

# Care Quality Commission

## Inspection Evidence Table

### Dr Singh`s Surgery (1-569417662)

Inspection date: 30 April 2019

Date of data download: 18 April 2019

## Overall rating: Good

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

## Safe

## Rating: Good

At the last inspection in June 2018 we rated the practice as requires improvement for providing safe services because:

- There were shortfalls in the systems for monitoring patients on high risk medicines.
- There was no evidence of action taken in response to safety alerts.
- There was no system to manage uncollected repeat prescriptions or an audit trail to monitor the use of blank prescriptions.
- There was a lack of understanding about assessing risks associated with fire, infection prevention and control, and the storage of hazardous substances.
- There were no records to confirm monitoring of emergency medicines, emergency equipment, and vaccines.

At this inspection, we found that the provider had satisfactorily addressed these areas.

### Safety systems and processes

**The practice had 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 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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
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

<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: July 2018	Yes
There was a record of equipment calibration. Date of last calibration: July 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: July 2018	Yes
There was a log of fire drills. Date of last drill: June 2018	Yes
There was a record of fire alarm checks. Date of last check: April 2019	Yes
There was a record of fire training for staff. Date of last training: 2018 and 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: June 2018	Yes

Actions from fire risk assessment were identified and completed.	N/A – no actions
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Since our last inspection, the practice had completed portable appliance testing, a fire risk assessment, fire extinguishers had been serviced, fire drills were carried out and logged, and fire alarm checks were recorded.</li> <li>• We were told that the practice did not store any hazardous substances such as liquid nitrogen. Cleaning materials were brought in by the cleaning company and not stored at the practice.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: June 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 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.	Yes
Date of last infection prevention and control audit:	March 2019
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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Since our last inspection, the practice had carried out an infection prevention and control audit in August 2018. Issues identified in the audit were addressed. For example, chairs that were not in good order were replaced, apron dispensers were restocked, a policy for baby waste was created, and staff were given refresher training in hand hygiene and specimen handling. A re-audit was undertaken in March 2019 and there were no outstanding actions identified.</li> <li>• A legionella risk assessment was undertaken in June 2018 and was due for re-assessment in June 2019. (Legionella is a term for a bacterium which can contaminate water systems in buildings).</li> </ul>	

### Risks to patients

**There were 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 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Since our last inspection, the practice provided administrative staff with sepsis training. Non-clinical staff we spoke with were aware of what actions to take if they encountered an acutely unwell patient.</li> </ul>	

## 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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There was no formal system to monitor urgent (e.g. two-week wait) referrals as the practice relied on patients to contact them if they had not received an appointment within two weeks. Following</li> </ul>	

our inspection, the practice implemented a new protocol for two-week wait referrals and bookings. This would involve staff directly booking the appointment and notifying the patient or following up the referral to ensure appointments were booked and patients informed.

## 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)	0.95	0.76	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	8.3%	8.3%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	5.97	5.71	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	1.41	1.16	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 guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence	Yes

Medicines management	Y/N/Partial
of structured medicines reviews for patients on repeat medicines.	
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.	Yes
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
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.	N/A
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.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Since our last inspection, the practice had implemented systems to monitor blank prescription paper and uncollected prescriptions. However, we noted blank prescriptions were not kept securely overnight once distributed to clinicians. Following our inspection, the provider updated their 'prescription security protocol' to ensure the safety of prescriptions overnight. This involved removing blank prescriptions from printers each evening and storing them in a secure location.</li> <li>• Since our last inspection, the practice implemented a 'high risk medication monitoring protocol' to ensure blood tests were performed and recorded within the patients notes prior to issuing a prescription. A reminder was also added to the home page of the patient's medical record. The records we reviewed showed patients had received the required monitoring prior to a prescription being issued.</li> <li>• Since our last inspection, the practice kept records to confirm the monitoring of emergency medicines, emergency equipment and vaccines.</li> </ul>	

## 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.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	3
Number of events that required action:	3

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

Event	Specific action taken
Blood samples returned throughout December 2018 and marked as either lost, unusable or not labelled correctly.	<ul style="list-style-type: none"> <li>The events were discussed with all staff concerned.</li> <li>The practice identified that samples collected late on Friday were more likely to be rejected. An earlier pick up time for samples was arranged with the laboratory.</li> <li>Staff were monitored when taking blood samples. Staff were labelling samples correctly.</li> <li>The printer for labels was not always aligned and the ink was dull. A new printer and toner were organised for the phlebotomy room.</li> <li>Text messages were sent to patients informing them to contact the surgery in seven days to check their results. This would assist in identifying results not received.</li> </ul>

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Since our last inspection, the practice had implemented a system to ensure appropriate action had been taken in response to safety alerts. Alerts were disseminated to relevant staff and saved on the shared drive for future reference. A log of action taken in response to alerts had been created and the practice had reviewed alerts from the previous six months to ensure there was an audit trail of how these had been responded to.</li> </ul>	

**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>	1.02	0.66	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.

## 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. For example, three GPs and one nurse had further training in diabetes. The practice used the CCG diabetes dashboard to monitor their performance in diabetes management monthly.
- 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.
- The practice offered in-house ECGs (electrocardiogram) and a phlebotomy service which was convenient for patients who required regular monitoring.

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>	86.0%	76.1%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.1% (118)	7.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.0%	76.5%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	9.9% (68)	7.8%	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>	74.7%	77.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	8.7% (60)	7.9%	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	82.1%	77.3%	76.0%	No statistical variation

(01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	0.9% (3)	3.0%	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) (QOF)	97.7%	91.1%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	12.0% (6)	8.7%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	84.2%	82.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	9.2% (94)	3.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	84.2%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.0% (1)	4.7%	6.7%	N/A

## Families, children and young people

Population group rating: **Good**

### Findings

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- 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.
- The practice provided family planning advice, including Intrauterine Contraceptive Device (IUCD) fittings.
- The practice offered catch up vaccinations for the human papillomavirus (HPV), meningitis (ACWY), and hepatitis B.

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>	77	87	88.5%	Below 90% minimum (variation negative)
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>	108	125	86.4%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	111	125	88.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	123	125	98.4%	Met 95% WHO based target (significant variation positive)

#### Any additional evidence or comments

- Uptake rates for the MMR vaccine for children aged two was above the World Health Organisation (WHO) target of 95%.
- Published data showed uptake rates for the remaining three vaccines for children aged one and two was just below 90%. The practice disputed this data and sent us unverified data to show they had achieved the 90% target for these vaccinations.

### Working age people (including those recently retired and students)

Population group rating: **Good**

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice offered HIV testing for patients aged 19 to 59. This service was promoted jointly with the sexual health service and CCG due to a high prevalence of HIV in Hounslow.

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)	54.1%	63.4%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	57.4%	67.0%	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)	33.7%	45.7%	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)	88.9%	66.1%	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)	45.5%	48.5%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice's uptake for cervical screening was 54%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and told us they faced challenges in improving uptake rates due to the demographics of their population. We were told patients were reluctant to undergo screening due to cultural reasons and lack of education of the screening programme.
- To improve uptake rates, the practice reviewed their recall system, regularly invited patients for screening and sent text reminders to prompt patients to book an appointment. In March 2019, the practice promoted the national campaign to encourage cervical screening.
- Unverified CCG data provided by the practice showed they had improved performance for cervical screening uptake from 77% in April 2018 to 81% in April 2019.
- The practice's uptake for breast cancer screening was below the national average. The practice was aware of this and had improved coding and the recall system for these patients. An alert also appeared on the patient's records and GPs would telephone patients to discuss the screening programme.
- The practice's uptake for bowel cancer screening was below the national average. The practice was aware of this and had improved their recall system to include text message reminders to encourage uptake. The practice also worked with a community service which delivered a telephone support programme to increase screening participation amongst populations who were less likely to take part or had low uptake. Patients were contacted by a health facilitator with the language skills to interact with the various ethnic groups within the community. They would encourage participation, raise awareness about signs and symptoms, and respond to any queries or concerns. A test kit was then sent to the patient and followed up if the patient had not returned their kit.

## 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. Staff were aware of patients who may need additional support due to their social circumstances.
- 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.

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>	100.0%	89.8%	89.5%	Variation (positive)
Exception rate (number of exceptions).	13.0% (3)	10.1%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	93.1%	90.0%	Variation (positive)
Exception rate (number of exceptions).	8.7% (2)	6.0%	10.5%	N/A

The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	83.2%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	14.3% (1)	8.2%	6.6%	N/A

### Monitoring care and treatment

The practice had a 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)	553.0	540.3	537.5
Overall QOF exception reporting (all domains)	5.8%	5.3%	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

<ul style="list-style-type: none"> <li>Completed clinical audits had been undertaken to improve safety for patients with diabetes on injectable therapies and reviewing the doses of metformin in patients with deteriorating renal function.</li> <li>These activities had resulted in changes to screening, medicines and clinical management of patients, in line with guidance.</li> </ul>
--

### Any additional evidence or comments

<ul style="list-style-type: none"> <li>Other areas of audit included: high risk medicines, new diagnosis of cancer, mental health, cancer screening (bowel, breast and cervical), A&amp;E frequent attenders, workforce training and infection control.</li> </ul>
--

### 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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

### 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice website contained information on bereavement services and support for carers. Referrals to other services could not be accessed via the practice website.</li> </ul>	

### 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
---	-----

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>	96.6%	96.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	1.2% (18)	0.8%	0.8%	N/A

### Consent to care and treatment

**The practice 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

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was mainly 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.	35
Number of CQC comments received which were positive about the service.	29
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	<ul style="list-style-type: none"> <li>The comment cards received were largely positive. Patients said they felt staff were caring, polite and understanding. They described examples where they were listened to and treated with respect, dignity and kindness.</li> <li>Six comment cards provided mixed feedback, with the negative elements relating to difficulties getting an appointment.</li> </ul>
Patient interviews	<ul style="list-style-type: none"> <li>The four patients we spoke with told us the GPs worked with and supported them to achieve the best outcome. They told us staff were helpful and friendly.</li> </ul>

## 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
9064	426	72	16.9%	0.79%

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)	87.6%	84.6%	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)	83.6%	82.9%	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)	97.7%	93.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to	81.6%	80.0%	83.8%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
the overall experience of their GP practice (01/01/2018 to 31/03/2018)				

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

Source	Feedback
Practice survey (September 2018)	<ul style="list-style-type: none"> <li>358 responses received</li> <li>Main issues raised related to accessing the service over the phone and getting an appointment.</li> </ul>
Patient interviews (December 2018)	<ul style="list-style-type: none"> <li>The practice manager interviewed patients and asked them about services and changes within the practice.</li> <li>Most patients were unaware of online facilities to order repeat prescriptions.</li> <li>Most patients reported the test messaging service was working well.</li> </ul>
Friends and family test results	<ul style="list-style-type: none"> <li>Results and feedback were reviewed monthly.</li> <li>Data from 01/09/18 to 29/04/19 showed 81% of respondents would recommend the service.</li> </ul>

Additional evidence:

- The practice had implemented the following changes in response to patient feedback:
  - Changed the phone system and provider.
  - Allocated more staff to answering telephone calls during peak times in the morning.
- The practice planned to educate patients on how to use online facilities to book appointments and order repeat prescriptions. This would be a practical demonstration held at the practice.

**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

Source	Feedback
Comment cards and interviews with patients	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and they were involved in decisions about their treatment.

## 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)	91.9%	89.8%	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.	On request
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Staff told us a third of the patient population did not speak English. Many clinical and non-clinical staff were multi-lingual and were able to assist these patients.</li> <li>The practice created patient information leaflets which were available to download from the practice website, to assist patients in self-managing their condition. The leaflets covered a variety of areas such as diabetes, cholesterol, weight loss, exercise, contraception, and travel advice.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>Since our last inspection, the practice had increased the number of patients identified as carers from 43 in June 2018 to 160 in April 2019. This represented approximately 1.8% of the practice population.</li> </ul>
How the practice supported carers.	<ul style="list-style-type: none"> <li>Annual health checks.</li> <li>Flu vaccinations.</li> <li>Flexible appointments.</li> <li>Advice and signposting to support services.</li> <li>Information in waiting room and on the practice website.</li> <li>Staff had completed 'carer awareness' training to help them support patients.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>Staff notified of patient death.</li> <li>The bereaved family would be contacted by telephone. This could be followed by a home visit by the GP.</li> <li>Flexible appointments available on request.</li> <li>Signposting to support services.</li> <li>Bereavement support information available on the website and in the practice.</li> </ul>

## 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 issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

## 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

## Practice Opening Times

Day	Time
Opening times:	
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30
Appointments available:	
Monday	09:00 – 13:00, 16:00 – 18:30
Tuesday	09:00 – 13:00, 16:00 – 18:30
Wednesday	09:00 – 13:00, 16:00 – 18:30
Thursday	09:00 – 13:00, 16:00 – 18:30
Friday	09:00 – 13:00, 16:00 – 18:30

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9064	426	72	16.9%	0.79%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	97.1%	92.8%	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 was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised with and referred patients to community multidisciplinary teams (matrons, social workers, integrated community response team, physiotherapists, and occupational therapists) who would review and support patients in the community.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with 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.
- Rescue pack medication was offered to COPD patients at risk of hospital admission. The practice could also access the community oxygen assessment team for patients who required oxygen therapy at home.

### Families, children and young people

### Population group rating: Good

#### Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Routine appointments were available outside of school hours.
- The practice was flexible in scheduling appointments for members of the same family at the same

time.

### **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. For example, appointments outside of working hours and telephone consultations.
- Pre-bookable appointments were available to all patients at additional locations within the area. Appointments were available on weekday evenings from 6.30pm to 8pm and at the weekend from 8am to 8pm.

### **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. For example, longer appointments.
- People identified as needing additional support, such as victims of domestic abuse and homeless people, were given priority appointments and extended time when needed.

### **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.
- Patients with dementia were offered the practice's bypass number to enable immediate access to the service.

### **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

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)	58.7%	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)	66.8%	66.5%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	78.1%	66.6%	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)	71.4%	69.4%	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.	4
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained about the attitude of a receptionist.	<ul style="list-style-type: none"> <li>• The practice manager discussed the complaint with the staff member and wrote a letter of apology to the patient.</li> <li>• The staff member apologised and reflected on their behaviour.</li> <li>• This was the second complaint regarding the attitude of reception staff, and therefore the issue was raised with the GP partners.</li> <li>• The practice manager observed receptionists interacting with patients and identified that further training to improve communication skills was required.</li> <li>• Training to improve communication skills was provided to reception staff. This included how to handle different situations, as well as dealing with patients showing aggressive behaviour.</li> </ul>

## Well-led

## Rating: Good

At the last inspection in June 2018 we rated the practice as requires improvement for providing well-led services because:

- There was a lack of management oversight in managing many risks relating to health and safety matters.
- The practice did not proactively seek the views of patients.
- Not all staff were aware of the practice’s vision.

At this inspection, we found that the provider had improved these areas.

### Leadership capacity and capability

**Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• The practice had recruited a new practice manager in August 2018.</li> </ul>	

### 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.	Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>A staff member we spoke with reported low morale due to the behaviour of another colleague. We raised this with the GP partners who informed us this would be investigated so that staff felt adequately supported and listened to. The leaders also planned to revisit the whistleblowing policy to ensure that staff were clear on the reporting processes and methods for raising concerns.</li> </ul>	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>Staff described a positive learning environment where they were encouraged to complete training and professional development.</li> <li>Most staff we spoke with described practice culture as being open and supportive of one another.</li> </ul>

## 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.	Yes
There were appropriate governance arrangements with third parties.	Yes

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The GP partners and practice manager had addressed the health and safety concerns identified at the last inspection in June 2018.</li></ul>	

## 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
Explanation of any answers and additional evidence:	

- Since our last inspection, the practice had re-engaged with the PPG and created a new patient forum which was open to all patients. The forums were held every quarter and provided a chance for patients to attend and voice any concerns or comments they had.
- The practice was also looking into creating a virtual forum whereby patients would be sent short surveys via text message. The practice had sent initial text messages to ask patients if this method of communication was preferable and had received a good response rate.

Feedback from Patient Participation Group.

### Feedback

- PPG meetings were not held regularly, however members could attend the new patient forums every quarter and locality PPG meetings. We spoke with three members of the group who told us the practice was proactive in seeking the views of patients and listened to their concerns. The GPs were described as responsive to constructive comments and had made changes to improve patient satisfaction.

## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes

### Examples of continuous learning and improvement

- One of the GP partners had been elected as the clinical director for the newly formed primary care network, which would consist of eight local GP practices serving approximately 63,000 patients.

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$

No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

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

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

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

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

**Glossary of terms used in the data.**

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