Care Quality Commission

Inspection Evidence Table

R J Mitchell Medical Centre (1-5264202111)

Inspection date: 12 December 2018

Date of data download: 04 December 2018

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18 and the previous provider.

Safe Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y*
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y*
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, community midwives and social workers to support and protect vulnerable adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence: *The safeguarding policy for vulnerable adults did not refer to all categories of abuse. For example, human trafficking. *A register for vulnerable adults and children had been put in place since our previous inspection. We saw that there were alerts on the records of this group of patients to alert staff.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y*
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
Explanation of any answers and additional evidence: *We reviewed the files of seven members of staff. Six of the files contained all the required recruitment documentation. However, we found that all the required information was not available for one of the GP partners. For example, a satisfactory written explanation of a gap in employment history, and satisfactory evidence of conduct in previous employment. Following our inspection, the provider forwarded to us the required information.	

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:	Y February 2018
There was a record of equipment calibration. Date of last calibration:	Y January 2018
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check:	Y 5 February 2018
There was a log of fire drills. Date of last drill: RJ Mitchell Medical Centre Waterhayes Surgery	Y 8 November 2018 3 October 2018
There was a record of fire alarm checks. Date of last check:	Partial*
There was a record of fire training for staff.	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion:	Y 15 November 2018
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: *The practice used an air-compressor horn to alert people in the event of a fire which were checked at each fire drill. We saw that a quote to install an electrically operated alarm system had been obtained. An asset register of all the equipment held at the practice was not in place to ensure that all equipment at the practice was checked. The practice told us they would update this.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y 23 February 2017
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 2 May 2018

Explanation of any answers and additional evidence:

Legionella risk assessments had been carried out at the main and branch practice in February 2018.

Electrical checks had been carried out at RJ Mitchell Medical Practice in September 2017 and at Waterhayes Surgery in March 2018.

We also saw that a risk assessment had been completed to ensure the needs of a member of staff were met.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: RJ Mitchell Medical Centre Waterhayes Surgery	 19 October 2018 26 October 2018
The practice had acted on any issues identified in infection prevention and control audits.	Y*
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: *We saw that action had been carried out to mitigate potential risks. For example, the audit had identified a non-wipeable chair in the reception area. This had been condemned and replaced with an appropriate chair.	

Risks to patients

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

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

When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

Explanation of any answers and additional evidence:

*The practice had established a ‘what’s app’ group to ensure that in the event of staff absence managers were alerted immediately. Additional staff were put in place to cover clinics and surgeries if a clinical member was unable to attend work. Staff we spoke with told us that managers responded immediately and that the system was extremely effective.

*At our previous inspection, non-clinical staff had not received training in identification of the rapidly deteriorating patient. At this inspection we found that staff had not received formal training. However, there were posters in the reception area to alert receptionists to the signs and symptoms of sepsis. Staff we spoke with were aware of these and could also describe the action they would take in the event of other serious conditions, for example, a patient with severe chest pain.

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Partial*
Explanation of any answers and additional evidence: *Non-clinical staff had received training in work flow throughout the practice. Non-clinical staff we spoke with told us that when hospital discharge letters were received into the practice they reviewed them and if there were no actions required by a GP, for example medication changes or referrals to another service, they filed the letters in patients' records without GP oversight. However, there was no overarching system in place to monitor the effectiveness of this. The provider stopped this process on the day of the inspection. They told us that all hospital letters would be reviewed by a GP before they were filed until a monitoring process had been established. They also told us that non-clinical staff would be provided with training in transcribing.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Please note the data below relates to the previous provider.

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) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.86	1.03	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	4.7%	8.0%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial*
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y*
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y

Medicines management	Y/N/Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Explanation of any answers and additional evidence:

*We saw that prescription stationery was stored securely. However, the system for tracking prescription stationery throughout the practice had been discontinued following our previous inspection. This was because the provider was unclear of the sequencing of the prescriptions. The practice re-instated their previous system before the end of the inspection.

*Following our previous inspection, the new provider had made significant improvements in the management and prescribing of high risk medicines, controlled drugs and Medicines and Healthcare products Regulatory Agency (MHRA) alerts. We found that a medicines optimization team had been put in place at the practice and that audits had been carried out to ensure prescribing was in line with national guidance.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	12
Number of events that required action:	12
Explanation of any answers and additional evidence: Significant events were recorded on a spreadsheet and divided into type and one of the five CQC questions. This enabled the practice to quickly identify trends in the type of significant events that had occurred and to act to address them. We saw that significant events were discussed at practice meetings with all staff. If learning needed to be shared urgently, the practice used a notification system within their internal computer systems.	

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

Event	Specific action taken
Raised voices were heard in a GP consultation room. A patient was shouting at the GP.	This was discussed with all staff who were informed of the need to call for help and press the panic button. This would ensure staff received appropriate support. The significant event was discussed at a review meeting.
A hospital discharge letter was received by the practice informing them to increase the dosage of a medicine prescribed for a patient. However, the quantity entered was incorrect giving the patient an extra nine weeks supply each month.	All prescriptions were amended and changed to weekly quantities before the patient received the incorrect dosage. The pharmacy was also informed. It was agreed that transcribing training would be provided for all staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Effective Rating: Good

The practice was rated as good for providing effective services and in all population groups except for people with long-term conditions which was rated as requires improvement. This was because:

- **163 patients who had a potential diagnosis of pre-diabetes had not been coded correctly within the practice's computer system or followed up with the appropriate blood monitoring. It was not clear if they had been offered appropriate education, information or lifestyle advice to improve their health outcomes.**

Effective needs assessment, care and treatment

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

Please note the QOF data relates to the previous provider.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.50	0.86	0.81	No statistical variation

Older people Population group rating: Good

Findings
• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. The community assessment team (CAT) worked with the GPs to carry out a full

assessment of their physical, mental and social needs.

- The practice followed up older patients discharged from hospital. It 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.
- Health checks were offered to patients over 75 years of age. The practice had access to the elderly care facilitator team to support older patients who were frail.

People with long-term conditions Population group rating: Requires improvement.

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicine needs were being met. A system of recalling patients for a review in their birth month had been implemented. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring (ABPM). The provider had developed detailed guidelines to support the use of and management of patients using ABPM.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice used both local and national personalised management plans for patients with diabetes, asthma and COPD.

However:

We ran a computer search and identified 163 patients who had a potential diagnosis of pre-diabetes. None of these patients had been coded correctly within the practice's computer system or followed up with the appropriate blood monitoring. It was not clear if they had been offered appropriate education, information or lifestyle advice to improve their health outcomes. Following our inspection, the practice reviewed the data and sent us a comprehensive risk assessment and action plan detailing the measures they had put in place to address the issue.

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	72.1%	79.7%	78.8%	No statistical variation

Exception rate (number of exceptions).	6.6% (19)	12.9%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	77.5%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	2.8% (8)	10.4%	9.8%	N/A

	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	79.6%	81.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.3% (18)	15.5%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	75.0%	77.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (5)	9.8%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.8%	92.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	3.3% (3)	12.1%	11.5%	N/A

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 (01/04/2017 to 31/03/2018) (QOF)	81.2%	83.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (16)	4.4%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	95.3%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (1)	5.4%	6.7%	N/A

Families, children and young people — Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. However, the actions taken were not always recorded in patients' records.
- Young people could access services for sexual health and contraception.
- The practice offered postnatal checks for women following the birth of a child.
- The practice offered family planning service including the insertion of coils.
- The practice had started to hold multidisciplinary safeguarding meetings with other professionals. For example, a social worker and health visitor.

Child Immunisation	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) (01/04/2017 to 31/03/2018)(NHS England)	57	59	96.6%	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) (01/04/2017 to 31/03/2018) (NHS England)	50	52	96.2%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) (NHS England)	50	52	96.2%	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) (01/04/2017 to 31/03/2018) (NHS England)	50	52	96.2%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. For example, the health care assistant told us they had identified several patients with hypertension. They had referred these patients to the GP to ensure the appropriate care and treatment was provided.
- The provider had recently launched a new practice website. They were in the process of aligning the computer systems within the practice with those of the wider network of GP practices to enable patients to book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical	73.2%	74.8%	72.1%	No statistical variation

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)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) **(PHE)**	71.6%	76.7%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)**(PHE)**	51.8%	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 6 months of the date of diagnosis. **(PHE)**	20.0%	70.4%	71.3%	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)	52.2%	59.0%	51.6%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme. We spoke with the practice nurse who had recently started to work at the practice. They were aware the target was below the national target and planned to work with practice nurses from GP practices within the wider network of GP practices to decrease the deficit.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way, with palliative care nurses from the local hospice, which took into account the needs of those whose circumstances may make them vulnerable. However, it was not clear how the practice shared information with the out of hours service for this group of patients. The provider informed us that when the computer systems were aligned they would use special notes to share information with the out of hours service.
- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. One clinical member of staff described the safeguarding actions they had taken to protect a vulnerable patient.

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 medication.
- 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 committed to training all staff in suicide prevention. The health care support worker had completed this training and training was planned for the remaining staff to complete in 2019.
- 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.
- All staff had received dementia training in the last 12 months.
- When appropriate, patients were referred to local Improving Access to Psychological Therapies (IAPT) services such as the Wellbeing Service and Younger Minds.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	75.0%	90.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.7% (2)	15.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	79.2%	91.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (2)	11.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.6%	85.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	9.1%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	522.94	526.74	537.5
Overall QOF exception reporting (all domains)	4.1%	6.0%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y

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

- An audit had been carried out to ensure that all patients on controlled drugs had an annual medication review which included the name of the drug, formulation, strength, quantity and duration of treatment. The audit identified that 95% of patients were within the audit standards. However, 5% of patients did not conform to the audit standards. These patients were called for a review of their medication and amendments made where needed. A second search was completed three months later which demonstrated that 100% of prescribing for controlled drugs was in line with the audit standards.
- An audit had been carried out to ensure that 100% of patients on disease-modifying antirheumatic drugs (DMARDs) were reviewed as per audit standards and appropriate blood tests requested accordingly and, 100% of patients on methotrexate had been co-prescribed folic acid. DMARDs are a category of medicines used to slow down disease progression in rheumatoid arthritis. Following the first search, changes were made to the repeat prescription templates. Subsequent searches showed improvements had been made. To reinforce the maximum of three prescription issues each 28 days, alerts were set up on the practice's computer system to prompt GPs to check the most recent blood results and the maximum number of issues to be re-authorised before prescriptions were issued.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of a level three National Vocational Qualification in Health and Social Care for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses and pharmacists.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
The practice was part of a wider network of GP practices. This enabled all staff at the practice to attend two monthly clinical or non-clinical training sessions to share learning across these GP practices. This included face to face teaching and shared learning from complaints and significant events.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Partial
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Any additional evidence or comments
• 163 patients who had a potential diagnosis of pre-diabetes had not been coded correctly within the practice's computer system or followed up with the appropriate blood monitoring. It was not clear if they had been offered appropriate education, information or lifestyle advice to improve their health outcomes. Following our inspection, the practice reviewed the data and sent us a comprehensive risk assessment and action plan detailing the measures they had put in place to address the issue.

Smoking 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 (01/04/2017 to 31/03/2018) (QOF)	95.2%	96.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (1)	1.0%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: The practice used consent forms to record informed consent to minor surgery carried out at the practice.	

Caring Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	19
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	2

Source	Feedback
CQC comment cards	Patients told us that staff were professional, polite and helpful. They told us they were treated with dignity and respect.

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 changed in 2018. Also, the data below relates to the previous provider.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4455	299	98	32.8%	2.20%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	87.2%	90.7%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	89.4%	89.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	93.7%	97.3%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	75.2%	85.9%	83.8%	No statistical variation

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

Any additional evidence
The practice had carried out an in-house survey in November 2018. We saw that where issues were identified an action plan was put in place to address them. For example, 31% of patients surveyed stated they were not informed by reception staff if the clinic was running late. In response to this, a group of managers spent time with the receptionists making them aware of the following; 1. To be vigilant of how many patients are waiting in the reception area. 2. When patients book in at the reception desk make them aware if their appointment will be delayed. 3. Keep patients informed regularly if the clinic is running late. The practice carried out the Friends and Family test. Throughout August 2018 – October 2018 the practice received 176 responses across both of their practices. Of those that responded: • 115 stated they were extremely likely to recommend the practice to their friends and family. • 50 stated they were likely to recommend the practice to their friends and family. • 8 stated they were neither likely or unlikely to recommend the practice to their friends and family. • 2 stated they were extremely unlikely to recommend the practice to their friends and family. • 1 stated they did not know.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
CQC comment cards.	Patients told us they felt listened to and named specific staff who they found it easy to talk with.

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	91.5%	95.0%	93.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	N
Information about support groups was available on the practice website.	Partial*
Explanation of any answers and additional evidence: *At the time our inspection the practice had two websites. One was maintained by the patient participation group and contained links to several support groups. The practice's new website was launched on 9 December 2018 however, this was not complete and did not contain links to support groups.	

Carers	Narrative
Percentage and number of carers identified.	There were 88 carers registered with the practice (2% of the practice population).
How the practice supported carers.	Carers were offered annual flu immunisations and sign posted to support agencies such as The North Staffordshire Carer's association.
How the practice supported recently bereaved patients.	If the practice was aware that a patient had suffered a recent bereavement a GP called the patient to offer support. They also sign posted them to local bereavement services, for example The Dove Centre.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Partial*
Explanation of any answers and additional evidence: *Multidisciplinary palliative care meetings were held to discuss patients nearing the end of their life. However, they were not always held three monthly in line with national guidance. The practice used detailed palliative care templates to plan the care of this group of patients.	

Practice Opening Times	
Day	**Time**
Opening times (for both sites):	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 1pm
Friday	8am – 6.30pm
Appointments available (for both sites):	
Monday	9am-11.30am and 3pm-5pm
Tuesday	9am-11.30am and 3pm-5pm
Wednesday	9am-11.30am and 3pm-5pm
Thursday	9am-11.30am
Friday	9am-11.30am and 3pm-5pm
Extended hours opening	
North Staffordshire GP Federation Extended Hours Primary Care Services Programme: Monday to Friday 4pm to 8pm & Saturday 9am to 4pm at five locations: • Hanley Primary Care Access Centre ST1 1LW • Haywood Hospital ST6 7AG • Bradwell Community Hospital ST5 7NU	

- Longton Cottage Hospital, ST3 4QX
- Leek Moorlands Hospital ST13 5BQ

National GP Survey results: Please note that the data below relates to the previous provider.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4455	299	98	32.8%	2.20%

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)	93.3%	96.5%	94.8%	No statistical variation

Older people — Population group rating: Good

Findings

- The practice was responsive to the needs of older patients. The practice maintained a list of older patients who were housebound and offered home visits and domiciliary immunisations to this group of patients. Urgent appointments were offered to those with enhanced needs and complex medical issues.
- A team of elderly care facilitators (ECF) provided additional support to patients at a high risk of unplanned hospital admissions. The EDF carried out holistic assessments of patients and referred them to appropriate services for additional support. For example, occupational therapy, befriending services and benefit support.
- The practice provided care and treatment to older patients living in four nearby care homes. We spoke with the managers from two of the homes. They told us the practice was responsive to their requests for home visits for patients and that prescription requests were responded to in a timely manner. The practice nurse carried out patient annual reviews and flu immunisations at the care home.

People with long-term conditions — Population group rating: Good

Findings

- The nursing team provided reviews for patients with long-term conditions. Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised with the integrated local care team (ILCT), a team a team that included health and social care professionals, to discuss and manage the needs of patients with complex medical issues.
- New patients were offered a new patient health check. Patients identified as having a long-term condition were followed up appropriately.

Families, children and young people Population group rating: Good

Findings
• We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records and minutes we looked at confirmed this. • All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. • To meet the needs of patients who wished to be seen by a female GP, a female GP was available one day a week for consultations.

Working age people (including those recently retired and students)

Population group rating: Good

Findings
• The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. • Patients who were unable to attend within normal working hours were offered appointments outside of core hours at five locations across the city.

People whose circumstances make them vulnerable

Population group rating: Good

Findings
• The practice held a register of patients living in vulnerable circumstances including carers 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 adjusted the delivery of its services to meet the needs of patients with a learning disability. A register of patients with a learning disability had been introduced by the practice. This group of patients were offered annual health reviews and longer appointments if needed. • For patients whose first language was not English, the practice had access to a telephone interpretation system. In addition, several clinical staff spoke other languages such as Urdu, Hindi, Punjabi and Persian. • Staff had received training to identify and support patients at risk of domestic abuse.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings
• Priority appointments were allocated when necessary to those experiencing poor mental health. • Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. • Staff had received training in suicide prevention. • The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results: The data below relates to the previous provider.

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	49.6%	66.1%	70.3%	N/A
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)	63.7%	70.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	63.5%	67.3%	65.9%	No statistical variation
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)	72.2%	76.7%	74.4%	No statistical variation

Any additional evidence or comments
The national GP survey results for the previous provider demonstrated that patient satisfaction was below the local and national average regarding how easy it was to get through to someone at the practice on the telephone. The new provider was aware of this and had plans in place to improve telephone access. For example, they were aligning the computerised systems at the practice with their wider network of GP practices. When this is completed all telephone calls will be handled through a central call centre by trained call handlers.

Source	Feedback
CQC comment	Six of the 19 comment cards we received commented on the difficulties patients

cards	had in accessing appointments.
Friends and Family Test	Feedback demonstrated that access to appointments was a recurring concern for patients.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	8
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y*
There was evidence that complaints were used to drive continuous improvement.	Y

Explanation of any answers and additional evidence:

*A poster in the reception areas informed patients how they could make a complaint. There were complaint leaflets behind the reception desk however, they were not readily available. Before the end of the inspection, the leaflets were put in the waiting rooms for patients to access.

The practice recorded verbal and written complaints on a spreadsheet. Complaints were divided into complaint types and one of the five CQC key questions. This enabled the practice to quickly identify trends in the type of complaints they received and act to address them. Complaints were a standard agenda item for discussion at practice meetings.

Examples of learning from complaints.

Complaint	Specific action taken
GP taking personal calls during consultation.	The GP was informed that phones must be kept on silent during consultations and not answered during consultations. If urgent, they were told they must to leave the room.
A patient waited over an hour to be seen for their appointment.	An apology and explanation was given to the patient. The practice identified that there had been a trend in complaints relating to delays in access to appointments. This was discussed at the management meetings and GP partners provided additional support to the GP concerned.

Well-led Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y*
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Y

Explanation of any answers and additional evidence:

The practice was previously rated inadequate and placed in special measures. There was a change in provider in May 2018. This provider submitted an action plan to address the previous issues we had identified. During this inspection we found that the action plan had been followed and there had been a significant improvement throughout all of our key questions. The provider was aware of ongoing areas they needed to develop and had plans in place to do so. For example, migration from the existing computer system to a new one and development of existing staff. The provider had been effective in managing the change and staff spoke extremely positively about how they had been included in the process and of the improvements made for both staff and patients.

Vision and strategy

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

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

The practice's vision was:

To improve the health, well-being and lives of those we care for. To work in partnership with our patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y*
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y*
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
*We found that where behaviour was inconsistent with the vision and values of the practice that the provider had taken action to address it. *Where risks to staff were identified, risk assessments had been completed. For example, a work station risk assessment had been completed to support staff working in the reception area.	

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

Source	Feedback
Interviews with staff.	Staff we spoke with were extremely positive about the changes made within the practice. They told us that the new provider was very supportive and patients had commented favourably about the changes made.

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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: • There was a recruitment policy in place however it did not refer to explaining gaps in employment history or checking photographic proof of identity. Following our inspection, the provider submitted an updated recruitment policy that included these omissions.	

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.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

Feedback
Prior to our inspection we spoke with a member of the patient participation group (PPG). They told us the new provider had listened to their concerns and involved the PPG in decisions about the practice. For example, the new provider did not plan to merge the PPG at this practice with their other practice. The PPG highlighted it would be helpful for the two PPGs to meet once or twice a year to identify if there were any common concerns across the practices and the provider supported this view. The PPG told us that the new provider was embracing new technology and a text message reminder service was to be put in place. They also told us that the provider had shown the PPG around the head office and explained how their internal governance systems worked. They felt confident there was a positive change in culture within the practice.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement
• The provider embraced the development of technology to improve the delivery for their service. For example, the practice was in the process of transitioning to a new computer system that would support a text messaging service, sharing of information with the out of hours service and improved telephone access to appointments. • The provider had established a ‘what’s app’ group to ensure that if staff needed to raise an issue quickly they received a prompt response from the appropriate manager. • To provide more face to face time for GPs to spend with patients and ensure patients received

the most appropriate service, the provider had introduced additional professional disciplines into the practice. For example, a medicines optimization team and a community assessment team.

- The provider implemented innovative ways of working with the PPG. For example, a member from the PPG was invited to staff meetings to discuss learning from significant events and complaints. (No patient identifiable information was disclosed during this meeting).
- Staff at the practice attended two monthly clinical or non-clinical training sessions to share learning across all GP practices. This included face to face teaching and shared learning from complaints and significant events.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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: https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices

Glossary of terms used in the data.

- **COPD**: Chronic Obstructive Pulmonary Disease
- **PHE**: Public Health England
- **QOF**: Quality and Outcomes Framework
- **STAR-PU**: Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.