

# Care Quality Commission

## Inspection Evidence Table

### Westbourne Medical Centre (1-550038854)

Inspection date: 27 March 2019

Date of data download: 11 March 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

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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 15/06/18	Y
There was a record of equipment calibration. Date of last calibration: 10/01/19	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals. (Reviewed 01/03/18)	Y
There was a fire procedure. (Reviewed 25/03/19)	Y
There was a record of fire extinguisher checks. Date of last check: 12/02/19	Y
There was a log of fire drills. Date of last drill: 01/08/17	Y
There was a record of fire alarm checks.	Y
There was a record of fire training for staff.	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 21/03/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: We saw that a fire drill had been scheduled to be undertaken 29/03/2019.	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 27/07/2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 27/07/2018	Y

## 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:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: We saw records demonstrated regular cleaning of clinical rooms and specialist equipment. A hand washing audit was undertaken in November 2018. Results showed that all staff were able to demonstrate correct hand washing technique.	

## 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

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.87	0.93	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	8.3%	8.0%	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) <small>(NHSBSA)</small>	5.21	5.63	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	2.70	3.03	2.22	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
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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

**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:	7
Number of events that required action:	7
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an overview system which was used to identify themes, record what action had been taken and subsequent learning following each significant event. The practice classified a significant event as an incident that may have potentially harmed patients. In addition to the seven significant events identified in the last 12 months, the practice had also identified a further 102 incidents which had been recorded to identify action taken and subsequent learning.</p> <p>The practice discussed incidents and significant events fortnightly and during formal significant events meetings undertaken every three months. We saw that all staff involved in an incident or significant event was invited to meetings and meeting minutes were accessible to staff on an internal computer system.</p>	

Example of a significant event recorded and actions by the practice.

Event	Specific action taken
A change to a patient's medicine, following discharge stated an incorrect dose.	It had been identified that the dose was not correct before the patient had taken the medicine. The patient was prescribed the correct dose. The practice had subsequently changed the procedure which now ensured that the pharmacist employed by the practice managed all medicines changes for patients following hospital discharge.



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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an overview system which demonstrated all safety alerts received, what action had been taken and by whom.</p>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.76	0.80	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice had a frailty team which consisted of an advanced nurse practitioner, a paramedic and a community nurse employed by the practice. The frailty team visited patients who were living with frailty at home.
- 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. The clinical pharmacist and Pharmacy Technician followed up older patients discharged from hospital to ensure the medicines prescribed were correct and appropriate.
- 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: Requires Improvement

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The clinical pharmacist regularly reviewed patients who were taking more than one medicine to promote optimisation of treatment and safety.
- 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 had implemented a 'risk stratification' approach to support patients with Diabetes and COPD; this helped the practice to focus on patients that required more support based on risk rating.
- The practice referred patients with diabetes to an external 'steps2welbeing' service which ran two clinics per week at the practice and supported patients with pain management.
- 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.
- From August 2018, the practice had hosted three 'my health, my way' courses for patients with long-term conditions, each course supported 15 patients registered at the practice for two hours each week and ran for four weeks.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.5%	82.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	33.9% (276)	19.9%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure	83.1%	78.6%	77.7%	No statistical variation

reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	36.7% (299)	13.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.8%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	36.8% (300)	18.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	82.9%	75.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	35.8% (371)	12.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.8%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	32.2% (103)	16.6%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.1%	82.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	14.9% (388)	5.2%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	90.9%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	14.7% (66)	7.6%	6.7%	N/A

### Any additional evidence or comments

The practice was aware that exception reporting results for long-term conditions indicators were above local and national averages.

The practice had showed us unverified data for 2018/19 which showed the following improvements;

- 24% of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months had been exception reported.
- 21% 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 had been exception reported.
- 23% of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less had been exception reported.
- 13% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less had been exception reported.
- 6% 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 had been exception reported.

The practice was working with the atrial fibrillation clinical lead at Wessex Academic Health Science Network (AHSN) on a project focusing on providing education and clinical review of patients with atrial fibrillation which had included face-to-face discussions with participating patients.

We saw that GPs were consulted before patients were exception reported. Patients' records demonstrated that reasons for exception reporting had been appropriate.

### Families, children and young people

Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with or above the World Health Organisation (WHO) targets.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	162	177	91.5%	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) (NHS England)	140	147	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	140	147	95.2%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	136	147	92.5%	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)	67.9%	74.5%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.4%	75.9%	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)	59.8%	62.4%	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)	61.8%	62.6%	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)	52.4%	51.6%	51.9%	No statistical variation

### Any additional evidence or comments

The practice was aware that the result for the cervical screening indicator was below the 80% Public Health England target for national screening and below local and national averages. We saw that information which promoted the uptake of cervical screening was available in waiting areas and on the practice's website. The practice showed us unverified data for 2018/19 that showed that 85% of women eligible for cervical cancer screening at a given point in time were screened adequately within a specified period.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice had achieved a dementia friendly accreditation by ensuring that all staff had received dementia training and improving signage throughout the practice to promote better access for patients with dementia.



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) (QOF)	94.7%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.7% (35)	16.7%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.1%	90.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	14.3% (32)	16.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	95.0%	84.8%	83.0%	Variation (positive)
Exception rate (number of exceptions).	5.1% (13)	6.8%	6.6%	N/A

## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556.7	548.8	537.5
Overall QOF exception reporting (all domains)	12.9%	7.0%	5.8%

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

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

past two years

We saw the practice had a schedule of clinical audits that improved quality and outcomes for patients. For example, all patients who had been prescribed a named medicine for the prevention of irregular heart rates, had been reviewed to ensure they had received an annual specialist cardiology review. Patients who had not had an annual review had been referred to the cardiologist.

The practice had an 'actions team' who were responsible for ensuring all patients who had been prescribed medicines that required monitoring had received a blood test before processing requests for repeat prescriptions.

#### **Any additional evidence or comments**

The practice had a quality improvement team who implemented changes required to improve quality. For example, the practice had a blood pressure monitoring machine at the practice, for patients to utilise independently and provide the results to the receptionists. The quality improvement team had developed a system which prompted the receptionist to take further action, if required, once the result had been inputted into the patient records. If the result was above or below the expected reading for each individual patient, the receptionist subsequently invited the patient to repeat the blood pressure reading and/or booked a same day appointment for the patient.

## Effective staffing

The practice was able/ unable 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.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	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.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw the practice had tailored induction checklists for different roles within the practice. The induction policy ensured all staff completed necessary training within six weeks from commencement of employment. There was an overview of all necessary and specialist training.</p> <p>The practice did not have an overview system of appraisal and were not able to demonstrate that all relevant staff had received an appraisal within the last 12 months. The practice told us that managers were sent an alert when an appraisal was due for a staff member. The practice was planning to implement an overview system as they had previously identified that they were not able to assure themselves that all staff had received an appraisal. We looked at four staff files which contained an appraisal or probation reviews if staff had been employed for less than 12 months. Staff we spoke to confirmed that they felt supported by managers.</p>	

## 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)	Y

(QOF)	
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
The practice had undertaken a 'health week' in August 2018. Each day had a theme, for example, mental health, healthy life style and long-term conditions. Charities and community services had been invited to promote services available and information desks had been set up in the patient waiting area to provide educational information, for example, healthy eating and nutrition. The practice had also set up a spinning bike in the waiting area for patients and staff to attain a distance goal and to promote exercise.	

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>	94.2%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (43)	1.1%	0.8%	N/A

## Consent to care and treatment

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

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

## Caring

Rating: Good

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	9
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment Cards	Comments described staff as helpful, approachable, attentive and friendly. Negative comments were regarding access to appointments or preferred GPs.
NHS choices	The practice was rated as four out of five stars, based on 24 ratings. The practice had received 12 reviews in the last 12 months, 11 of which had rated the practice as five out of five stars. Comments described staff as helpful, courteous and thorough. One negative comment was regarding care and treatment. We saw that the practice had responded to this comment, apologised and invited the patient to contact the practice.

## 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
17838	296	123	41.6%	0.69%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	90.1%	91.6%	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)	86.7%	90.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.2%	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)	90.0%	89.1%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y
Explanation of any answers and additional evidence: The practice collated all feedback received from patients and documented whether the feedback was positive, negative or neutral and what subsequent action the practice had taken.	



## Involvement in decisions about care and treatment

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

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

Source	Feedback
Comment Cards	Comments confirmed that staff involved patients in decisions about care and treatment. One comment stated; 'I can find no fault whatsoever in the care and attention I have received'.

## 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)	93.1%	95.5%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw that if a patient had specified a preferred method of contact, for example by email, or required information in large print, a note was placed on the patient's record.</p> <p>The patient information leaflet had been developed by the PPG.</p>	

Carers	Narrative
Percentage and number of carers identified.	A total of 213 patients were identified as carers; this represented above 1% of the practice list.
How the practice supported carers.	Carers were able to access online services to arrange appointments and order prescriptions by proxy for the patient they cared for. We saw the practice had obtained consent from the cared for patient before this arrangement had been implemented. The practice had a carers' lead who contacted newly registered carers to signpost to external services. The practice had also promoted a carers awareness day and invited charities to attend the practice.
How the practice supported recently bereaved patients.	We saw that the reception staff informed a patient's usual GP if they had recently been bereaved. The GP contacted the patient and invited them to an appointment if required.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

## Responsive

Rating: Good

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was a member of the Healthstone Medical Federation. The Federation comprised of 14 practices and provided Improved Access to General Practice Services (IAGPS) which included GP appointments and extended access to GP appointments at weekends for patients registered at practices within the federation. Patients were able to access other services provided by IAGPS including blood monitoring, physiotherapy, wound management and leg ulcer care, and alcohol support services.</p> <p>The practice utilised social media to promote awareness and signposting, for example; cervical screening, carers support and surgery closures for training.</p> <p>The practice utilised a text messaging system to remind patients about appointments.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Extended hours appointments were available every Monday evening until 8pm	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
17838	296	123	41.6%	0.69%

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)	90.5%	96.0%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- All patients had a named GP who supported them in whatever setting they lived. The practice had implemented a 'frailty team' which consisted of an advanced nurse practitioner (ANP), an advanced paramedic practitioner and health care assistant (HCA). All members of the frailty team visited older patients as required.
- The practice supported patients living in 13 Residential or nursing homes locally. Each nursing or residential home had an allocated GP for continuity of care. The practice had provided residential and care homes with a dedicated email address to utilise rather than utilising faxing facilities, to improve data protection. Emails were checked daily by reception staff.
- 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

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

## Families, children and young people

Population group rating: Good

### Findings

- Additional nurse appointments were available until 8pm on a Monday for school age children so that they did not need to miss school.
- Telephone appointments with practice nurses were available from 7:30am until 8.00am every Tuesday, Wednesday, Thursday and Friday.
- 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 until 8pm on a Monday.
- The practice offered an online consultation service for patients to email administrative and non-urgent medical requests to the practice. All requests were responded to within 24 hours after it had been received. The practice had received and processed 180 requests in the three months prior to this inspection.
- Telephone consultations and online services were available for patients to order repeat prescriptions and book appointments.
- The practice offered 'out of area registration' for patients who worked locally but lived out of area.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice supported a local addiction recovery service charity by providing designated clinical sessions, access to the administration team for additional support and a dedicated GP for all residents registered at the practice. The designated GP provided weekly telephone consultations with patients utilising the service if required.

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

**Population group rating: add rating here**

**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.
- The practice had a 'Dementia Friendly' accreditation.

## 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)	94.8%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	89.1%	78.2%	68.6%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	88.9%	72.5%	65.9%	Variation (positive)
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)	86.3%	80.8%	74.4%	No statistical variation

Source	Feedback
Comment cards	Patients confirmed that they were able to book urgent and routine appointments when required. One patient commented that they did not find it easy to access the practice by phone.

## 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.	32
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

Example(s) of learning from complaints.

Complaint	Specific action taken
The practice received a complaint because a clinician had increased the dosage of a medicine without consulting the patient first.	The practice apologised to the patient. The Patient's GP contacted them to discuss the benefits of increasing the dosage and to allow the patient to make the decision. The clinician was reminded to consult patients before changing their medicine. We saw that the complaint was discussed during a clinical meeting and responded to in a timely manner.



## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice had recruited two GPs, two practice nurses and an advanced paramedic practitioner which had increased the capacity of clinic care and support offered to patients.  We saw that leaders effectively communicated with staff through team meetings and practice meetings, notifications, emails and monthly staff newsletters. Meeting minutes demonstrated that staff had been consulted regarding changes made to services provided. The practice had undertaken a staff survey in February 2019 to measure satisfaction with how managers communicated and kept staff up to date. Results showed that; 36% of respondents found communication satisfactory, 63% of respondents found communication to be good or excellent. Staff told us leaders were approachable, transparent and encouraged positive change.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice vision was to continue to provide a high quality, accessible, user friendly and progressive healthcare service for patients, utilising all available resources within their extensive multidisciplinary 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us that teams work well together, staff feel supported by managers and the practice is a friendly working environment. The practice provides 'bacon butty Fridays' each week for all staff. Comments included; 'the practice is efficiently run', 'we put the patients first' and 'everyone is friendly and kind and willing to support each other'.</p> <p>The practice had a 'recognition and reward' scheme; staff could nominate colleagues for 'going the extra mile' who were then rewarded.</p>	

## 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> <p>The practice had a system for managing policies and procedures which indicated who was responsible for managing reviews, updates and sharing relevant changes with staff and patients. We saw that policies and procedures had been reviewed regularly. For example, the practice had identified that an overview of staff appraisal was required and, at the time of inspection, was in the process of updating this system.</p> <p>There was a clear hierarchy of leadership and line management. Systems of communication had been embedded, staff demonstrated they understood roles and responsibilities of teams and managers, and confirmed changes were clearly communicated in a timely manner.</p>	

### 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

### 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.

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an active Patient Participation Group (PPG) who met with managers every two months. Minutes from meetings demonstrated that the practice consulted patients regarding changes and suggestions for positive change. For example, that practice had implemented a patient suggestion box, as recommended by the PPG. We saw that minutes of meetings were shared with virtual PPG members.</p> <p>We saw staff were able to feedback to managers and make suggestion, either via meetings or formal and informal supervision. Staff were also able to provide anonymous feedback and suggestions if they wished.</p>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a quality improvement team who focused on implementing positive changes for staff and patients. For example, the quality improvement team sought feedback from staff during meetings regarding what products and resources were required to support roles and responsibilities. The team then produced standard operating procedures for staff as required.</p> <p>The practice had developed workflow optimisation; previously all letters from specialists and hospital consultants were sent directly to the patients' named GPs. The updated system involved letters first being sent to trained administrators, who completed basic details and used an algorithm, developed by the practice, to decide what further action was required, before forwarding to the GP if necessary. The pharmacy technician was responsible for deciding action regarding complex clinical letters.</p> <p>The practice had a 'talent pool' which supported staff with career and skill development. The practice told us that several staff had been promoted and supported to complete training to undertake new roles within the practice and advance careers. Examples included managers, health care assistants and practice nurses.</p>	

## Examples of continuous learning and improvement

The practice implemented health care assistant (HCA) led wound clinics in response to the receptionists being unsure how long to schedule appointments for wound care and dressings depending on individual care needs. The HCA created a wound clinic register and gathered data regarding the number and length of appointments required for each patient on the list and was allocated time to contact patients, book appointments and update the wound clinic register.

The practice had been involved in a dermatology pilot to reduce the impact on the dermatology department at the local hospital. Launched in February 2019, GPs from the practice worked with a GP from another practice to see patients registered within the locality, once a week at a dermatology clinic. GPs were able to undertake treatment, for example minor surgery or refer to the hospital if specialist input was required. This had reduced the wait for treatment for patients and the number of referrals made to the local dermatology department.

## 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.