

Care Quality Commission

Inspection Evidence Table

Dr Christopher John George Wright (1-506336798)

Inspection date: 22 October 2019

Date of data download: 16 October 2019

Overall rating: Requires Improvement

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

Safe

Rating: Requires Improvement

This practice is now rated as requires improvement for improvements made to providing safe services because: -

- The practice did not have a system in place to monitor and review patients taking one high-risk medicine. The provider submitted an action plan to address this concern immediately after our inspection.
- The practice did not have two emergency medicines with their emergency medicine storage.
- The practice was correctly monitoring indemnity arrangements and professional registrations of clinical staff.
- Staff had all completed safeguarding, fire and infection control training.
- Safeguarding arrangements and the mechanisms for reporting significant events were clear.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes

The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	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
Explanation of any answers and additional evidence: At the last inspection we found that four staff were not clear about who acted as the practice safeguarding lead. There were several safeguarding policies within the practice and there was no reference to the practice safeguarding lead in the policies we reviewed. Staff at the practice could not confirm if all staff had completed child and adult safeguarding training. At this inspection, we found that safeguarding policies were updated to include the name of the safeguarding lead and contact details of local services. The staff we spoke with knew who the safeguarding was and had received safeguarding training.	

Recruitment systems	Y/N/Partial
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 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
Explanation of any answers and additional evidence: At the inspection in February 2019, the practice did not have a system in place to monitor the professional registrations for clinical staff employed at the service and to ensure registrations were up to date. Staff told us that they knew the professional registration of the lead GP was valid as they had paid their annual retention fee. Staff could not confirm that the practice nurse or the locum GP employed at the service were currently registered with their relevant professional bodies. At this inspection, we found that the practice had copies of all relevant staff's registration certificates and had created a diary entry with renewal dates.	

Safety systems and records	Y/N/Partial
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There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 28/8/19	Yes
There was a record of equipment calibration. Date of last calibration: 28/8/19	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 22/8/19	Yes
There was a log of fire drills. Date of last drill: 24/6/19	Yes
There was a record of fire alarm checks. Date of last check: 22/10/19	Yes
There was a record of fire training for staff. Date of last training: All up to date	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 24/6/19	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 22/8/19	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 22/8/19	Yes
Explanation of any answers and additional evidence:	

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
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: February 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: Staff spoken to during the inspection in February 2019, were unclear on who acted as the infection control lead. The practice nurse could not confirm that they had completed infection control training in the last 12 months and they told us that their responsibilities around infection control had not been clearly outlined. There was a lack of oversight of staff infection control training. The infection control lead was not designated in the practice policy and the CCG infection control lead named in the policy was not correct. At this inspection, the practice's infection control policy had been updated to detail the infection control leads in the practice, outlined their responsibilities and provided the contact details for the CCG infection control lead. All staff had undertaken infection control training.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	

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 and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	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
Explanation of any answers and additional evidence: At the last inspection, staff informed us that there was no failsafe system in place to monitor two-week wait referrals. At this inspection, we found that the practice had created a colour-coded spreadsheet listing referrals and outlining whether a patient's appointment had been confirmed and completed. There were two folders with the titles, 'done and seen' and 'pending' the latter was checked weekly. Patients that had an outstanding appointment were highlighted in red.	

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) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	0.89	0.57	0.87	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). (01/07/2018 to 30/06/2019) (NHSBSA)	9.7%	9.3%	8.6%	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 (01/01/2019 to 30/06/2019) (NHSBSA)	5.48	5.22	5.63	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) (NHSBSA)	0.90	1.17	2.08	Variation (positive)

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.	Yes
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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	No
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	Yes

England Area Team Controlled Drugs Accountable Officer.	
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
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> <p>No =</p> <p>From reviewing the records of five patients who required regular blood monitoring, we found that there was a lack of formal processes for reviewing patients prescribed one of the four high-risk medicines. Furthermore, there were no shared care agreements in place for the patients who were being monitored in secondary care. The practice did have access to information from the anti-coagulation unit but this information was not being routinely checked or recorded.</p> <p>The five records indicated that patients had not received regular blood monitoring by the practice in accordance with recommended guidance. Nor was there evidence that the practice had ensured that the blood monitoring had been carried out by a secondary care service prior to prescribing these medicines or issuing repeat prescriptions.</p> <p>We reviewed records of other patients on the other three high risk medicines. Their blood monitoring was up to date and there was evidence that the results had been consulted before further medicines were prescribed.</p> <p>We reviewed the practice's supply of emergency medicines and found that the practice did not stock medicine for left ventricular failure. There were also no risk assessments in place to consider the need for or justify the absence of these medicines. Following the inspection, the practice created two risk assessments for the absence of these medicines.</p> <p>There was no system in place to ensure blood test referrals were completed or recorded accurately or in a timely manner. We found over 20 out of date referrals on a GPs desk. None of them were urgent but one test had not been completed for over a year after the GP had decided one was necessary. Following the inspection, the GP contacted this person to assess whether a blood test was still necessary or relevant.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	Two
Number of events that required action:	Two
Explanation of any answers and additional evidence:	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Staff member locked in room	After an incident, all staff were reminded of the locking up process which involves checking every room in the practice.
Computer system went down	The computer system for receiving hospital notifications failed to work for a day and this was not picked up by staff which delayed communication. A new process was put in place by staff to check the computer system is working each day so that delays could be prevented in future.

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:	

Effective

Rating: Requires Improvement

The practice was rated as Requires Improvement for providing effective services because: -

- The practice’s performance for cervical cancer screening was below the national target.
- Performance indicators for patients with childhood immunisation rates and cervical screening were also below targets.
- There was clear care planning for patients. The practice had systems to review and monitor the quality of care provided by locum staff and all staff had been appraised.
- All staff had completed the required training to meet their learning within the scope of their work.
- The practice did undertake effective joint working with other organisations.

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
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	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 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
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence:	

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) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	1.14	0.40	0.75	No statistical variation

Older people	Population group rating: Good	
Findings		
<p>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.</p> <p>The practice followed up on older patients discharged from hospital.</p> <p>The practice carried out annual medication reviews for older patients.</p> <p>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</p> <p>Health checks, including frailty assessments, were offered to patients over 75 years of age.</p> <p>Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</p>		

People with long-term conditions	Population group rating: Requires Improvement	
Findings		
<p>Patients with long-term conditions were not always or consistently offered a structured annual review to check their health and medicines needs were being met.</p> <p>For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.</p> <p>Staff who were responsible for reviews of patients with long-term conditions had received specific training.</p> <p>GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.</p> <p>The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.</p> <p>The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.</p> <p>Adults with newly diagnosed cardio-vascular disease were offered statins.</p>		

Patients with suspected hypertension were offered ambulatory blood pressure 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>	65.8%	74.8%	78.8%	Tending towards variation (negative)
Exception rate (number of exceptions).	11.7% (29)	10.0%	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>	78.7%	75.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.2% (13)	7.7%	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>	74.2%	78.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.9% (27)	10.0%	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>	71.2%	78.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (4)	2.3%	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>	63.4%	92.1%	89.7%	Significant Variation (negative)

Exception rate (number of exceptions).	6.8% (3)	5.8%	11.5%	N/A
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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)	76.8.8%	80.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.8% (17)	4.1%	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)	81.8%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (2)	7.4%	6.7%	N/A

Any additional evidence or comments
Published data for the QOF year 2018/19 (April 2018 to March 2019) indicated that, year to date, the practice had increased the percentage of patients with COPD who had received a review in the last 12 months to 84.6% through more proactive recalling by the practice nurse.

Families, children and young people	Population group rating: Requires Improvement
Findings	
<p>The practice had met the minimum 90% target for one of the four childhood immunisation uptake indicators.</p> <p>The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four childhood immunisation uptake indicators. The uptake was below 80% for three of the four indicators.</p> <p>The practice contacted the parents or guardians of children due to have childhood immunisations.</p> <p>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.</p> <p>The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.</p> <p>These patients were provided with advice and post-natal support in accordance</p>	

<p>with best practice guidance.</p> <p>Young people could access services for sexual health and contraception.</p> <p>Staff had the appropriate skills and training to carry out reviews for this population group.</p>		

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	40	44	90.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	45	59	76.3%	Below 80% uptake
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) (01/04/2018 to 31/03/2019) (NHS England)	45	59	76.3%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	46	59	78.0%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information:
<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments
<p>Following the inspection, the practice provided unvalidated data which shows that this data has improved since March 2019. It is also important to note that the local CCG and other practices generally have similar data for this area. The practice is working to meet these targets by contacting parents via letter, phone call and text message. There is also information and educational leaflets for parents about the importance of immunisations. The unvalidated data shows that the practice is now meeting these targets which means which we will review at the next inspection.</p>

Working age people (including those recently retired and students)	Population group rating:	
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	Requires Improvement	
Findings		
<p>There were not always appropriate and/or timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.</p> <p>The practice informed eligible patients to have the meningitis vaccine, for example before attending university for the first time.</p> <p>Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.</p> <p>Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</p>		

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)	67.2%	N/A	80% Target		Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.9%	62.4%	72.1%		N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	41.6%	42.6%	57.3%		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%	77.3%	69.3%		N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	88.9%	52.5%		51.9%	No statistical variation

Any additional evidence or comments
Following the inspection, the practice provided unvalidated data which shows that this data has improved since March 2019. The practice was aware of the low uptake of cervical screening and was contacting

patients via email, phone and text message to encourage attendance for screening. It is also important to note that the local CCG and other practices generally have similar data for this area.

People whose circumstances make them vulnerable	Population group rating: Requires Improvement	
Findings		
<p>Same day appointments and longer appointments were offered when required.</p> <p>All patients with a learning disability were offered an annual health check.</p> <p>End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.</p> <p>The practice completed vaccinations for patients with an underlying medical condition according to the recommended schedule.</p> <p>The practice reviewed young patients at local residential homes.</p>		

People experiencing poor mental health (including people with dementia)	Population group rating: Requires Improvement	
Findings		
<p>The practice didn't always ensure that people with long term mental health problems had a care plan documented in the last year.</p> <p>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.</p> <p>Same day and longer appointments were offered when required.</p> <p>The practice followed up on patients who failed to attend for administration of long-term medication.</p> <p>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.</p> <p>Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia.</p> <p>When dementia was suspected there was an appropriate referral for diagnosis.</p> <p>Patients with poor mental health, including dementia, were referred to</p>		

appropriate services.				
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>	75.4.6%	92.5%	89.5%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.4% (4)	5.8%	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>	72.7%	90.2%	90.0%	variation (negative)
Exception rate (number of exceptions).	2.7% (2)	5.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	62.5.0%	82.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.2%	6.6%	N/A

Any additional evidence or comments
New QOF data for 2018/19 has been released and verified which shows the number of patients with dementia who have had their care plans reviewed in the last 12 months is now 62.5%.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	449.5	540.5	537.5
Overall QOF score (as a percentage of maximum)	80.4%	96.7%	96.2%
Overall QOF exception reporting (all domains)	5.0%	5.0%	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
Quality improvement activity was targeted at the areas where there were concerns.	Yes

The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

The practice had ensured that all necessary staff training had been completed since the February 2019 inspection. The practice manager had also improved all recruitment folders so that the correct documentation was in place for every staff member.

Effective staffing

The practice was 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
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: At the last inspection, there was no system in place to oversee staff training. We reviewed five staff and found that all staff had completed basic life support training; although one of these staff members had not completed this within the last 12 months. Staff spoken to on inspection were not able to confirm that these staff members had completed safeguarding, infection control, information governance and fire safety training. we were provided with details of staff training after our inspection. At this inspection, staff had completed all the mandatory training	

subjects required for their roles.	
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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.	Yes
Explanation of any answers and additional evidence:	

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
Patients had access to appropriate health assessments and checks.	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

Explanation of any answers and additional evidence:	
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Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.8%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (6)	0.7%	0.8%	N/A

Any additional evidence or comments

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	43
Number of CQC comments received which were positive about the service.	32
Number of comments cards received which were mixed about the service.	6
Number of CQC comments received which were negative about the service.	5

Source	Feedback
Card	I love that they are always friendly and welcoming at reception as the staff are amazing and helped me a lot. Dr Wright has helped me very well with my depression and anxiety.
Card	I prefer to see the locum doctor. I feel Dr Wright does not always listen as he is always on his computer. The reception staff are always welcoming and helpful. The HCA is always kind and caring.
Card	There is a lack of appointments, they need more doctors.
Of the 43 CQC comment cards received 32 were positive about the care and treatment received at the practice. Six were mixed and the remaining five complained of long waiting times, having to regularly chase repeat prescriptions and described one of the GPs as cold.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4522.0	460.0	97.0	21.1%	2.15%

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 (01/01/2019 to 31/03/2019)	88.7%	88.8%	88.9%	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 (01/01/2019 to 31/03/2019)	78.4%	86.8%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	91.2%	95.2%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	81.7%	83.7%	82.9%	No statistical variation

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

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
Explanation of any answers and additional evidence: Easy read and pictorial materials were available.	

Source	Feedback
Interviews with patients.	One patient told us they have never had to wait more than 15 minutes for an appointment. I can see the doctor I want to see when I arrange an appointment. I think it is a great practice and I wouldn't want to go anywhere else.

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 (01/01/2019 to 31/03/2019)	92.2%	92.7%	93.4%	No statistical variation

Any additional evidence or comments

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	96 - 2.1%
How the practice supported carers (including young carers).	The practice directed carers to local support organisations and a designated member of staff could speak with carers and direct them to various avenues of support.
How the practice supported recently bereaved patients.	The practice would contact patients who they knew were bereaved and offer them an appointment if necessary. Patients would also be directed to the local bereavement

	counselling and support service.
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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
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

The practice was rated as Good for providing responsive services because: -

- The complaints policy was accessible and had been updated. All complaints had been responded to and recorded appropriately.
- The practice was in the process of ensuring that patients had access to a female GP.
- The appointment systems were easy to use and they supported people to access appointments.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
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
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence:	

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

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4522.0	460.0	97.0	21.1%	2.15%

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 (01/01/2019 to 31/03/2019)	98.3%	94.0%	94.5%	No statistical variation

Any additional evidence or comments

Older people	Population group rating: Good
Findings	
All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice provided effective care coordination to enable older patients to access appropriate services. In recognition of the religious and cultural observances of some patients, the GP would respond quickly to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.	

People with long-term conditions	Population group rating: Good
Findings	
Patients with multiple conditions had their needs reviewed in one appointment. The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.	

Families, children and young people	Population group rating: Good	
Findings		
We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.		

Working age people (including those recently retired and students)	Population group rating: Good	
Findings		
The 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.		

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. The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services. The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.		

People experiencing poor mental health	Population group	
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(including people with dementia)	rating: Good	
Findings		
Priority appointments were allocated when necessary to those experiencing poor mental health. Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The practice was aware of support groups within the area and signposted their patients to these accordingly.		

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	

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 (01/01/2019 to 31/03/2019)	62.5%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	75.5%	69.8%	67.4%	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 (01/01/2019 to 31/03/2019)	57.8%	66.1%	64.7%	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 (01/01/2019 to 31/03/2019)	73.1%	72.6%	73.6%	No statistical variation

Any additional evidence or comments

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Source	Feedback
NHS Choices	Recently attended this surgery. Wow! Great people the lot of them. From the front desk, to the nurses, very pleasurable time was had. Also the doctors are both wonderful and extremely helpful. Could do much much worse, especially in the local area. Five Stars.

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

	Y/N/Partial
Information about how to complain was readily available. Yes	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: All three complaints had been responded to in writing and apologies had been made to the patients.	

Well-led

Rating: Requires Improvement

Leadership capacity and capability

At this inspection the practice was rated as requires improvement for providing well led services due to improvements made: -

- There was limited action taken in response to the lack of clinical and non-clinical staff reported by staff.
- The leadership governance and culture did not always support the delivery of high-quality person-centred care.
- The arrangements for governance and performance management were not clear and did not always operate effectively.
- There were now clear succession plans in place to ensure the future sustainability of the service.
- There was effective oversight of staff training and recruitment information.
- There was action taken in response to feedback from staff and patients.

Leadership was compassionate and inclusive, however it was not always effective at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	No 1
They had identified the actions necessary to address these challenges.	No 1
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes 1
Explanation of any answers and additional evidence: No 1: The leadership governance and culture did not always support the delivery of high-quality person-centred care. There was limited action taken in response to the lack of clinical and non-clinical staff reported by staff. This had been brought to the management teams' attention at the previous inspection in February 2019. Despite this, there was nothing to suggest limited staffing impacted on the safety of patients. Although some patients raised concerns around access, no patient raised any issues about staffing impacting on the safety of the service. No 2: There was a lack of oversight, audit or quality assurance processes being completed by the management team. The practice had not identified any clinical incidents. We found the practice had not recorded any clinical incidents in the last year. Following the inspection, the management team stated that they would lower the threshold for what constitutes a clinical incident. Yes 1: During the inspection in February 2019, staff confirmed that there were no firm succession plans in place if the lead GP retired or decided to leave. At this inspection, we	

were told that the practice had not created a succession plan because the provider did not have any plans to leave or retire from the practice and would give a year's notice if circumstances changed. The provider felt that the practice's incorporation in to the Primary Care Network (groups of practices working with other health and care organisations, contributing to integrated care systems) in July 2019, meant that the need for succession planning was effectively redundant.	
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Vision and strategy

The practice had a clear vision but it was not always supported by a 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.	Partial
Explanation of any answers and additional evidence: Partial Although the practice manager had responded to concerns and breaches found at the last inspection in April 2019, there was a lack of evidence that the practice would ensure future compliance proactively. Some senior staff at the practice relied on the CQC to guide or quality assure the practice through the inspection process.	

Culture

The practice culture didn't always effectively support 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
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: Partial Some staff members told us that the management team were more proactive than reactive when it came to ensuring consistent, high quality sustainable care. Staff did not always feel able to communicate this to the senior management team. Other staff were extremely positive about their communication and openness with the management team.	

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

Source	Feedback
Non-clinical staff	I love working here. It is like a family.

Governance arrangements

The overall governance arrangements were not always effective.

	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
Explanation of any answers and additional evidence:	

Managing risks, issues and performance

There were not always clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	No 1

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.	No 1
Explanation of any answers and additional evidence: No 1: There was a lack of structured governance which would ensure continuation of set structures and or systems. For example, there was no comprehensive auditing process or review of the practice completed internally to ensure consistent reviews or checks of the practice as a whole and its quality.	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	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
Explanation of any answers and additional evidence:	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Any unusual access was identified and followed up.	Yes
Explanation of any answers and additional evidence:	

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
The practice had an active Patient Participation Group.	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:	

Feedback from Patient Participation Group.

Feedback
The practice works very well. It works very closely with us. We are about 6 or 7 people. We meet about once every three months. Everything is great, the staff are very dedicated.

Any additional evidence

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.	Partial 1
Learning was shared effectively and used to make improvements.	Partial 1
Explanation of any answers and additional evidence: Partial 1 = Although the practice had improved overall since the previous CQC inspection, the approach within the practice was more reactive than proactive. For example, the practice had addressed the specific issues found regarding specific high-risk medicines management since the last inspection. Yet, at this inspection we found issues with one other high-risk medicine which demonstrated that the practice had not actively learnt or found out how to improve/develop	

without external audit or review.

Examples of continuous learning and improvement

Partial 1 = The recruitment process had improved and developed in that the practice ensured all checks were carried out and recorded for staff before they began their employment. If an applicant was unable to meet the requirements set by the practice, they were not taken on as an employee.

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 practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- 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). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

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.