

Care Quality Commission

Inspection Evidence Table

Oldham Family Practice (1-569934227)

Inspection date: 9 April 2019

Date of data download: 23 April 2019

Overall rating: good

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
<ul style="list-style-type: none"> During the inspection we were provided with evidence all staff had received safeguarding training to the required levels. There was regular communication with the health visiting team and the link worker was invited to practice meetings. The practice also had input from the CCG safeguarding team and a safeguarding assurance visit had been arranged in April 2019. 	

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

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: 20/07/2017*	Y
There was a record of equipment calibration. Date of last calibration: 13/03/2019	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: October 2018	Y
There was a log of fire drills. Date of last drill: 26/11/2018	Y
There was a record of fire alarm checks. Date of last check: 09/04/2019	Y
There was a record of fire training for staff. Date of last training: various dates but all done in last 12 months	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 27/11/2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	

*PAT testing arranged for whole building by property services. They carried out the test every three years and a risk assessment was in place.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 05/03/2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 05/03/2019	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> During the inspection we noted the window blinds in consultation rooms had loop cords which did not comply with current safety standards. Following the inspection, the practice contacted property services to arrange for the blinds to be made safe. 	

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: Weekly checks carried out and monthly audits.	
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: <ul style="list-style-type: none"> The infection control lead had specific training for the role and carried out detailed audits including hand hygiene. 	

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> <ul style="list-style-type: none"> • Following the previous inspection in August 2018 the practice had recruited a number of additional administration and reception staff and a change in the management team meant that they no longer needed to cover gaps in staffing from another surgery. • All staff had received sepsis training and there were posters displayed throughout the practice highlighting action they should take if sepsis was suspected. 	

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) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	1.02	1.17	0.91	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). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	9.1%	8.5%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	5.26	5.07	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	1.44	3.42	2.13	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 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

Medicines management	Y/N/Partial
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online 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> <ul style="list-style-type: none"> The practice was supported by a specialist CCG pharmacist. The pharmacist team, overseen by GPs, followed effective protocols and carried out regular reviews of medication and addressed the risks surrounding polypharmacy, particularly in those patients with multiple co-morbidities. 	

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:	9
Number of events that required action:	8
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Since the inspection in August 2018 the practice had devised a new electronic significant event (SEA) recording system accessible to all staff. We saw details of SEAs and action taken was recorded. We noted from meeting minutes there was a record of SEAs being discussed and learning shared, however, discussions and shared learning was not formally documented within the SEA documents. • New staff received training on significant events as part of their induction. 	

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

Event	Specific action taken
Agitated patient in reception	A patient was agitated and swearing at staff in the reception area then attempted to find a GP. They returned later in a similar disposition. Staff attempted to speak to the patient, but police were called. The patient was removed from register after consideration.
Temporary interruption in the supply of a specific inhaler	Patients on the inhaler were contacted and asked about their current stock at home. Contacted by a GP to discuss so alternative could be prescribed if required.

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:	

- We saw examples of actions taken from recent alerts, for example, Sodium Valproate. Records of alerts and investigation outcomes were stored centrally so they were accessible to staff. Alerts were reviewed and discussed at clinical meetings.

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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.39	1.20	0.79	Tending towards variation (positive)

Older people

Population group rating: good

Findings
<ul style="list-style-type: none"> 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 used One Oldham Care Plans for care home residents. 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 65 years of age.

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>	73.7%	75.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.5% (5)	7.1%	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>	61.4%	74.8%	77.7%	Variation (negative)*
Exception rate (number of exceptions).	5.0% (10)	5.9%	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) <small>(QOF)</small>	78.9%	79.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.5% (19)	9.2%	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) <small>(QOF)</small>	82.6%	76.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.2% (3)	3.7%	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) <small>(QOF)</small>	86.2%	88.3%	89.7%	No statistical variation
Exception rate (number of exceptions).	4.4% (3)	6.9%	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)	82.5%	81.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.6% (12)	3.3%	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)	82.9%	92.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.1%	6.7%	N/A

Any additional evidence or comments

*The practice was aware of the indicators which were below average. They had recruited additional nursing staff and improved the recall system to ensure patients were invited to attend for regular reviews and monitoring as required. For example, QoF 2018/19 data provided by the practice now showed 68% 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.

Families, children and young people

Population group rating: requires improvement

Findings

- Childhood immunisation uptake rates were mainly below 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)	47	49	95.9%	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)	28	39	71.8%	Below 80% (Significant variation negative)*
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)	28	39	71.8%	Below 80% (Significant variation negative)*
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)	32	39	82.1%	Below 90% minimum (variation negative)*

*The practice was aware they were below target and were actively working as a team and with the health visitor link worker to follow up children who had not attended for their booster. They also worked with interpreters and devised leaflets in different languages to help educate parents about the benefits of childhood immunisations. Data provided by the practice showed they had started to see improved uptake of childhood immunisation in 2018/19, for example, the percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection was 76% compared to 72% in 2017/18. The team were aware they needed to continue with efforts to increase up take.

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 practice.

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)	59.5%	71.5%	71.7%	Variation (negative)*
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.4%	66.6%	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)	52.5%	52.5%	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)	44.4%*	71.8%	70.2%	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)	50.0%	51.5%	51.9%	No statistical variation

Any additional evidence or comments

*The practice was aware of the lower than average for mental health indicators and during 2018/19 they had worked together to improve, for example: QoF data provided by the practice for 2018/19 showed significant improvement:

- The practice had increased the percentage of women screened for cervical cancer. They had increased uptake by 20.5% from 2016/17 to 80% uptake in 2018/19. They had worked as a team to communicate with patients the importance of screening and opportunistically screened and devised leaflets in multiple languages and used interpreters to engage those patients for whom English was not their first language.
- 100% of patients with cancer, diagnosed within the preceding 15 months, in 2018/19 had a review recorded as occurring within 6 months of the date of diagnosis.

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 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.

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 training and all staff were dementia friends.

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>	56.0%	86.5%	89.5%	Variation (negative)*
Exception rate (number of exceptions).	3.8% (1)	9.1%	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>	44.0%	88.1%	90.0%	Significant Variation (negative)*
Exception rate (number of exceptions).	3.8% (1)	6.0%	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) <small>(QOF)</small>	85.7%	81.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.5% (2)	4.8%	6.6%	N/A

Any additional evidence or comments

*The practice was aware of the lower than average for mental health indicators and during 2018/19 they had worked together to improve, for example: QoF data provided by the practice for 2018/19 showed significant improvement:

- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had agreed care plan documented in their records, in line with the England average.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, in line with England average.

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)	492.2	531.6	537.5
Overall QOF exception reporting (all domains)	4.4%	4.8%	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

<ul style="list-style-type: none"> • Pre-diabetes audit in primary care – December 2018 <ul style="list-style-type: none"> ○ To identify pre-diabetic patients in the practice and review if NICE guidelines were being followed when managing pre-diabetes. As a result, they identified they were achieving standards for lifestyle advice, but could improve the number of pre-diabetic patients attending for reviews and accurate coding in patients records where they were identified as being pre-diabetic. A second audit was planned to ensure the actions had resulted in fully meeting current best practice standards. • Prescribed gabapentin or pregabalin audit – March 2019 <ul style="list-style-type: none"> ○ Identify all patients currently prescribed gabapentin or pregabalin to ensure prescribing falls in line with the new legal requirements as depicted by NHS England. Each patient was manually reviewed to check compliance with current legislation for schedule 3 controlled drugs prescribing and where required prescriptions were amended to bring them in line with new legislation. A repeat audit was planned to ensure the practice continued to comply with the changes. • Since the inspection in August 2018 the practice had devised a clinical audit log and calendar. The dates audits were to be repeated were documented and these were also on the outlook calendar of the practice manager, so a reminder could be issued to clinicians if required.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and 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.	n/a
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
The practice had recently recruited new clinical and administration staff. New staff were being supported and mentored by experienced team members and had been provided with a range of training to build their skills and competencies.	

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)	Y
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	Y

processes to make referrals to other services.	
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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>	91.7%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (5)	0.4%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation principles. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Staff treated patients with kindness, respect and compassion and we were provided with numerous examples which demonstrated a strong, visible, person-centred culture and the determination to overcome obstacles to delivering care, especially to vulnerable patients for example: Staff understood patients' personal, cultural, social and religious needs. There was a large number The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion. The practice was accredited as homeless friendly and actively supported patients to register at the practice and access care and treatment. The practice liaised with a local church who worked with homeless people locally, and should they have concerns about any patients, or they failed to attend appointments they were able to locate the patients and get messages to them via the church outreach team. The practice had signed up to the Armed Services Covenant. 	

CQC comments cards	
Total comments cards received.	44*
Number of CQC comments received which were positive about the service.	31*
Number of comments cards received which were mixed about the service.	13*
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards, friends and	*Although there were 44 comment cards received, it should be noted that some comment cards may relate to other practices in the same building. We were aware of

family test.	<p>two cards which named staff from other practices, as the reception desks for four practices were located together in a row.</p> <ul style="list-style-type: none"> All patients commented that they found the service at the practice to be very good and all staff were caring, friendly and helpful. Patients said that they felt involved in their care and treatment. We noted a number of patients commented on the improvement made across the practice recently. Patients also commented that they were treated with respect, dignity and kindness. Patients feedback relating to accessing appointments was mixed with some patients reporting having to wait for pre-bookable appointments and appointments running late.
Friends and Family test	<ul style="list-style-type: none"> Feedback from the Friends and Family test (FFT) showed over the previous five months a significant improvement in the number of patients who would recommend the service.

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
2790	282	94	33%	3.37%

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)	91.4%	87.0%	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)	90.6%	84.8%	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	92.9%	93.9%	95.6%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)				
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)	85.7%	81.8%	83.8%	No statistical variation

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

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)	89.8%	91.2%	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.	34 (1%)
How the practice supported carers.	The practice identified patients who were carers and all new patients were asked about this as part of the registration process. The practice's computer system alerted GPs if a patient was also a carer, including young carers. We noted that there was information for carers readily available in the waiting area and staff would refer patients to the social prescribing scheme should they require additional support in the community.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, the GP best known to the family contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Non-urgent pre-bookable appointments were available daily. To support patients remembering pre-booked appointments, each morning staff would send text reminders in addition to the automated reminders. As a result, they had seen a reduction in the number of patients who did not attend for appointments and enabled them to free up appointments to offer to other patients. • GPs offered 15-minute appointments as standard. • Urgent on the day appointments were also available should they be required for children or vulnerable patients. • Patients could access appointments with a GP, Nurse or HCA at the seven-day access hub at evenings and weekends which was in the same building. • The practice was actively involved in multi-disciplinary working to coordinate care and treatment. • The practice held registers of patients who were vulnerable, and these registers were monitored to ensure patients were able to access and received care and treatment as required. 	

Practice Opening Times	
Day	Time
Opening times:	Monday to Friday - 8:00am to 6:30pm
Appointments available: Monday to Friday	There are morning and afternoon surgeries held Monday to Friday, with GP appointments available from 8am Mondays.
Additionally, patients could also access GP services in the evening and on Saturdays and Sundays via the extended hours hub, located in the same building.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2790	282	94	33%	3.37%

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)	97.1%	93.1%	94.8%	No statistical variation

Older people

Population group rating: good

Findings
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> 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
<ul style="list-style-type: none"> Appointments were available early morning and late afternoon 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.

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 from 8:00am until 6:30pm Monday to Friday. With pre-bookable and on the day appointments available early morning and late afternoon. Patients could also access appointments evenings and weekends at the extended hours hub located in the same building.

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 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.
- The practice is Homeless friendly accredited.

People experiencing poor mental health (including people with dementia)

Population group rating: good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Staff utilised a quiet waiting area for those patients who may be anxious, or they knew would struggle in the main busy waiting area.
- 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

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)	57.5%*	N/A	70.3%	No statistical variation
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)	69.7%	69.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	69.1%	67.4%	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)	75.7%	72.5%	74.4%	No statistical variation

Explanation of any answers and additional evidence:

*The practice had recruited additional reception and administration staff which enabled them to have more staff answering the telephone at peak times. The PPG were also regularly visiting the practice and helping patients in the waiting area to sign up for on line access.

Source	Feedback
NHS Choices	Since our previous inspection in August 2019 there have been two reviews posted on NHS choices provided, one of which was positive in relation to accessing appointments and the other describe their negative experience of accessing an

	appointment.
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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.	9 written complaints and 4 verbal complaints.
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a form for verbal complaints to be recorded on and we saw these were used effectively. Patients making verbal complaints received a written response which also explained their right to escalate the complaint. Meeting minutes provided evidence that complaints were discussed in practice meetings. • We noted all complaints were appropriately investigated in a timely manner and learning shared with staff and the wider organisation as appropriate. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Child under five being advised to use the walk-in centre.	This was investigated, and it was found that advise had been misunderstood. However, all staff were reminded that children under the age of five should be offered an on the day appointment. The complainant was responded to in writing with information about how to escalate the complaint given.
Patient concerned they would not be able to get through on the telephone in an emergency.	The concern was about an unwell patient. The practice manager met with the complainant and explained the telephone system. They were provided with a direct telephone number for the practice manager that could be used in the case on an emergency. Staff were informed that this was in place and to be aware that the family was anxious.

Well-led

Rating: good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Following the previous inspection, the practice had recruited a number of additional staff including a full time GP partner and business manager to increase capacity and skills within the leadership team. The practice had introduced new governance arrangements and had reviewed all systems, processes and policies to ensure they were up to date and complied with current guidelines. Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had a realistic strategy and supporting business plans to achieve priorities. The principal partners had the skills and experience to run the practice. There were opportunities for all staff to develop in their roles and be autonomous in their roles; with appropriate oversight and support from the GPs and managers. There was a range of regular meetings which included clinical and quality improvement meetings. Staff said that the leadership inspired them to deliver the best care and motivated them to succeed. 	

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:	
<ul style="list-style-type: none"> Practice mission statement: It is the intention of the practice to provide our patients with the highest standard of health care possible, which is accessible and responsive to the health needs of the practice population. All patients will be treated equally as individuals by a caring and well trained team. 	

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Following our previous inspection in August 2018 a new partner and business manager had been appointed and they were supporting the team to improve. Staff told us that managers were open to feedback and although changes to systems were made, if they did not work, they would be reviewed and improved. Staff felt listened to and supported, they were positive about the developments to date and could already see the improvements for staff and patients. The practice carried out a wide range of audits to ensure patients were being prescribed medication safely and patient monitoring was being carried out. The practice worked with the patient participation group to look at ways to gather feedback and to support the practice moving forward The practice embraced learning and was following the recruitment of additional staff provide protected learning time. 	

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

Source	Feedback
Staff	We spoke with a range of new and existing staff both clinical and non-clinical. All staff told us it had been a difficult journey, but all were optimistic about the changes going forward and felt involved and supported by the new management team.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was now a clear system in place for investigating, reviewing and learning from complaints and significant events. The practice manager monitored actions identified to ensure that they had been completed and reviewed. • There were a range of both clinical and administrative policies. These were easily accessible for all staff and supported the delivery of good quality and sustainable care. There was a system in place to review and update policies as required. • There was a comprehensive understanding of the performance at the practice and this was monitored by the partners and management team. • Communication was effective and organised through structured, minuted meetings and handover books. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice has introduced a new audit and monitoring programme, which included regular 	

medication audits, prescribing audits. Results are reviewed and shared during clinical and partner meetings.

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: <ul style="list-style-type: none"> • The practice reviewed all patient feedback to identify any patterns or trends and an action plan was developed and discussed with the patient participation group (PPG) • The practice worked with the PPG to look at ways they could improve patients experience and had introduced GP appointments from 8am on Mondays because of feedback. Members of PPG were providing support to patients in the waiting area to sign up for online access. • Staff told of an open culture and good team work throughout the practice. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y

Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• There was now a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to build on the improvements already made within the practice.• The practice provided protected learning time for staff and staff had access to support networks locally and told us training was supported and encouraged. All staff received individual training opportunities which were discussed at their appraisals.• The practice team were exploring opportunities as to how they could continue to meet the needs of vulnerable and older patients building on training they had received to become homeless friendly accredited and dementia friends.	

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.