

Care Quality Commission

Inspection Evidence Table

Dr Anthony Newman (1-484131520)

Inspection date: 22 January 2019

Date of data download: 03 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. However, there were shortfalls regarding the completion of recruitment checks before some staff had commenced employment.

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).	N
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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	N
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> <ul style="list-style-type: none"> Ten out of 13 staff had completed safeguarding adults training. A GP did not have any record of undertaken safeguarding adults training. Two further administration staff had not completed refresher training since 2015. Ten out of 13 staff had completed up to date safeguarding children training. Two members of staff had not completed training since 2017, which included a salaried GP. One further administration staff had not completed refresher training since 2015. The practice's policy stated that safeguarding children training should be completed within six months of commencement of employment and that all staff should complete refresher training annually. <p>Staff we spoke with were able to demonstrate that they knew how to identify potential signs of abuse and what action to take if they had concerns relation to safeguarding procedures.</p> <p>Two of the four staff personnel files that we saw, did not contain references, one of which was a salaried GP. One of the staff files contained one character reference from a previous work colleague. The practice had therefore not assured themselves of the conduct of staff members prior commencing employment at the practice, in accordance to the practice's recruitment policy, and in accordance to schedule three of the Health and Social Care Act 2014.</p> <p>The practice did not have a record of staff vaccination of a salaried GP or the nurses. The practice had subsequently recorded the vaccination status of all relevant 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:	Y 07/11/17
There was a record of equipment calibration. Date of last calibration:	Y 14/03/18
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:	Y 10/05/18
There was a log of fire drills. Date of last drill:	Y 09/05/18
There was a record of fire alarm checks. Date of last check:	N
There was a record of fire training for staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y Jan 2018
Actions from fire risk assessment were identified and completed. No actions had been identified.	N/A
Explanation of any answers and additional evidence: The practice told us that fire alarms were tested each week but this had not been recorded. An external company had inspected the fire alarms in May 2018 and certified them as working. We discussed this with the practice who had subsequently implemented a log to record weekly tests of fire alarms. An external fire risk assessment had been undertaken in June 2015. An internal risk assessment had been undertaken in January 2019. However, the internal risk assessment had not identified that weekly fire alarm tests had not been recorded. The practice maintained a record of internal fire safety checks undertaken each month which included checks of fire safety signage, fire extinguishers and emergency. We saw this had been completed each month.	

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

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met 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:	21/03/18
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
We saw that the practice had undertaken all actions identified during the external audit undertaken in March 2018. For example, the Audit had identified that a partition was required between a sink used to dispose of waste water and a sink next to it used by staff to wash their hands. We saw that the practice had completed this action.	
The practice had an infection prevention and control lead.	
Cleaning schedules for clinical rooms and specialist equipment were completed daily and audited each month.	

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
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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

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>	1.07	0.93	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>	8.0%	8.0%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	N/A
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
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	N/A

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
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 or online prescribing there were effective protocols for verifying patient identity.	N/A
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>Prescription stationery had not been stored in a locked cupboard or cabinet. The practice had stored blank prescription stock, which had been received but not yet distributed, on shelves in an area that was not accessible to patients. The practice had a log of prescriptions distributed throughout the practice which included serial numbers and prescribers ensured blank prescriptions placed in printers had been locked in a drawer at the end of each working day. We discussed this with the practice who subsequently updated the policy, locked the blank prescriptions stock in a cupboard and ensured that only the practice manager or deputy practice manager had access to the key.</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.	Partial
Number of events recorded in last 12 months:	20
Number of events that required action:	20
Explanation of any answers and additional evidence:	
<p>The practice had a significant events file which contained all significant events. The significant events forms documented what action had been taken and when the learning had been shared during staff meetings. We saw meeting minutes that documented that significant events had been discussed during clinical and non-clinical meetings. However, the minutes did not detail the significant events or the learning. The practice was not able to demonstrate that all relevant learning had been discussed with all relevant staff who may not have attended a staff meeting. We discussed this with the practice who told us that learning had been shared verbally with absent staff.</p>	

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

Event	Specific action taken
The practice had not been sure whether a repeat prescription for a controlled medicine had been mislaid by the practice or had already been collected by a patient.	The practice had implemented a procedure that where possible, all prescriptions for controlled medicines were sent electronically to the patients' preferred pharmacy. If a patient wished to continue to collect the prescription from the practice, the patient signed to confirm the prescription had been collected.
A patient had become frustrated with staff on the telephone because a prescription had not been ready to collect.	After investigation, the practice recognised that the incident could have been resolved quicker, lessening the patient's frustration. The practice had subsequently apologised to the patient and implemented a system where all telephone conversation was recorded for any potential future training purposes.

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: All safety alerts were received and disseminated by the practice manager who kept an overview system of all alerts received, what action had been taken, whom and on which date.	

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) <small>(NHSBSA)</small>	1.29	0.80	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- 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. The practice shared the services of a Health Care Assistant (HCA), employed by another practice, specifically to support patients who were living with frailty. The HCA undertook approximately eight home visits per week to patients who were not able to attend the practice. The HCA followed up all patients living with frailty, with a home visit, following discharge from hospital.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions had a structured annual review to check their health and 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.
- Patients with more than one long-term condition were invited to one appointment to undertake all relevant health checks, the time allotted for those patients had been adjusted accordingly.
- 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.
- The practice had undertaken opportunistic atrial fibrillation testing for all relevant patients during flu clinics.
- 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.
- The practice was engaged with the national 'Wisdom Project' to improve outcomes for patients whose diabetes was not well-controlled. Patients identified had been reviewed by the hospital team and the practice's diabetes nurse. The practice had also identified all patients under 75 years old who showed pre-diabetes symptoms. The practice had written to those patients to invite them to a hospital based education programme to reduce the risk of the progression of diabetes.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.9%	82.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	29.5% (59)	19.9%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017	89.1%	78.7%	77.7%	No statistical variation

to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	22.0% (44)	13.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	93.4%	81.7%	80.1%	Variation (positive)
Exception rate (number of exceptions).	32.0% (64)	18.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	100.0%	76.0%	76.0%	Significant Variation (positive)
Exception rate (number of exceptions).	51.4% (128)	12.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	91.2%	89.7%	Significant Variation (positive)
Exception rate (number of exceptions).	44.1% (30)	16.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.8%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	9.0% (38)	5.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	89.6%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	14.1% (9)	7.6%	6.7%	N/A

Any additional evidence or comments

The practice had achieved above the local and national averages in some QOF indicators. However, exception reporting in some indicators was above local and national averages. The practice had not been aware that exception reporting rates for diabetes and other long-term conditions indicators had been higher than local or national averages. The practice believed this could have occurred due to a data collection error when they had changed clinical software systems in 2017.

The practice told us that they invited patients to relevant health check appointments on three separate occasions. Lists of patients who had not responded after three invitations were passed to a practice nurse, who contacted those patients by telephone to book an appointment. We checked a sample of patients records for each long-term condition that indicated high exception reporting and found that those patients had been invited to a health check appointment on three separate occasions. From the sample of records, we saw, reasons for exception reporting patients had been appropriate.

However, although the practice did not believe that the exception reporting was be accurate, the practice was not able to provide us with data which contradicted the published Quality and Outcomes Framework (QOF) data. We are therefore unable to provide reassurance that the practice's exception reporting is in line with local and national averages.

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)	40	42	95.2%	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)	26	26	100.0%	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)	26	26	100.0%	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)	26	26	100.0%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

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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)	72.0%	74.5%	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)	74.1%	75.9%	70.1%	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)	58.5%	62.4%	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. (01/04/2017 to 31/03/2018) (PHE)	47.1%	62.5%	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)	33.3%	51.7%	51.9%	No statistical variation

Any additional evidence or comments

The practice actively promoted cervical screening to improve uptake. During this inspection the practice were promoting cervical screening awareness week by wearing pink clothing, displaying balloons, banners and information in the reception areas. The practice told us that if a patient had not responded to an initial invitation for a cervical screening appointment, the practice wrote a second invitation on pink paper.

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 homeless people, 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 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.
- Patients with mental illness, depression or anxiety had a note added to their records. Those patients, where possible, were seen by a GP or nurse as soon as they arrived for appointments at the practice, to reduce anxiety.
- 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 training in the last 12 months. The practice was had achieved a 'dementia friendly' accreditation.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.4%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.0% (2)	16.7%	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) <small>(QOF)</small>	100.0%	90.8%	90.0%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	16.3%	10.5%	N/A
The percentage of patients diagnosed with	100.0%	84.8%	83.0%	Variation (positive)

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)				
Exception rate (number of exceptions).	9.5% (2)	6.8%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	550.6	548.7	537.5
Overall QOF exception reporting (all domains)	14.9%	7.0%	5.8%

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

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

<p>The practice had completed quality data analysis for several different clinical areas, to monitor and review safe prescribing as per national and local guidelines. For example, the practice undertook an audit of a prescribed medicine used to treat patients experiencing leg cramps. This was in response to national guidelines recommending a reduction in prescribing of the medicine due to potential side effects. The 33 patients identified as being prescribed the medicine were invited for a review and the potential risks explained to them to determine if continued treatment was appropriate. This resulted in a reduction of 76% of the original 29 patients being prescribed the medicine.</p>

Effective staffing

The practice was not able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and 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.	N
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.	N
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
<p>Explanation of any answers and additional evidence:</p> <p>All nurses had completed specialised training and had undertaken refresher training when appropriate. The practice did not have a documented list of training they considered to be necessary, however, the practice told us that they considered necessary training to include;</p> <ul style="list-style-type: none"> • Safeguarding adults and children • Fire Safety • Basic life support <p>The practice used an online training system which alerted managers when refresher training was due to be completed by staff.</p> <p>However, we found that not all staff had completed training the practice considered to be necessary. For example;</p> <ul style="list-style-type: none"> • Seven out of 14 staff had completed safeguarding adults training. Three out of 14 staff did not have any record to demonstrate safeguarding adults training had been completed, which included a salaried GP. Three further administration staff had not completed refresher training since 2015. • Eight out of 14 staff had completed up to date safeguarding children training. Four out of 14 staff members did not have any record to demonstrate that safeguarding children training had been completed, which included a salaried GP. Two further administration staff had not completed 	

refresher training since 2015. The practice's policy stated that safeguarding children training should be completed within six months of commencement of employment and that all staff should complete refresher training annually.

Staff we spoke with were able to demonstrate that they knew how to identify potential signs of abuse and what action to take if they had concerns relation to safeguarding procedures.

All staff had completed fire safety training and basic life support training.

All GPs had received an appraisal within the last 12 months. All other clinical and administration staff had not received an appraisal since September or October 2017. The practice was aware of this and explained this had been caused by unforeseen staff absence. We saw that all appraisals had been scheduled to be completed by February 2019 and staff had been issued with relevant self-assessment forms in preparation for this. All staff we spoke to confirmed that they felt supported by managers, and they told us managers had been responsive to addressing concerns raised within the last 12 months. We saw that all staff had attended regular team meetings and were provided with the opportunity to contribute to the agendas.

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.6%	94.5%	95.1%	Variation (negative)
Exception rate (number of exceptions).	1.0% (8)	1.1%	0.8%	N/A

Any additional evidence or comments

The practice was aware that quality data results for the smoking indicator was lower than local and national averages. The practice informed us that smoking status was recorded opportunistically and patients were invited to relevant health check appointments on three separate occasions.

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.	41
Number of CQC comments received which were positive about the service.	41
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
Comment Cards	Comments received described staff as 'compassionate', 'kind' and 'respectful'. Many of the comment cards described the service received from staff as 'excellent', 'fantastic' or 'brilliant'.
Patient Interviews	All of the patients we spoke to told us that staff were kind and that they had always been treated with dignity and respect.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3770	265	106	40%	2.81%

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)	95.5%	91.5%	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)	97.4%	90.7%	87.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.3%	96.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	97.6%	89.1%	83.8%	Variation (positive)

Any additional evidence or comments

The practice was proud that patient satisfaction was higher than local and national averages and told us that they knew their patients and were therefore able to provide a personalised service. The practice had a nominated administrator who worked mostly as a receptionist which staff felt promoted continuity of care with clinicians?. Patients' comments reflected that they were pleased to be able to see the clinician of their own choosing.

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

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients confirmed that they had been involved in decisions about care and treatment and that clinicians took time to explain treatment and medicines options.

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)	96.4%	95.5%	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.	A total of 107 patients were identified as carers; this represented approximately 3% of the practice list.
How the practice supported carers.	We saw information was available in the waiting room for carers. The practice had a carer's lead who made contact with patients who were newly identified as being a carer, and sent a carer's pack. The practice's computer system alerted GPs if a patient was also a carer. The carer's lead hosted a coffee morning at the practice every three months for patients who were also carers. External supported services were invited to the coffee mornings to support and signpost carers.
How the practice supported recently bereaved patients.	The practice's computer system alerted GPs if a patient had recently been bereaved. Information regarding bereavement services was available in the waiting room. The GPs told us they would make telephone contact with a patient who had recently been bereaved if appropriate, to invite them an appointment if required.

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
Explanation of any answers and additional evidence: Receptionists demonstrated that they knew how to ensure patients' confidentiality. For example, staff did not discuss patient identifiable information when answering telephone calls.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Patients who required additional time had been identified and a note was placed on their patient records so that if an appointment was requested, administrators were able to adjust the allotted time accordingly.</p> <p>The practice was a member of the Healthstone Federation. The Federation comprised of 14 practices and provided Improved Access to General Practice Services (IAGPS) which included GP appointments and extended access to GP appointments at weekends for patients registered at practices within the federation. Patients were able to access other services provided by IAGPS including blood monitoring, physiotherapy, wound management and leg ulcer care and alcohol services.</p>	

Practice Opening Times

Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm

Appointments were available between 8am until 5pm. Extended hours appointment for pre-booked appointments were available every Thursday from 6.15pm until 8.15pm.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3770	265	106	40%	2.81%

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)	96.2%	96.0%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- 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

- 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.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice used a text messaging system to remind patients about appointments. Patients were able to book appointments and order repeat prescriptions online.
- 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, patients were able to book extended hours appointments for cervical screening, minor surgery, contraception and travel health.
- 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. Appointments were available between 6.30-8pm Monday to Friday and every Saturday and Sunday.

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 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. For example, clinicians had undertaken all relevant health for patients with a learning disability within their own home.

**People experiencing poor mental health
(including people with dementia)**

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- 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
Explanation of any answers and additional evidence: Patients could book routine appointments up to eight weeks in advance. We saw that the practice offered enough GP and nurse appointments to meet the needs of the practice population list.	

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)	93.8%	n/a	70.3%	-
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)	90.5%	78.3%	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)	79.8%	72.6%	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)	87.3%	80.9%	74.4%	No statistical variation

Source	Feedback
Patient and staff interviews	Patients confirmed that they were always able to get urgent and routine appointments when they needed them. Staff told us that if a parent or guardian requested an urgent appointment for a child, they were always invited to attend the practice immediately.

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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: We saw that the complaints policy and procedure referred to appropriate timeframes to respond to, investigate and conclude complaints. We saw that the procedure included implementing any positive changes, if required.	

Well-led

Rating: Requires Improvement

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
Explanation of any answers and additional evidence: The practice had a clear system of leadership and communicated regularly and effectively via team meetings, emails and notifications. Staff told us leaders were approachable, transparent and encouraged positive change. The practice had recently experienced a period of staff absence within the administration team which had impacted on the capacity of the practice manager and deputy practice manager. The leadership team had successfully recruited three new administration staff, one of which was additional to provide annual leave cover and increase capacity of the administration team should unforeseen absence occur again in the future.	

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 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: The practice's vision was to provide high quality care to all users of their services and to advocate best practice in the delivery of all services. The practice aimed to be considerate and responsive to the needs of patients, and to offer open communication to maintain standards and consistency.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us that managers were visible and responsive to concerns raised. We saw that managers had implemented staff suggestions to promote positive change. For example, the practice had promoted cervical screening awareness week at the practice, following the suggestion by a member of staff.</p>	

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

Source	Feedback
Staff Interviews	Staff told us that morale was good and that the whole team worked well together and supported each other. Staff confirmed that they felt supported by managers.

Governance arrangements

There were clear responsibilities, roles and systems of accountability. However, the overall governance arrangements were not always effective.

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had policies and procedures which had been regularly reviewed and accessible to staff. We saw several fully embedded governance systems which were managed effectively. For example:</p> <ul style="list-style-type: none"> • Detailed checklists for emergency medicines and equipment. • Infection control audits. • Monitoring of prescribing patterns and quality outcomes for patients. <p>However, we saw shortfalls in other areas of governance, which includes;</p> <ul style="list-style-type: none"> • Recruitment checks had not been completed in accordance to the practice's policy and procedure. • Weekly fire alarm tests and staff vaccination status had not been recorded • The practice had not ensured that learning from events had been shared with all relevant staff. • Monitoring of Quality and Outcomes Framework (QOF) exception reporting data to improve outcomes for patients. 	

- There were shortfalls in the completion of safeguarding training and appraisals.

Managing risks, issues and performance

There were effective processes for managing issues and performance. However, not all risks had been identified.

	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.	N
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: The practice had not identified potential risks regarding the correct storage of prescription stationery. The internal fire risk assessment undertaken in January 2019 had not identified that fire alarm tests had not been recorded.	

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
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: Staff told us that they were able to add items to agendas of meetings and suggestions regarding positive improvements were encouraged by managers and listened to.	

Feedback from Patient Participation Group.

Feedback
The practice did not have an active patient participation group. The practice told us they had used carers meeting to informally engage with and consult with patients.

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement

The practice was working with other practices within the locality to provide a frailty team from April 2019, the team would support patients living with frailty to meet holistic care needs and reduce hospital admission.

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

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.