

Care Quality Commission

Inspection Evidence Table

Mortimer Surgery (1-546069896)

Inspection date: 27 November 2018

Date of data download: 13 November 2018

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

Safe

Rating: Requires Improvement

Safety systems and processes

The practice did not always have 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.	Partial
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required	Partial
Staff who acted as chaperones were trained for their role.	Partial
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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We found an inconsistent recording system for children with safeguarding concerns as not all had flags on the patient record to highlight the concerns to staff seeing these patients	

- Safeguarding adults training was last completed in April 2016. The practice training spreadsheet stated that it should be completed annually. Although the levels of training were in line with national guidance the monitoring of safeguarding training was not in line with the practice policy.
- During the inspection we were told that the provider's policy was to undertake a DBS check every five years and the spreadsheet in which they were logged stated this too. Following the inspection, the provider sent us their policy which did not specify a time frame. The member of staff responsible for doing these checks was not aware of their responsibilities in relation to DBS checks.
- Three members of non-clinical staff who undertook chaperoning duties told us they would and have stood outside of the curtain so that they could hear what was being said but not see what was happening and would not know if an examination was appropriate for the procedure being undertaken. This would mean they were not chaperoning appropriately.

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
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: March 2018	Y
There was a record of equipment calibration. Date of last calibration: March 2018	Y
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Y
Fire procedure in place.	Y
There was a record of fire extinguisher checks. Date of last check: July 2018	Y
There was a log of fire drills.	Y
There was a record of fire alarm checks.	Y
There was a record of fire training for staff. Date of last training: January 2017	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: July 2018	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety Premises/security risk assessment carried out.	Y
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Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Y
Staff had received effective training on infection control.	Y
Date of last infection control audit: 14/05/2018	Y
The provider had acted on any issues identified in infection control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a protocol on place for any sharps injuries. • Infection control was managed by the nursing team. Audits were undertaken annually and any issues were rectified appropriately. 	

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.	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 clinician 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 provider assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Reception staff we spoke with were aware of some symptoms relating to a deteriorating patient but had limited knowledge on red flag symptoms for sepsis. Staff told us they were not aware of a tool available for them to use to identify these symptoms. • Following the inspection, the provider sent us a tool that was available for staff to use. There was a lack of staff awareness and knowledge relating to this area. 	

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 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.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • All test results and referrals were managed and checked on a regular basis to ensure all were appropriate and actioned. Any abnormal or concerning test results were actioned by one of the clinicians in a timely manner. 	

Appropriate and safe use 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)	1.07	0.85	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)	11.1%	8.5%	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.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example audits for 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
Up to date local prescribing guidelines were in use.	Y
Clinical staff were able to access a local microbiologist for advice.	Y
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Medicines that required refrigeration were appropriately stored, monitored and	Y

transported in line with PHE guidance to ensure they remained safe and effective in use.	
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Prescribing was underpinned by a comprehensive prescribing policy which was reviewed and updated as required. • In relation to the monitoring of high risk medicines, the practice ensured that an appropriate blood test result was present before a prescription could be issued. • The practice had emergency medicines to cover medical situations that might arise, this was stored in a treatment room and checked regularly by one of the nursing team. 	

Dispensary services	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
Access to the dispensary was restricted to authorised staff only.	Y
The practice had clear Standard Operating Procedures for dispensary staff to follow.	Y
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Partial
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.	Y
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.	Y
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.	Y
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	Y
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	Y
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	Y
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> • There had been a number of significant events/errors relating to the dispensary and blister packs. The previous action implemented was to give the staff member a separate room to make up the blister packs to ensure there were no interruptions. The practice had not identified that there had been a number of errors since this change and the blister packs were not second checked by another staff member. • Dispensary staff told us that although the practice policy was to always ask for two methods of identification (Name, Date of Birth, Address of patient) when dispensing a medication that they did not always do so as they knew the patients well. 	

- Systems were in place in the dispensary to deal with any medicines recalls, and records kept of actions taken.
- The practice had arranged a medicines delivery service to secure collection sites in surrounding villages. Appropriate risk assessments had been undertaken for these sites and security and confidentiality had been assured. The practice had a comprehensive process to ensure prescriptions were tracked between the delivery sites and the dispensary.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months.	14
Number of events that required action	11
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff were encouraged to raise any areas of concern relating to safety. The identification and analysis of significant events was clear, honest and open. The spreadsheet on which all significant events were recorded was comprehensive and easy to read and analyse for trends. The process was underpinned by a comprehensive significant event policy and protocol, both of which were regularly reviewed. 	

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

Event	Specific action taken
Missed communication from a care home	A new process was implemented to ensure all communications were received and acted upon.
Two week wait referral not completed	A new system for GP's to complete the referral with the patient present was introduced to ensure it was dealt with in a timely manner.

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

Effective

Rating: Good

Please note: QOF data relates to 2017/18 unless otherwise indicated

Effective needs assessment, care and treatment

Peoples' needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	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
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y

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) <small>(NHSBSA)</small>	0.77	0.60	0.83	Comparable with other practices

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none">Older patients who were 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. 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.Medication reconciliations were completed by the practice's medicine management team on receipt of discharge and any amendments documented and shared with appropriate clinicians.The practice completed proactive, personalised digital care plans on patients on the palliative care register, with dementia, and those at high risk of admission to share information regarding long term conditions and patient's wishes with Out of Hours and ambulance services.

Findings
<ul style="list-style-type: none"> 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. 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 could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. The practice’s performance on quality indicators for long term conditions was comparable with local and national averages. The practice offered annual checks for pre-diabetes patients offering lifestyle advice, dietary modification, dietician referrals and further reviews. Exception reporting for Diabetes indicators was higher than the CCG and national averages in two of the sub-indicators. This affected around 129 patients. The practice could not explain why the level of exception reporting was high. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This meant that patients with diabetes were not always getting the reviews and related treatment they needed. Following the inspection, the provider sent us further information stating that patients are recalled for reviews but are excluded from monitoring if they do not respond to three recalls or give notice that they do not wish to be monitored. The provider stated that most exceptions are done because patients are unable to meet individual targets. There was no further evidence provided to justify that the levels of exception reporting were higher than the other local and national averages.

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 (01/04/2017 to 31/03/2018) (QOF)	86.4%	77.2%	78.8%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.8%	78.8%	77.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.4% (128)	8.6%	9.8%	

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.6%	78.6%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.4% (80)	12.2%	13.5%	

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.7%	75.7%	76.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.7% (12)	5.2%	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.5%	90.5%	89.7%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	10.2% (21)	9.9%	11.5%

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)	79.2%	82.0%	82.6%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	6.9% (123)	3.0%	4.2%

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 (01/04/2017 to 31/03/2018) (QOF)	97.2%	93.3%	90.0%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate
	9.2% (18)	6.9%	6.7%

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had systems in place to encourage uptake of childhood immunisations. Childhood immunisation uptake rates were above the target percentage of 90% in all areas. The practice had achieved 96% for all childhood immunisations uptake, this was significantly above the national target. The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. The practice operated a weekly integrated child health clinic with a doctor undertaking baby checks and nurses undertaking vaccinations. Appointments were available on Saturdays and after school for children.

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 influenzae type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	111	116	95.7%	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)	101	105	96.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	101	105	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)	101	105	96.2%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice's uptake for cervical screening was comparable to CCG and national averages. The national target is 80% and the practice achieved 79%. The practice had a system in place to ensure all cervical screening samples taken had a result received into the practice. The practice's uptake for breast and bowel cancer screening was higher than the national average. The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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)	78.5%	72.5%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	76.2%	73.5%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	65.5%	58.1%	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)	66.7%	77.0%	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)	42.9%	55.7%	51.6%	Comparable with other practices

People whose circumstances make them vulnerable

Population group rating: Good

Findings
<ul style="list-style-type: none"> • End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. • The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Currently there were no homeless or travellers on the patient register. • The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. • The practice worked with vulnerable or complex patients with difficult social circumstances to appropriate support services. • The practice had identified 2% of the patient list as carers. • There was a carers champions at the practice: to support carers, help with appointments & services. • A carer's information pack was available. Carers were coded on the notes and invited for flu vaccines.

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 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.
- 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.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was above local and national averages.
- Exception reporting for Mental Health indicators was higher than the CCG and national averages in two of the sub-indicators.
- The practice could not explain why the level of exception reporting was high. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. This meant that patients with mental health concerns were not always getting the reviews and related treatment they needed.
- Following the inspection, the provider sent us further information stating that patients are recalled for reviews but are excluded from monitoring if they do not respond to three recalls or give notice that they do not wish to be monitored. The provider stated that most exceptions are done because patients are unable to meet individual targets.
- There was no further evidence provided to justify that the levels of exception reporting were higher than the other local and national averages.

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 (01/04/2017 to 31/03/2018) (QOF)	96.3%	92.1%	89.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	18.2% (6)	12.6%	12.7%	

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 (01/04/2017 to 31/03/2018) (QOF)	96.2%	90.9%	90.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	21.2% (7)	10.3%	10.5%	
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 (01/04/2017 to 31/03/2018) (QOF)	90.0%	84.4%	83.0%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.1% (3)	6.0%	6.6%	

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	553	540	540
Overall QOF exception reporting (all domains)	6.3%	5.1%	5.8%

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.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice used information about care and treatment to make improvements. The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. 	

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

Improvement activity
<ul style="list-style-type: none"> Audit of minor operations - Looked at consent and infection rates. All patients had written consent prior to surgery and none had any reports of infection.

- Dementia case finding audit - review of referrals to memory clinic, cross referencing with memory clinic register and review of prescribing to ensure accurate coding of this problem. The practice found six cases that were not on the dementia register and updated the system to reflect this.

Effective staffing

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 on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed	Partial
The provider had a programme of learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Clinical staff that we spoke with had the knowledge and skills to undertake their roles. • Although the learning needs of staff were assessed and there was a programme of training in place, compliance with this programme was not monitored. There were a number of update training gaps identified. 	

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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	Yes

Staff worked together and with other organisations 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.	Y
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Y
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area. Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. Chronic disease management meetings were held regularly to ensure that opportunities to review patients with long term conditions was maximised. However, exception reporting for some long-term condition QOF indicators was higher than local and national averages. Palliative care meetings took place monthly and were attended by clinicians, administration staff and representatives from the community palliative care team. Meeting minutes were clear and unambiguous. Regular nurse's meetings were held and well attended, minutes of these meetings were clear and well documented. 	

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Explanation of any answers and additional evidence:

- 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.
- Staff encouraged and supported patients by referring to social prescribing schemes.

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)	90.8%	94.3%	95.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.8% (22)	0.7%	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.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We noted that consent was recorded both in patient notes and on consent forms where appropriate. • The consent process was underpinned by a consent policy which was regularly reviewed and updated as required. • Staff knowledge of the mental capacity act was appropriate for the work they undertook. The practice had not provided mental capacity act training or checked the competence of staff in this area. 	

Caring

Rating: Good

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	25
Number of CQC comments received which were positive about the service	25
Number of comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received

Source	Feedback
Patient interviews	Patients we spoke with on the day of the inspection told us staff were always kind and respectful and that the reception staff went the extra mile.

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
11474	233	113	48.5%	0.98%

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)	96.4%	89.8%	89.0%	Comparable with other practices
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	92.3%	87.1%	87.4%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				
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)	97.2%	95.6%	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)	95.1%	83.6%	83.8%	Comparable with other practices

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

Date of exercise	Summary of results
October & November 2018 (during flu clinics)	75% of patients were likely or extremely likely to recommend the practice to their family and friends.

Any additional evidence
<ul style="list-style-type: none"> The practice held an annual review meeting of SEA/Complaints/Comments to discuss themes or recurrent issues were identified and then actioned as appropriate. Actions taken following feedback in the last 12 months include adding a water dispenser to the waiting area, changing the layout of reception to reduce noise levels and more active signposting within the practice.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and comments cards.	Patients told us they were always involved in decisions regarding their care and that all options were discussed with them.

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)	97.7%	94.5%	93.5%	Comparable with other practices

Question	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and numbers of carers identified	The practice had identified 2% of the practice list as carers
How the practice supports carers	<ul style="list-style-type: none"> • Two carer champions at the practice: to support carers, help with appointments & services. • Carers pack available, "Carers" coded on the notes and invited for flu jabs. • Annual carers talk arranged through the PPG with known carers invited.

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

	Narrative
Arrangements to ensure confidentiality at the reception desk	The reception desk was some distance from the seating area in the waiting room. There was a notice at the reception desk informing patients that if they required additional confidentiality this could be accommodated and they should inform reception staff.

Source	Feedback
CQC patient comment cards	Patients all said the practice had caring staff who treat you with concern and respect.
Patient Interviews	Patients told us that staff were kind and caring and responded to their needs.

Responsive

Rating: Good

Responding to and meeting people's needs

The practice took account of peoples' needs and choices so that people received personalised care that was responsive to their needs.

	Y/N/Partial
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.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All consultation rooms at the practice were on the ground floor and provision had been made for wheelchair users. The practice offered a same day access clinic every afternoon for patients who needed to be seen on the day. The practice operated under a personal list model to ensure that patients were given continuity of care as much as possible. 	

Practice Opening Times	
Day	Time
Appointments available:	
Monday	08.00 – 18.30
Tuesday	08.00 – 18.30
Wednesday	08.00 – 18.30
Thursday	08.00 – 18.30
Friday	08.00 – 18.30
Extended hours	Occasional Saturday mornings

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11474	233	113	48.5%	0.98%

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)	98.9%	94.2%	94.8%	Variation (positive)

Older people

Population group rating: Good

Findings

- All patients were treated by named GPs 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.
- The practice administration team contacted all elderly patients who were discharged from hospital following a non-elective admission.
- The practice signposted or referred to appropriate services depending on the patient needs.

Population groups - People with long-term conditions

Population group rating: Good

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 held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Longer appointments were offered to review long-term conditions.

Population groups – 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 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.
- Appointments were available on Saturdays and after school for children.

- The practice actively encouraged family registration with a single GP for continuity.

Population groups – 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. For example, extended opening hours on Saturday morning and evening appointments.
- The practice had established a website, with a link from the main practice site, that included health advice. This was available to patients that worked and found it difficult to attend the practice during opening hours for an appointment.
- The practice offered nurse led travel clinics every week.
- Early appointments were offered to suit working women to attend well woman health clinics.
- The practice offered daily telephone consultations for patients to speak to their registered GP or a GP of their choice with an aim of improving continuity of care, providing further access to patients and reducing the need for patients to take time off work.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, veterans and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Carers were identified and offered annual health checks, annual flu vaccinations and were screened for problems such as depression and anxiety.

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

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led regular mental health and dementia appointments for those patients identified. Patients who failed to attend were proactively followed up by a phone call.
- Practice staff were dementia trained.
- The practice used template for mental capacity assessments and best interest evaluations.

Timely access to the service

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

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)	83.4%	73.1%	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)	72.9%	68.8%	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)	70.6%	64.8%	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)	81.2%	74.6%	74.4%	Comparable with other practices

Examples of feedback received from patients:

Source	Feedback
Patient interviews	Patients we spoke with told us it was usually very easy to obtain an appointment and that reception staff were very accommodating.

Listening and learning from concerns and complaints

Complaints	
Number of complaints received in the last year.	15
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a comprehensive complaints policy and procedure. • The complaints we examined had been recorded, responded to and investigated in a proportionate and appropriate manner. • We noted that complaints were regularly discussed at practice meetings and daily discussions. • The practice reviewed its complaints to identify trends and learning. 	

Well-led

Rating: Requires Improvement

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.	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:	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had reviewed and planned its delivery of care which had involved a review of current and future demand both in the short and long term, consideration of the best methods to meet demand and the structure of the assets and staff to best meet that demand.• Regular monthly meetings were held, agendas and minutes of meetings demonstrated that the leadership took a structured and detailed approach to achieving its aims and objectives and ensuring patient safety, staff welfare and effective systems and processes.	

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.	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
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Quarterly staff meetings were held, these were well structured and included content aimed at improvement at all levels. Staff were aware of the practice "Whistleblowing" policy and how to raise concerns. 	

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

Source	Feedback
Staff interviews	Staff told us they felt involved in decisions on how the practice was managed. Nursing staff said they had prompt access to GPs when they needed clinical advice.

Governance arrangements

The overall governance arrangements were sometimes ineffective.

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	N
Staff were clear about their roles and responsibilities.	N
Explanation of any answers and additional evidence: <p>We found issues with the implementation and the monitoring of governance systems. For example:</p> <ul style="list-style-type: none"> We were told that the practice policy was to re-do DBS checks every five years but we identified five applicable members of staff were overdue for this check. There were a number of significant events relating to the dispensary with learning points such as reminding staff to double check their work. No further control measures had been put in place to mitigate the risks. Systems had failed to identify and implement actions regarding the high exception reporting for some patient outcome indicators. We found an inconsistent recording system for children with safeguarding concerns as not all had 	

flags on the patient record to highlight the concerns to staff seeing these patients.

- Governance systems had failed to ensure that non-clinical staff did not have the appropriate knowledge to undertake chaperoning duties appropriately.
- The system for monitoring staff training and compliance was not effective. We identified a number of gaps where staff were overdue update training or where the practice did not have evidence of training completion. We were told that it was up to the staff to let the practice know when training was due and when they had completed it.

The gaps we identified were as follows:

- Safeguarding adults training – there was no information on whether any training had taken place for four GP’s, one dispenser team member and one non-clinical member of staff.
- Basic life support – there was no information on whether any training had taken place for two GP’s and one non-clinical member of staff. This training was showing as overdue for one GP, one nurse and one non-clinical member of staff.
- Fire safety training - there was no information on whether any training had taken place for four GP’s and one non-clinical member of staff. This training was showing as overdue for 2 dispenser team members and one non-clinical member of staff.
- Infection control training - there was no information on whether any training had taken place for one nurse.

Managing risks, issues and performance

The practice had 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. • There was a comprehensive business plan in place to ensure the future of the practice. • The provider had undertaken a number of risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. 	

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 provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had displayed their CQC rating in the reception area and on their website. • Performance information was made available to the local clinical commissioning group (CCG) in relation to, for example, medicines management. 	

Feedback from Patient Participation Group

Feedback
<ul style="list-style-type: none"> • The PPG also spoke highly of the commitment of the lead GP to improve services for patients. • Following feedback from the PPG the practice redesigned and updated the website with their help (including design help from the teenage members of the group at the time). • The PPG supported the practice with obtaining patient feedback and they told us that the practice listened and acted upon this feedback.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation, however they were not always operated effectively.

	Y/N/Partial
There was a strong focus on continuous learning and improvement	N
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Issues with monitoring of staff training had not identified the gaps in compliance, the lack of non-clinical staff awareness of chaperoning and issues relating to errors occurring within the dispensary. 	

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](#)).