

Care Quality Commission

Inspection Evidence Table

The Lander Medical Practice (1-538793944)

Inspection date: 21 March 2019

Date of data download: 19 March 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
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.	Yes
<ul style="list-style-type: none">The practice had clinical leads and deputy leads for both child and adult safeguarding.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> All staff received regular training on safeguarding with non-clinical staff being trained to level 1, nurses to level 2 and GPs to level 3. The practice confirmed on the day of the inspection that due to recent advice, all nurses were working towards level 3 training. Since the inspection, all nurses have received level 3 training. All policies were reviewed annually or when legislation changed. They were available to all staff via the shared drive. All staff received regular DBS checks. Clinical staff received an enhanced DBS check and non-clinical staff received a standard check. There were risk registers for vulnerable people including children at risk. However, the practice had not placed alerts on family members if a child was on the at-risk register. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<ul style="list-style-type: none"> There were no written interview records or consistent photographic identification within the staff files that we viewed. Since the inspection, the practice has amended its recruitment policy to include these items and assured us that written interview records and proof of identity will be kept on file. 	

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: 13 March 2018	Yes
There was a record of equipment calibration. Date of last calibration: 13 March 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, and storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: April 2018	Yes
There was a log of fire drills. Date of last drill: 27 July 2018	Yes
There was a record of fire alarm checks.	Yes

Date of last check: 21 March 2019	
There was a record of fire training for staff. Date of last training: April 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 9 January 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> • A control of substances hazardous to health (COSHH) risk assessment had been carried out on 10 April 2018. There were no items noted as action points for follow up. • We saw evidence the fire alarm had been tested every week. The alarm was tested on the day of the inspection • The most recent fire training had occurred during April 2018 and there were currently 15 trained staff supported by appropriately trained fire marshals and fire wardens. Some new staff who were still under probation were yet to complete their training. • A legionella risk assessment had been completed on 1 February 2019 	

Health and Safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: December 2018	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<ul style="list-style-type: none"> • There was an infection control lead but some non-clinical staff had not received infection control training. The practice showed us an action plan with dates in place for non-clinical staff to complete on-line training within the next 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
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.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<ul style="list-style-type: none"> All non-clinical staff were part-time with staggered start and finish times to ensure full continuity of cover. There was an absence management policy which ensured that only one member of each team was granted an authorised absence at any one time. 	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes

There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
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.	Yes
<ul style="list-style-type: none"> Urgent referrals were monitored daily to ensure that appointments were made, and kept, within two weeks from the original referral letter being sent. If clinicians were away, there was a “buddy system” in place so that all pathology results, documents etc. were appropriately dealt with in a timely manner. 	

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) (NHS Business Service Authority - NHSBSA)	0.72	0.94	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). (01/10/2017 to 30/09/2018) (NHSBSA)	6.3%	9.7%	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 (01/04/2018 to 30/09/2018) (NHSBSA)	5.79	5.73	5.64	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) (NHSBSA)	2.33	2.59	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national	Yes

Medicines management	Y/N/Partial
guidance.	
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
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.	Yes
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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
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.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<ul style="list-style-type: none"> • The practice had a prescription management system in place. A log was kept of prescription serial numbers and the date when they were taken to consulting rooms. • Patient Group Directions (PGD) had been adopted by the practice to allow the nurse(s) to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). However, those that we examined, although signed by a GP and the nurse(s), had been signed in the wrong place. This was corrected during the inspection. • Where necessary, other staff worked under a Patient Specific Direction (PSD). (PSDs are written instructions for the supply or administration of medicines to a specific patient). For example, we saw PSDs for the administration of flu vaccines during the 2017-2018 flu season by HCAs. This consisted of a printed list of all patients registered at the surgery on 13th September 2017. However, it didn't consider patients registering at the surgery after that date. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> We found three instances where appropriate blood tests, monitoring and clinical reviews of some patients on high risk medicines (for example, warfarin, methotrexate and lithium) had not been carried out prior to prescribing. Since our inspection the practice had reviewed their process for monitoring patients on these medicines, to ensure that appropriate blood tests were done prior to repeat prescribing by clinicians. There were appropriate emergency drugs kept on the premises. All those that we checked were in date and we saw evidence of recording and checking on a regular and appropriate basis We also saw a log which was kept for checking emergency drugs taken by doctors on home visits a system for stock control and recording of expiry dates of other medicines e.g. local anaesthetic and steroid injections. 	

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Partial
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	Nine
Number of events that required action:	Nine
<ul style="list-style-type: none"> Nine significant events had been recorded and there was clear evidence of significant event recording, learning and documentation but the organisation of the documentation was not unified and so, in some cases, it was not possible to clearly see how and when this had been shared amongst the team 	

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

Event	Specific action taken
A patient answered to an incorrect name when called in to a treatment room.	The patient was correctly dealt with, and all details recorded in the correct patient record afterwards, but all clinicians were reminded of the need to check patient details such as date of birth and address before beginning the consultation.
Test strips that were used for INR testing were reported by the pathology lab to be giving high readings. This was known by the manufacturer and an alert had been issued.	All stocks were disposed of and patients who had used that batch of testing strips were recalled so that blood samples could be taken until a new stock of strips obtained.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<ul style="list-style-type: none"> • Safety alerts arrived via email to the practice manager who assessed the relevance and then distributed them to GPs in line with the practice safety alert policy. GPs reported back if a search was needed. The result of the search was then sent back to the GPs who completed any appropriate course of action. Although all alerts were recorded they were not kept in a location easily accessible by all staff. 	

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

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>	1.09	0.89	0.79	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.

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>	78.4%	83.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.5% (143)	19.2%	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>	79.1%	79.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.1% (78)	12.3%	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>	89.3%	83.2%	80.1%	Variation (positive)
Exception rate (number of exceptions).	14.1% (109)	14.4%	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>	66.4%	75.3%	76.0%	-
Exception rate (number of exceptions).	8.2% (86)	11.0%	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>	97.0%	90.3%	89.7%	Variation (positive)
Exception rate (number of exceptions).	15.5% (31)	14.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.1%	83.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	9.9% (210)	5.3%	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) <small>(QOF)</small>	97.6%	89.5%	90.0%	Variation (positive)
Exception rate (number of exceptions).	11.2% (31)	6.8%	6.7%	N/A

Any additional evidence or comments

- Most of the percentage uptake figures shown in the tables above were in line with, or better than, the local and national averages. It is noted, however, that the exception reporting rate of patients in the above two clinical indicators was significantly higher than the local and national averages and the practice's QOF administrator had been actively working with GPs to reduce this figure. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. Patients were now being recalled using text and telephone calls, and we saw unverified data for 2018-2019 which showed a marked decrease in exception reporting.

Families, children and young people

Population group rating: Good

Findings

- All four childhood immunisation uptake rates were significantly 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) <small>(NHS England)</small>	175	185	94.6%	Met 90% minimum (no variation)
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) <small>(NHS England)</small>	186	197	94.4%	Met 90% minimum (no variation)
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) <small>(NHS England)</small>	184	197	93.4%	Met 90% minimum (no variation)
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) <small>(NHS England)</small>	184	197	93.4%	Met 90% minimum (no variation)

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.

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)	72.7%	74.7%	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)	68.7%	75.7%	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)	60.8%	60.4%	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)	55.4%	62.7%	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)	51.4%	52.1%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people 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 and were at potential risk of addiction.

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 in the last 12 months.

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>	97.4%	92.9%	89.5%	-
Exception rate (number of exceptions).	21.2% (21)	16.5%	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>	94.7%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	23.2% (23)	14.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.2%	83.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (7)	7.4%	6.6%	N/A

Any additional evidence or comments

- Most of the percentage uptake figures above were in line with, or better than, the local and national averages. It is noted that the exception reporting rate of patients in two of the above clinical indicators was significantly higher than both the local and national averages and the practice's QOF administrator had been actively working with GPs to reduce this figure. Because of the challenges faced in recalling patients with mental health issues, appropriate telephone

scripts were now being used by staff to recall this group of patients and we saw unverified data for 2018-2019 which showed a marked decrease in exception reporting.

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)	551.9	548.1	537.5
Overall QOF exception reporting (all domains)	7.3%	6.7%	5.8%

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

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

- Because of a recent safety alert, the practice had completed an audit of female patients, of child bearing age, who were being prescribed sodium valproate. This audit identified 18 patients, of child bearing age, who had been taking sodium valproate. All the records were reviewed to determine whether the prescribing of sodium valproate was appropriate which, in all cases, it was. 15 patients were contacted and made aware of the concerns should they become pregnant. Contraception was discussed with some. The remaining three had significant learning difficulties and it was not considered appropriate to contact them directly but to discuss the issue with their carers. Due to the ever-changing population, this audit will be repeated at regular six-monthly intervals.
- An audit of patients being prescribed Tramadol was conducted between March and May 2018 and it was found that 71 patients were being prescribed this medicine. An information letter from the pain management clinic was then attached to subsequent prescriptions and when a further audit was conducted between August and October 2018 it was found that of the original 71 patients, 19 had stopped using Tramadol.

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.	Yes
The learning and development needs of staff were assessed.	Yes

The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<ul style="list-style-type: none"> • Not all staff had received appraisals during the last 12 months. • Where appraisals had been held, training needs were discussed. 	

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.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<ul style="list-style-type: none"> • The practice employed a Care Co-ordinator who identified patients in need of help to stay safe at home. Referrals to the care co-ordinator were taken from GPs and District Nurses and from discussions during the weekly multi-disciplinary meetings. • The practice had their own physiotherapy department which had been started in April 1992 after the practice had identified a need for it in the local area. It employed four senior physiotherapists, one physio assistant and one administrator in a purpose-built clinic with three cubicles and fully equipped gymnasium. <p>Patients were referred to this department by the GPs and they could take urgent and routine referrals. This service had links with the Cornwall Works Hub and assisted patients to return to, and remain in, work. In the past year they had treated 1,313 patients, 29% as urgent cases and 71% as routine. The average wait for an urgent referral was two to three days and the average wait for a routine referral was between three and four weeks.</p> <p>Treatment outcome measures were used at initial assessment and at discharge from the service and a five point questionnaire was also used to analyse quality of life. This was monitored every</p>	

three months and showed a reduction in pain and an increase in function by most patients. Patients feedback on this service was 100% excellent.

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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
<ul style="list-style-type: none"> The practice was involved in social prescribing and worked with patients to improve their own health outcomes. Physiotherapy staff attached to the practice provided assessments of patients in respect of fitness to work. 	

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>	91.9%	94.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.5% (56)	1.1%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

The practice monitored the process for seeking consent appropriately.	Yes
<ul style="list-style-type: none">We reviewed three consent forms and saw that they had all been completed prior to the procedure and that they were appropriately completed, signed and recorded in the patient record.	

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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

CQC comments cards	
Total comments cards received.	38
Number of CQC comments received which were positive about the service.	35
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	<p>Patient comments included feedback that the doctors and staff couldn't be faulted; the GPs and the admin team were all extremely good; care needs were met; treatment was good; Staff listened to patients; patients felt cared for; staff went above and beyond with patient care and that the surgery was always clean and well maintained.</p> <p>The cards that contained mixed comments were positive about the service provided but negative about the ease of getting an appointment at a time that suited the individuals.</p>

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
18156	247	129	52.2%	0.71%

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)	95.3%	92.6%	89.0%	-
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)	96.2%	92.3%	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)	96.5%	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)	94.3%	89.4%	83.8%	-

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.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<ul style="list-style-type: none"> Patients were involved in their care and decisions about their care; they were counselled about choices and offered further information to support their understanding. The reception team were very knowledgeable about local facilities, including community groups and support organisations and were able to advise patients about these. 	

Source	Feedback
Interviews with patients.	Patients were positive about the level of service provided by the practice. They understood the pressures on the practice and were particularly appreciative of the efforts provided by all staff.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	97.1%	95.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
<ul style="list-style-type: none"> • Noticeboards and leaflets informed patients how to access support groups and organisations. • Leaflets could be printed in a large font and in other languages if required. 	

Carers	Narrative
Percentage and number of carers identified.	1% 185
How the practice supported carers.	Carers were identified when registering with the practice and were offered health checks, flu vaccinations and longer appointments if needed. Information for carers was displayed in the waiting room and on the practice website.
How the practice support recently bereaved patients.	Recently bereaved patients were signposted to local support services. GPs would contact recently bereaved patients, either by telephone or via a home visit depending on the circumstances. Condolences and offers of emotional and practical support would also be offered.

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.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive	Yes

issues.	
There were arrangements to ensure confidentiality at the reception desk.	Yes
<ul style="list-style-type: none"> • Curtains were seen in all the clinical rooms and curtains, blinds, etc. were in place to ensure that no one could see in to the clinical rooms. • A room could be made available for patients to discuss sensitive issues or if they were upset. • Breastfeeding mothers could use a private room if they wished to feed their baby whilst visiting the surgery. 	

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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<ul style="list-style-type: none"> The individual needs of patients were recognised, and the practice worked as a team to offer continuity of care for routine matters with the same GP wherever possible The practice had a wheelchair for carers and patients to use, and we also saw a portable hearing loop for use by those with hearing impairment. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Appointments available:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm
Friday	8am to 6:30pm
Saturday, Sunday and Bank Holiday	Appointments were available at the improved access hubs between 8.00am and 8.00pm.
The practice website contained details of a smartphone app which provided live waiting and travel times for NHS services providing urgent care across Cornwall. It provided information about the healthcare services available based on the location of the patient and helped them to choose the right service and spend less time waiting.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
18156	247	129	52.2%	0.71%

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)	96.3%	96.2%	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, if required, 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 outside of school times and improved access appointments at the local hubs were also available in the evenings so that children did not need to miss school. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. 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.

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.
- 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 on Saturday, Sunday and Bank Holidays from 8.00am until 8.00pm by using the improved access Hubs.

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.

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.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
<ul style="list-style-type: none"> • The reception team followed procedures to identify sick patients and would inform the duty doctor 	

of any potentially life-threatening situations.

- Urgent appointments were offered in the morning and afternoon surgeries and if a patient needed to be seen urgently, outside of these sessions, the duty doctor would often see them.
- Home visit requests were recorded on the clinical system. A GP would ring the patient/carer to establish the problem and clinical need for the visit. Advice would be given as to whether the visit was needed or alternative options (e.g. ambulance, surgery appointment, etc.) would be agreed.

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)	81.6%	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)	86.2%	78.1%	68.6%	-
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)	75.2%	74.6%	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)	86.1%	82.7%	74.4%	No statistical variation

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	9
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.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<ul style="list-style-type: none"> • A complaint leaflets were kept in reception and handed to patients if requested. There was a complaints procedure in place and we saw that complaints were properly investigated and 	

recorded so that trends and training needs could be identified.

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained that they had been given incorrect advice about which travel vaccines could be administered at the practice and, as a result, paid for them to be done elsewhere.	The complaint was reviewed, and an apology offered to the patient. All staff were made aware as to which vaccines were available on the NHS and which had to be paid for. The patient was reimbursed for the vaccines that they had paid for.
A patient complained about the attitude of a clinician.	The clinician wrote to the patient and apologised. They reflected upon how they might have appeared to the patient and all clinicians were reminded of the need to deal with patients in an appropriate manner.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels and 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<ul style="list-style-type: none">• The partners each had a lead area of responsibility in the practice.• Regular clinical and staff meetings were held to discuss all aspects of the practice. All meetings had an agenda and minutes were recorded.• The partners and managers met regularly to discuss staffing issues, finance, premises and contracts to ensure that they were reactive and ready to face the challenges of general practice.• Staff said that they felt part of a strong team and supported by the GPs and management team. They could speak to the practice manager, or a partner, if they had concerns or needed pastoral support.• The practice was aware that there were several long-term members of staff who were due to retire during the next two years and so the practice had already begun to work on a succession plan.• The practice was also actively involved with other locality practices in discussions about establishing a primary care network.	

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.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

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.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<ul style="list-style-type: none"> • Feedback from staff confirmed that they felt supported and valued. • Staff were aware of the whistleblowing policy and felt able to raise concerns if needed. A freedom to speak up guardian had been appointed and a no blame culture was in evidence. 	

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

Source	Feedback
21 anonymous staff questionnaires	17 of the questionnaires contained positive feedback but four were negative about workload and lack of regular appraisals.

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.	Yes
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Yes
<ul style="list-style-type: none"> • Policies and procedures were in place and accessible to staff on the computer system. The practice manager regularly reviewed and updated the policies as required. • There was a system in place for investigating, reviewing and learning from complaints and significant events. They were then formally documented centrally and discussed during staff and clinical meetings. • There were health and safety systems in place and equipment was maintained in line with guidance. • Not all staff had received regular appraisals, and this was apparent in the feedback from some of the staff. The practice showed us a plan that they had in place to ensure that all staff would be receiving an appraisal from a nominated GP who wanted to take on this role. 	

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.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<ul style="list-style-type: none">• There was a business continuity plan in place dated December 2018.• Examples of clinical audit which evidenced quality improvement were seen.• The practice had undertaken several risk assessments including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.	

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

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.	Yes
Staff views were reflected in the planning and delivery of services.	Yes

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
<ul style="list-style-type: none"> The practice sought patient feedback by utilising national and internal patient surveys and the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. The practice reviewed the comments to identify areas for improvement. Staff were able to contribute their views and suggestions at meetings, appraisals and at any time in discussions. 	

Feedback from Patient Participation Group.

Feedback	
<ul style="list-style-type: none"> The practice had an active patient participation group (PPG) which met regularly with the practice. All meetings had agendas and were minuted. There were nine PPG members, two of whom were present on the morning of our inspection. They discussed with us their interaction with the practice and showed us examples of quarterly newsletters that they produced. They had also raised £200 through a recent coffee morning and raised funds for a self-testing blood pressure monitoring unit which was in the waiting room for patients to use. 	

Continuous improvement and innovation

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

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

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Glossary of terms used in the data.

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