <p>The practice responded to another care home where incorrect anti-viral medicines had been administered by the home. These were not supplied by the practice. They worked closely with the CCG and care home to keep patients safe and ensured any further medicines relating to this incident were administered appropriately.</p>	

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines.

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.02	1.01	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	11.4%	11.5%	8.7%	Comparable with other practices

Medicines management	Y/N/Partial
The provider 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
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	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
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a system in place for the management of high risk medicines. An administration staff member ran searches on all patients on high risk medicines who were overdue blood tests. The staff member then sent a task to the GP who reviewed the patient before issuing a prescription. In some instances, blood tests were completed by the hospital who had shared care for the patient. Staff completed checks to ensure these were appropriate. Since the inspection, the practice informed us that this process has been further strengthened by also sending letters to patients.</p>	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
Access to the dispensary was restricted to authorised staff only.	Yes
The practice had clear Standard Operating Procedures for dispensary staff to follow.	Yes*
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	No
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	Yes
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	Yes
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Yes
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <p>*There were standard operating procedures in place for dispensary staff to follow. However, these procedures were not specific enough to ensure all staff were completing processes in the same way, though there was no impact on patients. After the inspection, the practice sent us reviewed standard operating procedures. Prescriptions for monthly blister packs were checked by a pharmacist to ensure the medicines were suitable for inclusion in these packs.</p>	

Track record on safety and lessons learned and improvements made

The practice had a good track record on most safety issues. The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months.	10
Number of events that required action	10
Explanation of any answers and additional evidence: Staff were encouraged to raise any areas of concern relating to safety. Staff felt confident to be able to raise issues and had confidence that these would be addressed. Reporting forms were available on the shared computer system and staff were able to give examples of events they had raised. Any near misses in the dispensary were recorded and discussed within the team.	

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

Event	Specific action taken
Incorrect dose of injectable medicine given to a child.	Immediate action taken to phone a consultant paediatrician for advice and the child's parents were informed. This event was discussed in a meeting and a review of the work of the administering clinician was undertaken.
Patient given the wrong medicine from dispensary.	The dispensary manager and pharmacist undertook a review of the incident. All dispensary staff were informed of the incident and extra checks were introduced to reduce the risk of this happening again.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes*
Staff understand how to deal with alerts.	Yes
Explanation of any answers and additional evidence: *Alerts were received by the practice manager and pharmacist. There was a system to record these alerts on a log and run a search for any patients affected. These patients were then flagged to either a GP or the pharmacist. However, we found some alerts had not been logged, although searches showed	

they had been actioned appropriately. Since the inspection, the practice informed us they will have one centralised system for the management of alerts to ensure documentation is appropriate.

Effective

Rating: Good

Please note: QOF data relates to 2016/17 unless otherwise indicated

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Explanation of any answers and additional evidence:	

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.56	0.69	0.83	Comparable with other practices

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none">Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

- The practice had a high percentage of older patients compared to the national average and supported a number of care homes. The pharmacist offered support to the care homes and completed medicines reviews.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions had 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, such as in diabetes and asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD) and hypertension.
- The practice were in line or above local and national averages for achievement for the Quality and Outcomes Framework. We reviewed unverified data from 2017/18 and found the practice had maintained a high achievement.

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) (QOF)	84.5%	82.1%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.5% (42)	10.6%	12.4%	
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) (QOF)	81.8%	79.3%	78.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.1% (39)	7.5%	9.3%	

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) (QOF)	82.8%	80.3%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.8% (98)	13.1%	13.3%	

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 preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	82.6%	77.4%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.8% (211)	6.7%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	98.2%	90.1%	90.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	17.0% (35)	11.5%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	84.3%	84.3%	83.4%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.5% (38)	3.2%	4.0%	
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) (QOF)	90.7%	88.8%	88.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.7% (25)	7.3%	8.2%	

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were above the target percentage of 90%. Children who did not attend were proactively followed up by the practice, which had helped the high achievement. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2016 to 31/03/2017)(NHS England)	153	157	97.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	116	120	96.7%	Met 95% WHO based target (significant variation positive)

(01/04/2016 to 31/03/2017) (NHS England)				
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)	117	120	97.5%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	116	120	96.7%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice's uptake for cervical screening was 77%, which was below the 80% coverage target for the national screening programme, but above local and national averages. The practice called patients who had received an abnormal test result to discuss it with the patient.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice were aware that their outcomes for patients receiving a review that had recently been diagnosed with cancer were lower than local and national averages for 2016/17. We reviewed data for 2017/18 and found a significant improvement to 93%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice had completed 505 health checks in the last 12 months.

Cancer Indicators

Indicator	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) (01/04/2016 to 31/03/2017) (Public Health England)	76.9%	73.8%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.1%	79.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	63.6%	61.1%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within	52.7%	64.4%	71.2%	N/A

6 months of the date of diagnosis. (PHE)				
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)	56.0%	54.7%	51.6%	Comparable with other practices

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice had completed 56% of reviews of patients with a learning disability since April 2018.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Population groups - 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. 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.
- The practice had created their own charitable trust that had been utilised to offer some patients cognitive behavioural therapy in a timely manner.
- 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.

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 documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.9%	93.3%	90.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

	18.1% (13)	14.8%	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)	93.4%	91.6%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.3% (11)	12.5%	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)	88.2%	84.5%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.4% (14)	8.4%	6.8%	

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. Where appropriate, clinicians took part in local and national improvement initiatives.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
Explanation of any answers and additional evidence: The practice undertook audits and quality improvement initiatives across a number of different clinical areas including prescribing opioids, splenectomy, steroids, immunosuppressants and diabetes. They were able to monitor the care they provided and highlight areas for improvement.	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	558	548	539
Overall QOF exception reporting (all domains)	3.9%	5.1%	5.7%

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

Improvement activity

The practice had completed a consent audit and found they did not always gain written consent where appropriate. They spoke about this in clinical meetings and on re-audit found a significant improvement. They planned to complete this audit again to continue to monitor performance.

The practice had been low achievers in the local area for shared care summary records. They introduced a programme of increased awareness, alongside the patient participation group and saw a significant increase in how many people had signed up.

Effective staffing

Staff have the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
Explanation of any answers and additional evidence: Staff reported that training was encouraged. The practice had assisted nurses to undertake prescribing qualifications and had upskilled reception staff to complete care navigation.	

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)	Yes

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

	Y/N/Partial
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes*

Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Yes
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed meeting minutes for multidisciplinary team meetings and found that discussion of patients was appropriate, however it was unclear who attended these meetings. Staff reported they had regular meetings with district nurses, health visitors and school nurses. Several other agencies were based within the same building as the practice including physiotherapists, ophthalmologists, district nurses and school nurses which enabled easy communication between teams.</p>	

Helping patients to live healthier lives

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

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	94.3%	95.5%	95.3%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (21)	0.8%	0.8%	

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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: The practice had completed an audit of written consent and following actions taken, noted an improvement in outcomes on the second cycle of the audit.	

Caring

Rating: **Good**

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

CQC comments cards	
Total comments cards received	30
Number of CQC comments received which were positive about the service	29
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
Comment cards	29 of the 30 comment cards received were wholly positive about the service. Comments included that staff were friendly and caring and often went the 'extra mile' to address issues. Several cards commented that patients were treated with respect and that all staff were helpful and friendly.
Interviews with patients	Patients we spoke to on the day of inspection reported they never felt rushed during appointments and clinicians listened thoroughly to patients. Patients commented that staff were approachable and caring throughout all aspects of an appointment.
NHS Choices and Friends and Family Test	The practice had received positive feedback on both NHS Choices and the Friends and Family Test (FFT). For example, the practice had received 122 comments on the FFT which were all positive. All comments on NHS Choices were positive.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15382	232	126	54.3%	0.82%

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	91.6%	89.3%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				
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 (01/01/2018 to 31/03/2018)	87.3%	87.6%	87.4%	Comparable with other practices
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 (01/01/2018 to 31/03/2018)	96.5%	95.4%	95.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	96.2%	85.8%	83.8%	Variation (positive)

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

Date of exercise	Summary of results
September 2018	<p>The practice participation group had completed a survey for the practice on patients overall rating of the practice. 5% rated the practice as 'ok', 31% as good and 64% as very good. The survey was completed by 371 patients.</p> <p>209 patients commented positively about the care itself offered by the practice, and comments related to kind, caring and friendly staff.</p> <p>There were 40 positive comments about the facilities available at the practice, including the cleanliness and relaxed atmosphere.</p>

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	Patients we spoke to on the day of inspection said they felt fully involved in their care and treatment. They told us staff took the time to explain treatment options fully and discussed benefits and potential side effects of medicine changes. Staff also wrote things down for patients or provided diagrams where patients found this easier to understand to ensure they were fully involved in their care.

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 (01/01/2018 to 31/03/2018)	99.4%	93.9%	93.5%	Variation (positive)

Question	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: There was an electronic screen in reception that was available in several languages for patients to sign themselves in. Staff were able to access translation services and there was a section of the waiting room that had leaflets available for patients.	

Carers	Narrative
Number of carers	316 patients had been identified as a carer, which was approximately 2% of the practice population.
Support for carers	The practice offered support to carers and had a close working relationship with Suffolk Family Carers, who they could refer patients to. Suffolk Family

	Carers also attended the surgery once per month.
Bereavement support in place	The practice were able to offer an individualised approach to bereavement care. All patients that had a bereavement were contacted the next day by a GP. Home visits were offered for all patients, and where patients did not require or want this, appointments or telephone appointments were offered.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
Explanation of any answers and additional evidence: Staff had several rooms that were available for patients to utilise if they did not want to sit in the waiting room. These were used, for example, where patients were distressed or upset.	

Source	Feedback
Patient interviews	Patients we spoke to on the day of inspection reported that staff always treated them with respect and dignity, including both clinical and non-clinical staff.

Responsive

Rating: **Outstanding**

We rated the practice as outstanding for all population groups and therefore the responsive key question overall because:

- There was a proactive approach to understanding the needs and preferences of different groups of people across all population groups and to delivering care in a way that met these needs. For example, exercise classes in the local community which had targeted both physical health and social issues such as loneliness. Services were tailored to meet the needs of individual people and were delivered in a way to ensure flexibility, choice and continuity of care. For example, the practice utilised the charitable trust in order to provide specialist care such as cognitive behavioural therapy and a lymphoedema nurse. The involvement of other services was integral to how services were planned to meet patient need. The practice implemented innovative approaches to providing integrated person-centred pathways of care that involved other service providers. For example, the practice had provided educational sessions for patients recently diagnosed with diabetes and had also provided this for local care homes which had received positive feedback. The practice had also fully funded a sensory room in a local care home for patients with a learning disability. Patient feedback was consistently very positive and the GP patient survey results were consistently above local and national averages and significantly higher for indicators relating to patient's needs being met and the type of appointments offered.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
Explanation of any answers and additional evidence: People's individual needs and preferences were central to the delivery of tailored services. There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. For example, the practice supported several local care homes and provided weekly ward rounds. The service was flexible to ensure busy periods were addressed, such as Christmas and bank holidays, the practice provided extra visits.	

Practice Opening Times	
Day	Time
Hadleigh site:	
Monday	7am to 6.30pm
Tuesday	7am to 6.30pm
Wednesday	7am to 6.30pm
Thursday	7am to 6.30pm
Friday	8am to 6.30pm
Boxford site:	
Monday	8am to 1pm, 3pm to 6pm
Tuesday	8am to 1pm, 3pm to 6pm
Wednesday	8am to 1pm
Thursday	8am to 1pm, 3pm to 6pm
Friday	8am to 1pm, 3pm to 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
15382	232	126	54.3%	0.82%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	99.4%	95.3%	94.8%	Variation (positive)

Any additional evidence or comments
Patients we spoke to on the day of inspection reported they could access appointments when they needed them. Reception staff had undertaken training in care navigation and could sign post patients to the most appropriate service.

Older people

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme. The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was a medicines delivery service for housebound patients. The practice had provided a private lymphoedema nurse through their charitable trust for a patient at the end of life with cancer to improve their care and comfort.

Population groups - People with long-term conditions
Outstanding

Population group rating:

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice reported they held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The provided had worked closely with local care homes and the community to provide education and support for patients recently diagnosed with diabetes. Sessions were held for patients once per month and topics such as diet, medicines, information on the condition and key symptoms were discussed. The practice had found that for the patients that attended this session, certain blood test results had improved. Within local care homes, the practice provided information on managing the condition and also provided nutritional advice to the chef of the home to best support patient's dietary requirements. The practice had completed a survey after sessions and found that 100% of patients found the presentation beneficial. Feedback from the care home was positive, with staff reporting the sessions had been beneficial and specific to their role. Outcomes on the quality and outcomes framework for indicators relating to diabetes were consistently high.
- The practice also planned to provide educational sessions in this format for patients recently diagnosed with cancer. Practice nurses had undertaken training from Macmillan nurses in order to deliver an effective information session and had already run one pilot group session.
- The practice hosted several services such as physiotherapy, ophthalmology and district nurses within the building to reduce travel for patients requiring these services.
- The practice had funded chair based exercise classes in the community through their charitable trust. The exercise programme was very popular and had a waiting list at the time of our inspection. The aims of these sessions were to reduce falls, improve physical health and improve social outcomes such as reduces loneliness within the older population.

Population groups – Families, children and young people
Outstanding

Population group rating:

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had run an 'open access' cervical smear screening clinic where patients could attend the practice for a cervical smear without the need for an appointment.
- The practice had attended a local youth project to give information of careers in healthcare.

Population groups – Working age people (including those recently retired and students)

Population group rating:

Outstanding

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. For example, extended opening hours during the mornings for patients that worked.
- The practice had a virtual patient participation group so patients who could not attend meetings due to other commitments, including work, were still able to be involved.
- The practice had launched an 'inactive to active' campaign with the patient participation group to improve general health within the community. This included a 'couch to five kilometer' run, in which staff also took part to encourage an active lifestyle.

People whose circumstances make them vulnerable
Outstanding

Population group rating:

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice had held 'dying: it matters' sessions within the community to address education around end of life decisions and advanced care planning. These sessions were open to the whole community, and not just patients registered with the practice. This had resulted in increased engagement within the community and improved social outcomes such as reduced loneliness.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating:

Outstanding

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff were trained in the mental capacity act.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who are in vulnerable circumstances or who have complex needs. For example, the practice had fully funded a sensory room in a local care home for patients with learning disabilities through their charitable trust. This enabled the care home to improve the care given to their patients.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	87.4%	79.2%	70.3%	Comparable with other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	85.0%	76.2%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	82.1%	71.0%	65.9%	Comparable with other practices
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	93.6%	80.4%	74.4%	Variation (positive)

Any additional evidence or comments

People's individual needs and preferences were central to the planning and delivery of tailored services. People could access appointments and services in a way and at a time that suited them. The practice had reviewed the access in the community and the use of the branch site in Boxford. Due to patient popularity, the practice had kept the site open. This had also resulted in reduced travel time for patients as services could be provided closer to their home.

The practice had completed a survey alongside the patient participation group in September 2018. The results showed there were 171 positive comments regarding accessing the services.

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients we spoke to on the day of inspection reported they were always able to get an appointment when they needed and phone access had improved within the practice.
Comment cards	There were several comment cards which related to access within the practice. All comments were positive regarding access and ease of booking appointments.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded/did not respond to them appropriately to improve the quality of care.

Complaints	
Number of complaints received in the last year.	13
Number of complaints we examined	Three
Number of complaints we examined that were satisfactorily handled in a timely way	Three
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement	Yes
Explanation of any answers and additional evidence: The practice recorded verbal and written complaints and responded in a compassionate, timely and open manner.	

Well-led

Rating: **Good**

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice demonstrated high quality leadership at all levels within the practice. Leaders were able to identify positive outcomes, alongside feedback from patients and utilised this to plan future care. For example, due to the popularity, feedback and outcomes from the diabetes education sessions, the practice had implemented a similar structure for cancer care and had trained nurses to be able to deliver this.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:	

Culture

The practice had a culture of high-quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes

The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff reported that there was a high morale within the practice and there was a strong team ethos. The practice identified areas of need across all population groups. They had received donations from patients and had set up a charitable trust which was utilised to provide extra services to patients, such as funding a sensory room for a local care home, a lymphoedema nurse for a patient at the end of life, cognitive behavioural therapy for patients with poor mental health and chair based exercises within the community.</p>	

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

Source	Feedback
Staff interviews	Staff felt able to raise concerns and felt the management team were approachable and would address any issues. Staff reported they attended social events together and many staff had worked at the practice for a number of years.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes*
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*Staff were clear on their responsibilities. However, we found that staff in the dispensary were not always following the standard operating procedures that were in place, though their practice was safe.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes

When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
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Appropriate and accurate information

The practice acted on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes*
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes
Explanation of any answers and additional evidence: The practice held a log of patient safety alerts which was not complete. We ran searches and found patients were identified and managed appropriately for the alerts that were not present on the log.	

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	

Feedback from Patient Participation Group

Feedback
The patient participation group (PPG) was positive about the work they had completed with the practice. They reported the practice was open to suggestions and change and had taken on ideas from the group, such as the 'inactive to active' initiative. The PPG were active in the community, with the support of the practice, to complete surveys and had a virtual group for those not able to attend meetings.

Any additional evidence

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: Staff reported that development was actively encouraged and training was available to them. The practice upskilled staff where possible, for example by training staff as care navigators.	

Examples of continuous learning and improvement

The practice worked with outside agencies such as local care homes to improve care and delivered educational sessions for patients in areas including diabetes care and diet. The practice also attended a local youth project to give talks on careers in healthcare.

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 comparable, 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 comparable 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.

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](#)).