

Care Quality Commission

Inspection Evidence Table

Almondsbury Surgery (1-4993010640)

Inspection date: 24 January 2018

Date of data download: 17 January 2019

Overall rating: add overall rating here

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

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
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	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
There were systems 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, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<p>Safeguarding was part of the mandatory annual training programme for all staff which had to be completed by 31.03.2019. Safeguarding records for children demonstrated clinical staff training to level three; one staff member was booked on an update for March 2019.</p> <p>All staff had attended adult safeguarding training; two staff members had not yet completed their updates.</p>	

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
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was in the process of updating their staff vaccination information in respect of immunity to measles as part of their infection prevention and control responsibilities following a local outbreak; records for clinical staff were complete.</p> <p>We saw there was an annual professional registration check for clinical staff.</p>	

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: 31/8/18	Y
There was a record of equipment calibration. Date of last calibration: 31/8/18	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 22/6/18	Y
There was a log of fire drills. Date of last drill: 17/8/18	Y
There was a record of fire alarm checks. Date of last check: 5/9/18 and weekly fire point checks.	Y
There was a record of fire training for staff. Date of last training: Fire training was part of the statutory mandatory annual programme	Y

for all staff which had to be completed by 31.03.2019.	
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 6/11/18	
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: Additional training for fire marshals was planned for 9/2/19.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 18	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 18	Y
Explanation of any answers and additional evidence: The practice undertook risk assessments for the building and fittings on an annual rolling programme; in addition, staff completed annual online health and safety updates. There was evidence of the maintenance of the premises such as the five year Electrical Installation test 19/11/16; heating boiler maintenance 5/3/18; the practice had access to a maintenance service for minor repairs.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:5/6/28	Y
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: The practice had regular audits of infection control measures for the consulting and clinical rooms; there was a programme for changing privacy curtains; there was a cleaning programme which was regularly audited; room cleaning protocols were visible in the treatment/consulting rooms for clinical staff to follow between patients; information about action to take following a needlestick injury was available. Staff completed infection control updates as part of their yearly mandatory training.	

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.	Y
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 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice staff had attended awareness training for sepsis; there was an information folder in each consulting room which included the GP decision making tool. Additional equipment had been purchased by the practice which included paediatric oximeter, blood pressure cuff and thermometer which was effective for very young children (less than four weeks). The SAM (Sepsis assessment and management) NHS leaflet was available on reception which guided patients about what to follow if they suspected sepsis.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice used a common clinical IT platform, which allowed for other providers such as Out of Hours services and community services to access patient records.</p> <p>The practice had access to proformas for referral to secondary care through the shared electronic record system.</p> <p>There was a programme of learning held on Thursday afternoon; there was an expectation that all staff would complete online mandatory training annually.</p>	

Appropriate and safe use of medicines

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

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) <small>NHS Business Service Authority - NHSBSA</small>	0.79	0.84	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) <small>(NHSBSA)</small>	11.6%	9.6%	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.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision	Y

Medicines management	Y/N/Partial
or peer review.	
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
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 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice could access hospital laboratory results for patient taking high risk medicines which ensured they were monitored and prescribed effectively.</p> <p>The practice had been supplied with a new emergency medicine and equipment bag by the provider (21 January 2019) and were in the process of familiarising themselves with it. For example; they were in the process of updating their stock control system to remove the duplication of emergency medicines, and include the new medicines such as oral analgesia. We noted that the emergency medicines were kept in a staff control area but did not have an anti-tamper closure.</p> <p>The consultation and treatment rooms were equipped with medicines for anaphylaxis.</p> <p>The practice pharmacist had audited antimicrobial use and had shared the findings with the clinical team to optimise patient outcomes.</p>	

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:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: There was a comprehensive reporting and review system for incidents and events which was based on a 'no blame' learning culture.	

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

Event	Specific action taken
Delay in processing blood samples at the local NHS laboratory. Further patient samples were needed,	The delay was investigated and then a 'yellow flag' alert sent to the clinical commissioning group as the cause was with the staffing levels at the laboratory.
GP left the surgery before completing all the telephone call back requests.	<p>The issue was investigated and it was found that the GP working at the practice was unaware of the calls as they were used to a different system. All staff involved were spoken with to:</p> <ul style="list-style-type: none"> To re-iterate the system and the need for checking that patients had received the response they expected. To reinforce their understanding of the procedure to follow for these types of incidents. <p>The practice had a locum file which contained information the systems and protocols to follow.</p>

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
Explanation of any answers and additional evidence: The alerts were received into the practice and disseminated to appropriate staff for action. For example, we saw the action taken by the pharmacist to review and contact patients who took	

hydrochlorothiazide-containing products (diuretics) which were the subject of an alert in November 2018.

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	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
There were 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)	0.13	0.77	0.81	Significant Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs (Comprehensive Geriatric Assessment). Some patients were assessed at their home address as clinicians found it beneficial to see how patients manage in their own environment.
- 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.

- Health checks were offered to patients over 75 years of age.
- There was an alert on their patient record system for when frailty may impact on a treatment plan such as in diabetes.

People with long-term conditions

Population group rating: **Good**

Findings

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

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) <small>(QOF)</small>	67.8%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.2% (12)	20.6%	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) <small>(QOF)</small>	78.7%	78.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	3.6% (7)	14.4%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total	79.7%	83.6%	80.1%	No statistical variation

cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	9.2% (18)	16.5%	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) <small>(QOF)</small>	77.2%	74.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.2% (4)	12.2%	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) <small>(QOF)</small>	93.6%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.1% (1)	14.4%	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) <small>(QOF)</small>	83.1%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.9% (20)	6.0%	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) <small>(QOF)</small>	89.3%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.7% (9)	6.2%	6.7%	N/A

Any additional evidence or comments

Exception rates were reviewed with the registered manager and found to be appropriate and recorded effectively within the patient record.

Clinicians referred patients who met the criteria to the National Diabetes Prevention Programme and

educational self-management programme.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above 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.
- Young people could access services for sexual health and contraception.

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)	33	34	97.1%	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)	58	60	96.7%	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)	58	60	96.7%	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)	58	60	96.7%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice had a good relationship with the local travelling community who ensured children attended

for their immunisations.

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.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice operated a daily open walk in session until 10.30am offering easy appointment access for working people and students.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	80.1%	73.6%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	80.1%	70.6%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	66.5%	56.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	54.5%	71.4%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	56.3%	53.4%	51.9%	No statistical variation

Any additional evidence or comments

The practice had a cancer protocol which stated that all newly diagnosed patients were reported to the GP for follow up within 6 weeks. The practice records indicated that only one patient had not been

followed up within the timeframe for the reporting year 2017 to 2018.

The practice had a good response for the national screening programmes and exceeded the national average of 80% for cervical screening.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers 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.
- The practice reviewed young patients at local residential and nursing homes.

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.
- All staff had received dementia awareness training.

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,	95.0%	93.0%	89.5%	No statistical variation

in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	9.1% (2)	20.7%	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)	95.0%	91.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.1% (2)	17.4%	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)	85.0%	82.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.2% (2)	6.6%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	544.2	544.8	537.5
Overall QOF exception reporting (all domains)	2.9%	7.3%	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

The practice had signed up to National Service for Health Improvement (NSHI) to review their chronic obstructive pulmonary disease (COPD) patient register and provide innovative/additional support with disease management. This started in January 2019.
The practice undertook routine audits for intrauterine contraceptive devices; minor surgery and cervical smears to ensure the safety and quality of the procedures was maintained.
To improve and target treatment the practice was undertaking an audit of disease registers to ensure the

expected prevalence of patients was identified appropriately and they were linked to the correct treatment/review regime. Any patients where they found there had been under identification were to be invited to attend the practice for an assessment.

The practice used the Comprehensive Geriatric Assessment for older patients who were living with moderate or severe frailty. This was a multidisciplinary assessment used to identify and plan for the care needs of patients who were frail and at risk of admission to hospital. This was a multidisciplinary assessment and care plan which supported people to remain in their own homes. They exceeded their target of 20 assessment by completing 55 assessments for 2017 to 2018.

Effective staffing

The practice was able 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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate 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, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: Staff told us the practice was supportive of skills training and professional development by providing opportunities and allowing time for training. The provider held regular clinical education meetings which staff could attend.	

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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence: The practice held regular meetings with other health providers to share and update information relating to patient care.	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
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: Diabetic retinopathy screeners attend the surgery on a regular basis.	

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	98.2%	94.1%	95.1%	No statistical variation

smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.1% (1)	1.1%	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

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

Source	Feedback
NHS Choices	There were five reviews all of which rated the service as being five stars. There was positive commentary which sited the care and consideration of the staff going above what patients had expected.

iWantGreatCare	There were 33 reviews on this site which rated the service as five stars.
Google reviews	One review on this site rated the service five stars.

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.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5385	229	114	49.8%	2.12%

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)	90.2%	90.4%	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)	89.5%	88.6%	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)	100.0%	96.5%	95.6%	Variation (positive)
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)	92.1%	84.5%	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 ensured that there was a patient consultation around the recent merger with Hanham Health. We were told that they felt they influenced how the practice could continue to run with the daily walk-in surgery session.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice operated a named GP patient list and patients were encouraged to book with their named GP; the practice had been recognised this enhanced their continuity of care to patients.</p> <p>A Carers Support worker is available in a bi-monthly clinic for the practice to refer patients into or they could self-refer, for social and self-care support.</p> <p>The practice had a strong community presence in the centre of the village and had adjoined premises with the church hall; there was had a community board available for local people to advertise community events within the entrance lobby.</p>	

Source	Feedback
Interviews with patients.	We spoke with one patient (a member of the patient group) who was very happy with the service the practice provided. They were very positive about the recent merger, how patients were consulted and able to have their opinion heard. They noted there had been an improvement in the availability and continuity of clinical staff since the merger.

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)	94.1%	93.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	The practice had a carers' register and identified 103 (2%) carers including young people. They had achieved a silver award in the first year of a carer recognition and support scheme run by South Gloucestershire Council.
How the practice supported carers.	The practice could refer to the carers' support organisation; patients could attend a 45-minute appointment with a carers' support champion who signposted them to various groups. The practice identified carers through various means including flu clinics, at registration and patient participation group volunteers who attended the practice and events to support and identify potential carers.
How the practice supported recently bereaved patients.	The practice informed us that every bereaved patient received contact from the practice, usually a call from the GP who had been providing the medical care, and a sympathy card. Information packs had been produced to enable clear and concise advice about what support was available. The practice referred patients to a bereavement support group.

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.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 12.30pm and 2pm to 7pm
Tuesday	8.30am to 12.30pm and 2pm to 7.30pm
Wednesday	8.30am to 12.30pm and 2pm to 6pm
Thursday	8.30am to 12.30pm and 2pm to 7pm
Friday	8.30am to 12.30pm and 2pm to 6pm
	When the practice was closed all telephone calls are diverted to the duty GP.
Appointments available:	
Monday	Walk in clinic booking from 9am to 10.30am the clinic runs from 9am to 12 noon or until all patients have been seen. Routine appointments are available in the afternoons only from 3pm to 5.30pm. Improved access appointments 6.30pm to 7pm.
Tuesday	Walk in clinic booking from 9am to 10.30am the clinic runs from 9am to 12 noon or until all patients have been seen. Routine appointments are available in the afternoons only from 3pm to 5.30pm. Improved access appointments 6.30pm to 7.30pm.
Wednesday	Walk in clinic booking from 9am to 10.30am the clinic runs from 9am to 12 noon or until all patients have been seen. Routine appointments are available in the afternoons only from 3pm to 5.30pm.
Thursday	Walk in clinic booking from 9am to 10.30am the clinic runs from 9am to 12 noon or until all patients have been seen. Routine appointments are available in the afternoons only from 3pm to 5.30pm.
Friday	Walk in clinic booking from 9am to 10.30am the clinic runs from 9am to 12 noon or until all patients have been seen. Routine appointments are available in the afternoons only from 3pm to 5.30pm.
	Improved access appointments for weekends will start from April 2019.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5385	229	114	49.8%	2.12%

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)	96.7%	94.7%	94.8%	No statistical variation

Any additional evidence or comments

Almondsbury offers same day access weekday mornings up until 10:30am to anyone registered at the practice. This was the most valued and popular facility offered as evidenced in the pre-merger patient consultation. There were pre-bookable appointments for patients who prefer them; all of these appointments were available online up to 6 weeks in advance.

Urgent patient appointments are available daily. They are not limited and are determined by GPs. All children are seen the same day, staff routinely book them into a session.

There was improved access clinics (extended hours) on Monday evenings (Nurse) and Tuesday evenings (GP and HCA).

Patients can request a telephone call from a GP. These were completed on the day after clinics.

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice had planned, regular visits to care homes by GPs; there was a designated GP lead who did a regular weekly calls and visits to deal with any urgent issues as well as proactive chronic disease management.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- 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 were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- There was a younger persons' care home within the practice boundary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7pm on a Monday and 7.30pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.
- The walk-in surgeries helped students registering as temporary residents during the holidays

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Patients with a learning disability were offered health screening and we found that 30 had undertaken the screening within the current QOF year with a plan to complete the remaining 31 health checks.
- Staff informed us any patient vulnerabilities were highlighted to staff, and alerts contained pertinent information to each staff role.
- Ex-military service personnel had an alert on their records to ensure they received the priority NHS treatment they are entitled to; the practice supported these patients to apply for their military medical records completed forms on their behalf.

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; improved access appointments were used to offer patients a more relaxed environment.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff had training in mental capacity, dementia and Deprivation of Liberty safeguards.
- They could access a dementia advisor service who could offer support including to carers.
- 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

	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

Almondsbury offered the same day appointment access on weekday mornings up until 10:30am to anyone registered at the practice. This was the most valued and popular facility offered as evidenced in the pre-merger patient feedback which was carried out. This had a positive impact on the availability of routine appointments which were usually available within three days.

They triaged home visit requests which are normally done after morning clinic. If appropriate an early request for an emergency care practitioner (ECP) visit may give a more timely response, particularly for those at risk of admission.

The practice encouraged patients to sign up for online access (currently 28% of patients) and offered 'training' to those patients who found it more challenging.

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)	97.7%	N/A	70.3%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	90.9%	68.2%	68.6%	Variation (positive)
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)	83.5%	64.9%	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)	90.7%	75.3%	74.4%	No statistical variation

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.	6
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Medicines request not completed.	Staff training.
Attitude of receptionist to patient's late arrival.	Staff training and reiteration of protocol.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	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, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The registered manager for the service had identified that a risk to the patients had been continuity of the service and had sought a merger to improve the resilience of the practice. The patients and staff had been consulted pre-merger and post-merger to allay any concerns the patients had about the threat a merger presented to the service. The service merged on 1 April 2018 and feedback from staff and patient indicated that the service had continued as before but strengthened by the support of a larger clinical team.</p> <p>There was a strong, visible person-centred service where staff were motivated and inspired to offer care that was kind and promotes people's dignity, and respected their needs. They worked in partnership with patients to develop services. Feedback from patients was consistently positive from the National GP Patient Survey.</p>	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and	Y

external partners.	
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: The provider had arranged an away day (January 2019) to plan the future strategy. The outcome from this was not available at the time of the inspection.	

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

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

Source	Feedback
Staff	Feedback from staff was very positive about the practice and the ethos of a patient focussed service. They reported working within a supportive team with opportunities for professional development.

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 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: The registered manager of the location is part of the senior management team for the provider and attended governance meetings.	

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 which were regularly reviewed and improved.	Y
There were processes 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: There was a programme of review to cover the operation of the service for example, they reviewed uncollected prescriptions to ensure patients had received their medicines as needed. The major incident plan was actioned during the adverse weather conditions in March 2018 and the practice was open for patients to access the walk-in clinic.	

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
Explanation of any answers and additional evidence:	
Patient and staff feedback was invited to the proposed merger with Hanham Health in early 2018; patients wished the walk-in clinic to continue each morning. Hanham honoured the commitment to “business as usual” following the merger and there was continuity for the patients.	
The practice was working with the church (who share the site) to access further space within the building to develop and expand, to accommodate the increase number of patients precipitated by the local housing expansion plans.	

Feedback from Patient Participation Group.

Feedback
There was an active patient participation group (PPG) which included members from a wide age range. We spoke with the chairman who told us how they had been able to influence the service.
They requested the installation of a board in reception identifying which GPs are on walk-in clinic each morning. A whiteboard was installed and was a direct and positive response to patient feedback.
There are ongoing car parking problems for patients due to its misuse during the school run each morning. The PPG monitored the car park for two weeks to deter people who were not using the car park to attend an appointment. There was a positive reaction from patients.
The PPG were consulted about the merger and campaign for the continuance of the walk-in clinic post-merger.
They attend the annual flu clinics to inform and recruit new members; some members who had experienced screening as a preventative measure acted as an ‘expert patient’ and spoke with patients who fit the profile for screening.

Any additional evidence

Patients had email access via the practice website to clinicians.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: Workflow optimisation system which the provider had used was introduced at this location so that the workflow now is predominately electronic and not paper based. The nurse team are now supported by a nurse manager for regular meetings and clinical supervision. All staff receive individualised training opportunities which are discussed at their appraisals.	

Examples of continuous learning and improvement

A minor improvement grant in 2018 was used to:

- replace all existing taps with wrist/elbow taps
- replace the flooring in the treatment room and two treatment rooms
- replace all the chairs in consultation rooms.

A new telephone system is planned for April 2019 to link all locations.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation 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.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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.