

Care Quality Commission

Inspection Evidence Table

Marden Medical Practice (1-567737040)

Inspection date: 23 October 2019

Date of data download: 18 October 2019

Overall rating: Outstanding

The practice is rated outstanding overall because:

- Leadership was reflective, strong and decisive with emphasis on communication, training and education.
- There were effective systems in place for continuous improvement and innovation.
- Leaders were committed to embrace new initiatives approaches to patient care.
- The practice had a clear vision with quality and safety as its top priority and carried out proactive succession planning.
- Patients were highly satisfied with the with the service they received from the practice. Staff felt valued and supported in their work. There was an effective relationship between the practice and its very active patient participation group who had representation on various groups.
- There was a strong commitment towards ensuring that there was equality and inclusion promoted across the workforce.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18. Since the inspection QOF data for 2018/19 has been published. We reviewed this and saw there is no significant changes on values and variation bands for those indicators presented in this evidence table.

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
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: Staff were able to access updates to clinical guidelines via GP Team net. The practice had developed their own clinical protocols and templates ensuring they were all working to national guidelines. Templates developed by the practice included cancer care, opioid use and acute illness. The practice provided e-Consult which was gaining popularity with patients being able to consult with a GP from the practice online by completing a quick form to get advice and treatment by the end of the next working day.	

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) (NHSBSA)	0.96	0.75	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.

- The practice had an allocated visiting GP every morning who ran a shorter surgery and triaged patients requesting a home visit to ensure prioritisation of visits and prompt treatment. Plans had been made for the Advanced Nurse Practitioners to provide home visits to acute patients and to patients requiring care plans.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were reviewed and updated to reflect any extra or changed needs.
- Care plans for care home patients were completed on admission to the home.
- The practice carried out structured annual medication reviews for older patients including those living in care homes. The practice used a medication review screening decision tool to identify potential medicines related to patient safety incidents for those on multiple medicines or with long term conditions.
- The practice used the Daffodil Standards, a set of eight quality improvement statements designed to support primary care teams in delivering care to patients living with an advanced, serious illness or at the end of their lives to ensure consistent and effective care.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Meetings were held monthly to discuss frail and vulnerable patients with complex needs.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review at dedicated nurse led clinics to check their health and medicines needs were being met. The advanced nurse practitioner carried out reviews for housebound patients and patients with long term conditions living in local care homes. Telephone reviews for patients with long-term conditions were available, for example asthma where appropriate.
- For patients with the most complex needs, clinicians 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.
- The respiratory nurse contacted patients post discharge/A&E attendance for an acute exacerbation of asthma to review them. They also contacted all patients requesting more than six 'rescue/quick relief' inhalers per year to offer a clinical review, over and above the invitation for an annual asthma check. Patients were offered an asthma management plan. The practice had a missed appointment protocol in place. Patients we spoke with during the inspection with long-term conditions told us they were actively reminded and encouraged to attend the practice for regular reviews.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice offered in-house diabetic foot screening and were one of the top five referring practices within Shrewsbury for referring patients to the National Diabetes Programme.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered blood pressure devices.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered specialist pharmacist reviews for reviewing use of medication and severity of their condition.
- The practice had designated Champions for Cancer and end of life care patients.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on	74.0%	81.2%	78.8%	No statistical variation

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>				
Exception rate (number of exceptions).	5.9% (24)	12.5%	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>	80.8%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	7.4% (30)	9.9%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.2%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.4% (38)	13.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.7%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (19)	6.9%	7.6%	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>	92.4%	90.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.1% (8)	12.1%	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)	84.9%	82.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.7% (31)	4.5%	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)	89.0%	88.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.5% (11)	7.0%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- The practice had met the minimum 90% target for one of the four childhood immunisation uptake indicators, and met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators. The practice was aware of their uptake and contacted the parents or guardians of children due to have childhood immunisations and encouraged children to be immunised.
- 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.
- 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.
- In-house family planning services were provided including emergency contraception.
- Post hospital discharge reviews were offered for patients under one.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The practice had developed an acute minor illness template to ensure accurate and consistent recording of observations to aid early recognition of sepsis and staff had received training.
- There was a practice lead and champion for young and single parents.

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)	69	70	98.6%	Met 95% WHO based target
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)	76	80	95.0%	Met 95% WHO based target
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)	76	80	95.0%	Met 95% WHO based target
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)	75	80	93.8%	Met 90% minimum

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>

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.
- Telephone consultations were available.
- Electronic consultations (e-consult) offered patients the choice of how they consulted with the practice. Following the completion of a short form which was sent and reviewed by the practice, patients could get advice and treatment by the end of the next working day in addition to requesting fit notes, GP letters and test results.
- The practice provided minor surgery procedures, which were convenient and avoiding any

treatment delay.

- Sexual health appointments and contraception were available in routine GP clinics to increase accessibility and flexibility and coil/implant appointments were available in extended hours clinics.

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)	79.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	82.2%	78.1%	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)	63.7%	61.5%	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)	73.0%	72.9%	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)	48.1%	49.8%	51.9%	No statistical variation

Any additional evidence or comments

The practice's uptake for cervical screening was 79.3%, which was 1% lower than the 80% coverage target for the national screening programme. Staff were encouraging patients opportunistically to take up the offer of screening, as well as providing health promotion support and literature.

Three nurses and two GPs were trained to undertake cervical cancer screening. Appointments were available throughout the week to encourage uptake and at times to assist working age patients. Patients could also access screening via Darwin Health Limited extended hours service during evenings and weekends. Non-attenders were flagged on the practice clinical system and followed up.

The practice told us they had met with the local Cancer Research UK Facilitator earlier in the year who provided the practice with excellent feedback regarding their cancer detection and screening rates. A new practice template had been developed for newly diagnosed cancer patients to ensure consistent record keeping and these patients were offered a GP review at diagnosis.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. Of the 44 patients with a learning disability registered at the practice, 25 had been reviewed in the last 12 months, six reviews were scheduled, two had declined and three were new patients. The practice had a designated Champion for patients with a learning disability who was able to use Makaton, a language programme that uses symbols, signs and speech to enable people to communicate.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice had recently become an Armed Forces veteran friendly accredited GP practice and had a designated lead GP.
- The practice made regular donations to the local foodbank and provided an area within the practice for patients to donate food.
- The practice was committed to becoming a Green Impact for Health Practice and referred patients at risk of fuel poverty for support and advice.

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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice was a Dementia Friendly Practice, had a designated Champion and staff had received training in dementia awareness. The practice provided support for carers of patients with dementia and a member of the patient participation group (PPG) had also developed a dementia information pamphlet. Informal dementia support meetings and lunch events were

held with the aim of bringing carers and the people they cared for together and sharing information. Two members of the PPG and a member of the practice team also attended and supported the Dementia Café event held at the local acute hospital once a month and accompanied any practice patients and carers. Adjustments had been made to the practice facilities to support patients with dementia to include improved signage, a reduction in posters displayed and digital clocks showing the day, date and time.

- Patients with poor mental health, including dementia, were referred to appropriate services.
- Ninety-three percent of patients diagnosed with dementia had had their care plan reviewed in a face-to-face review in the preceding 12 months which was higher than the local average of 85% and the national average of 83%. The practice achieved a slightly higher percentage than local and national averages in relation to mental health indicators.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.9%	92.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.8% (8)	11.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.5%	90.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.5% (7)	10.1%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.1%	85.1%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	5.3% (4)	5.9%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.5	548.8	537.5
Overall QOF score (as a percentage of maximum)	98.8%	98.2%	96.2%
Overall QOF exception reporting (all domains)	4.5%	5.2%	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

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

The practice told us they were committed to auditing all areas of the practice both clinical and managerial, to ensure quality of service, safety, customer service and compliance. Audits were carried out each year in relation to clinical priorities for that specific period. The practice had carried out four audits in 2019 in addition to any required by the Clinical Commissioning Group. Two were single cycle and two were full cycle audits. These were:

- Bone Density Surveillance
- Asthma
- HRT Audit
- Antibiotic Prescribing

The practice had carried out an audit in January 2018 in response to the National Report into Asthma Deaths (NRAD 2014). Annual safety searches had been carried out and patients reviewed since the report was published. The practice reviewed the number of patients ordering more than eight short acting inhaled bronchodilator (SABA) inhalers in 12 months in addition to identifying how many patients were not ordering their inhaled steroid medication (ICS). The practice found 57 patients. Thirty of these were found to have a diagnosis of chronic obstructive pulmonary disease (COPD) so were excluded from further review. Twenty-seven patients had a diagnosis of asthma only. Four patients had more than eight inhalers and no ICS. Fourteen patients were on inhalers on repeat prescriptions. Recommendations were made as a result of the audit including ensuring that SABA inhalers were not on repeat but put on a 'as needed' ordering basis unless there were special circumstances detailed on the patient medication screen record. Following the audit a practice asthma procedure was developed which included formal arrangements for patients that did not attend their appointment. A repeat audit was carried out in October 2019 which identified improvements had been made with only two patient having more than eight SABA and no ICS. One of these patients was not attending the practice for review therefore the practice had sent a letter to the patient declining any more inhalers until seen. The practice contacted all patients requesting more than six 'rescue/quick relief' inhalers per year to offer a clinical review, over and above the invitation for an annual asthma check.

Other areas audited included an annual audit of infection prevention and control, information governance record keeping, patient contact, safeguarding, human resources, prescribing safety, minor surgery and prescribing.

The practice was completing the National Cancer Care audit to improve future cancer diagnosis.

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
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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The closure of a local practice had increased the number of new patients registered at the practice. As a result, leaders had responded by reviewing their skill mix, increasing their salaried GP sessions, recruited an additional advanced nurse practitioner (ANP), who was due to commence employment in November 2019 and an additional receptionist.</p> <p>The practice had a well-established staff team with minimum staff turnover. Many staff had worked at the practice for several years. There were positive levels of satisfaction across all staff groups we spoke with.</p> <p>Leaders told us that education was core to the practice and that education meetings, tutorials, joint surgeries, mentorship, and supervision with all clinical staff and trainees took place. Staff told us they received protected time within their working hours to complete their training requirements and that the practice was supportive of their learning and personal development needs. Partners encouraged personal development and progression within the practice. For example, the practice manager had previously worked as a receptionist at the practice, was later promoted to patient services manager before becoming the practice manager in February 2018. Another member of staff told us as a result of their appraisal they were training to become an administrator. Educational meetings were held internally, were mandatory and included safeguarding, fire training and the new RESPECT process, which allows clinicians to record a summary of discussions with patients about how they want to be treated in an emergency. Two GPs had received training and cascaded the training to relevant staff. The team also met at lunchtime which allowed effective communication as a team and opportunities for group learning and discussion.</p> <p>Training records we reviewed showed that staff received essential training to support them in their work. This included equality and diversity, basic life support, infection control, safeguarding, sepsis awareness, principles of health and safety, mental capacity act, fire safety, information governance, accessible information standard and whistle blowing. One clinician we spoke with told us they had completed a musculoskeletal course, a learning goal identified at their appraisal.</p> <p>There were systems in place to review the safety of the clinical decision making of the advanced nurse practitioner however, this had not been formalised and documented.</p> <p>The practice was a training practice and had two GP trainers who were educational supervisors for GP Registrars in training. The practice also had educational involvement with Foundation Doctors who were placed at the practice and received supervision and regular support. Trainers were provided with protected time to support trainees.</p>	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (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: Regular engagement meetings were held with a range of external agencies, including the district nurses, community matrons and health visitors.	

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: The practice was a registered Parkrun Practice and actively encouraged patients to sign up and join them at the local Park Run for a 5K weekly run, jog, walk or spectate on a Saturday morning to promote a healthy lifestyle. They also offered patients a weekly walking for health group where people met at the practice for a walk followed by refreshments. The practice had a community and care co-ordinator (CCC) based at the practice that helped patients by co-ordinating support and signposting or referring to other services.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.2%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (8)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes
Explanation of any answers and additional evidence: Clinical staff we spoke with demonstrated an understanding of best practice guidance in obtaining consent and were aware of Gillick competences and Fraser guidelines when providing care and treatment to children. Staff had completed training in Mental Capacity Act.	

Well-led

Rating: Outstanding

We have rated the practice as outstanding for well-led because:

- Leadership was reflective, strong and decisive with emphasis on communication, training and education.
- There were effective systems in place for continuous improvement and innovation.
- Leaders were committed to embrace new initiative approaches to patient care.
- The practice had a clear vision with quality and safety as its top priority and carried out proactive succession planning.
- Patients were highly satisfied with the service they received from the practice. Staff felt valued and supported in their work. There was an effective relationship between the practice and its very active patient participation group who had representation on various groups.
- There was a strong commitment towards ensuring that there was equality and inclusion promoted across the workforce.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders 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
<p>Explanation of any answers and additional evidence:</p> <p>Leaders were aware of changes locally and advised on the challenges they faced in relation to the increasing demand for services following the recent closure of a neighbouring practice in addition to new local housing developments. These changes had impacted on their patient list size with an increase of approximately 1,300 additional patients in the last three years. As a result, leaders had responded by reviewing their skill mix, increasing their salaried GP sessions, recruited an additional advanced nurse practitioner (ANP), who was due to commence employment in November 2019 and an additional receptionist.</p> <p>Since the last inspection there had been several partnership changes following the retirement of three GPs. Succession plans were in place well in advance for these retirements and as a result salaried GPs had been employed with a view to becoming partners. Consequently, two of these salaried GPs joined the partnership in 2015 and a third in 2018 providing a partnership of five GPs. GPs had specialist interests which included cancer care, orthopaedics, safeguarding and GP education.</p> <p>Staff satisfaction within the practice was very high and staff were proud to work at the practice. Staff told us that leaders were compassionate about providing positive outcomes for patients and promoted an inclusive and effective leadership ethos. Leaders told us they adopted a flat hierarchal managerial structure, with all staff being considered equal and involved in decision-making processes promoting</p>	

continuous improvement and innovative thinking. Staff retention was good with several staff having worked at the practice for a number of years.

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a documented mission statement which was displayed in the practice, on the website and documented in their business development plan (2019-2021), this stated: "We strive to provide high quality clinical care by offering a range of service delivered by a team of dedicated staff in a safe, dynamic and supportive environment. The patient is at the heart of all that we do and we respond to their individual needs with respect, care and compassion. We aim to provide high quality medical training and pastoral support to students and junior doctors."</p> <p>Staff we spoke with advised the mission statement had been developed and agreed as a team and they had been given the opportunity to be fully involved in putting it together. A vote was held by all staff on the final version.</p> <p>The practice core values were: Safe, Supportive, Respect, Care and Compassion. Staff we spoke with demonstrated a clear understanding of the practice mission statement and values and knew what the practice strived to achieve.</p> <p>The business development plan (BDP) was comprehensive and had also been developed in collaboration with staff in July 2019. The plan enabled the practice to review their strategic goals for the forthcoming two years tailoring their services to meet the requirements of the increasing patient population. A table of development actions had been developed identifying areas, actions required, nominated leads, interim actions, target dates and cost if applicable.</p>	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes

There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
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:	
<p>Staff told us they were confident and encouraged by leaders in raising any concerns and had access to policies to support them in the process if required. They said leaders promoted a positive no-blame culture, operated an open-door style of management and felt respected and valued.</p> <p>We found there was a strong commitment towards ensuring that there was equality and inclusion promoted across the workforce. Staff at all levels spoke highly of the support they had received to continually develop their roles. Leaders told us the ethos of the practice was that all staff and their opinions were valued highly.</p>	

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

Source	Feedback
Staff	We spoke with a range of clinical and non-clinical staff. They all shared positive experiences about working at the practice. Many staff told us they felt privileged working there and spoke highly of the practice manager, GPs and their colleagues. Observations demonstrated a positive and inclusive working environment was promoted.

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
Explanation of any answers and additional evidence:	
<p>The provider had clear structures and systems in place to support good governance. The practice had a structured meeting calendar in place detailing the meeting, dates and attendees. Internal meetings included partner meetings, clinical, practice managers, communication admin/reception, housekeeping, educational, trainers and prescribing safety meetings to support good governance.</p>	

Staff were encouraged to contribute to and attend meetings to ensure they were kept up to date with essential information regarding the practice. Meetings were recorded and accessible to staff where appropriate. The practice had a formal buddy system in place to ensure that patients experienced good continuity of care between part-time GPs.

All GPs had clinical leadership and deputy roles with a handover system so that clinical care of patients could be shared to cover periods of annual leave, absences. A list of all lead roles and designated GPs was displayed for staff to access. In addition to this the practice had appointed Champions in areas offering additional support to patient and relatives including:

- Accessible information
- Cancer/ End of Life
- Dementia
- Learning disability
- Complex children
- Safeguarding
- Young and single parent
- Carers
- Allergies

Staff spoken with were aware of their roles and responsibilities. There were clear lines of accountability in place in relation to a range of areas including infection control, safeguarding and administrative workflow processes.

Staff had access to a range of comprehensive policies and procedures. These were in the process of being transferred to a portal web-based sharing information and management system to support and guide them in their work.

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:	
Risk management was comprehensive and well embedded. Staff we spoke with demonstrated a clear understanding of identifying, reporting and escalating risks and were trained in the event of a major	

incident. Significant events were colour coded red, amber and green to identify the severity of the incident, shared and discussed in meetings held.

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

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

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:	
Patient feedback was promoted through Friends and Family Test (FFT) returns, patient surveys, complaints, suggestion box, compliments and discussions with the practice's patient participation group (PPG). The practice told us they were very proud of their PPG, which were very active with similar aims and objectives to the practice.	
A member of the PPG provided alternative methods of communicating with patients through a monthly newsletter. The latest edition provided patients with information about the flu vaccination, new staff at the	

practice and information concerning Attention Deficit Hyperactivity Disorder (ADHD) and contact details for support. Useful telephone numbers were also detailed for external health teams and local pharmacies. We saw copies were available at the practice.

Staff we spoke with told us their views were considered by leaders and they were actively encouraged to make suggestions for improvement. We saw the practice had a staff suggestion box available in the staff meeting room. An anonymous staff survey had been undertaken in October 2019 and the findings produced, which were overwhelmingly positive. Staff commented that they felt privileged to work with great people, felt cared for enjoyed going to work. They also said they felt confident in approaching managers that promoted a no blame culture.

The practice participated with other local practices in the development of their primary care network (PCNs), a key part of the NHS Long Term Plan. They were one of the original practices that formed Darwin Health Ltd, Extended Access Service and act as a hub practice to receive patients from all over the surrounding area on a Saturday and Sunday morning. Leaders told us they saw working together with other practices as a very important part of developing healthcare in the community. Designated GPs and managers attended a range of meetings with external partners including Child Health, the CCG Locality Board meeting, Gold Standard Framework meeting, Darwin Health (Extended Access) meetings and meetings with the Local Medical Committee (LMC) and Sustainability and Transformation Partnership. The practice told us these meetings gave them insight to all new developments and initiatives.

The practice worked with a range of external community healthcare professionals who visited the practice to provide services including Social Prescribing, Midwifery, Diabetic Podiatry and Physiotherapy.

Feedback from Patient Participation Group.

Feedback

During the inspection we spoke with a representative of the PPG who told us the group were very well supported and valued by the practice and consisted of around 12 core members including a Chairperson, Secretary and Treasurer. They told us the practice was very well rated by patients generally and the high level of morale was a reflection of the professional and caring approach of the staff. Any suggestions for improvement were welcomed and acted upon. They said the PPG worked with the practice as part of the same team.

The PPG met monthly to include a range of formal meetings, open meetings with speakers in addition to social gatherings. One member of the group attended the practice weekly to meet briefly with the practice manager and the reception manager to share and discuss ideas. An open evening event took place annually with external agencies invited to attend, to include medical and charitable organisations. The representative told us the PPG were continuously looking at ways to broaden the membership of the group and ensure all population groups were represented.

The PPG supported the practice with areas including flu clinics, ensuring patient information held by the practice was accurate, carrying out surveys, open evenings, coffee mornings and raising funds for the practice which had enabled the purchase of a range of equipment and furniture for patients. This included 10 blood pressure monitors, a screen containing practice information for patients, a disability chair, portable hearing loop, dementia friendly clocks and various reference books. They also delivered and funded quarterly informal dementia support meeting and lunch events with the aim of bringing carers and the people they care for together and providing people with useful information and topics during these events.

Two members of the PPG and a member of the practice team also attended and supported the Dementia Café event held at the local acute hospital once a month and accompanied any practice patients and carers. A local school provided the practice with a minibus and driver, at no cost to the practice, to transport patients and carers to facilitate these visits. The practice had ensured the relevant safety checks had been undertaken.

The PPG had representation on several groups including the Shropshire County Patient Group, the Urgent Treatment Group and the Ambulance Demand and Pathway Group, ensuring the practice obtained up to date information in these areas. The PPG had members supporting the Compassionate Community (CoCo) volunteer network projects in 'Supporting Families on Bereavement' and 'Support to Carers of Patients with Dementia'. CoCo schemes were developed by Severn Hospice as part of its community support strategy designed to tackle loneliness and isolation and were provided in various locations in and around Shropshire. Members had received CoCo training and dementia awareness sessions to support them in their work.

One PPG member was a Dementia Champion and provided awareness sessions. They had developed a Dementia information pamphlet, which had been shared with patients at this and other local practices. There were plans to share this with the local NHS Trust and another organisations as a valuable resource for carers of people with dementia. The member attended the monthly Alzheimer's Carer Peer Group, had applied to become a volunteer and was a member of both the local Trust Dementia Steering Group and the Social Services Family Carers' Partnership Board.

Another area of focus was providing patients with support with bereavement. In conjunction with the practice Community and Care Co-ordinator (CCC), two members of the PPG supported bereaved families. CCC's assist patients in need of help, support and advice by signposting them to other useful services. They work with the NHS, the Council and a range of voluntary services and have become local experts on what's happening and what's available in the local community. Information about these services and the PPG were available in the practice.

Other feedback:

CQC comments cards	
Total comments cards received.	52
Number of CQC comments received which were positive about the service.	49
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards	In preparation for the inspection, we received 52 comment cards from patients which were overwhelmingly positive about the care and treatment patients received. Numerous comments were in relation to the professionalism of staff on all levels and of their friendly and caring attitudes, which were described as exemplary and excellent. Reception staff were described as wanting to make a difference, genuinely interested and helpful. Patients who had been registered at the practice for many years told us although there had been many changes over this time, the standard of care always remained high. Other patients described their experiences as excellent, outstanding, exceptional and first class. Many patients told us they couldn't speak

	highly enough of the practice and praised staff for the care and service received. Two mixed comments were in relation to the length of time obtaining a routine appointment and one patient considered the waiting room would benefit from having a children's play section.
Patient discussions	During the inspection we spoke with five patients about their experiences of the service provided. Patients spoke highly of their experiences. One newly registered patient described the process of registering at the practice as seamless and told us the receptionist was very helpful. One patient told us the on-going care they had received from a particular GP was excellent. Patients told us they were able to get an appointment when they needed one and would and had recommended the practice to their family and friends.
Healthwatch Shropshire	Healthwatch advised us that they had received one positive comment in the previous 12 months from a patient advising they were very pleased with the care they had received from the practice
Local care homes.	We spoke with management and staff from two local care homes about the service that people in their care received from the practice. Feedback was very positive, and the practice was described as providing an efficient and responsive service. One manager told us if they requested a home visit a GP attended within two hours. They described reception staff as fantastic, always happy to help and said they could not praise the practice highly enough for the care and treatment they provided to people in their care. The other manager and staff member told us the practice was very responsive, visited the home if required, carried out regular health assessments and medication reviews. They told us they considered the practice as one of their favourites and said most of their residents were now registered at the practice.
Statements from visiting practitioners	The practice had obtained feedback from two visiting practitioners. One practitioner advised they visited the practice on a weekly basis for the past few years and found the practice as the most welcoming practice they had worked in. They reported that staff at all levels were engaging, helpful, polite and kind to them and their patients. They advised that all staff had been instrumental in making appropriate referrals to the service with a single goal of improving the patient's wellbeing physically, mentally and socially. The other practitioner advised they found staff very friendly and helpful that created a great environment that encouraged team working. They reported that the team had been very supportive in answering clinical questions and helping with developing their knowledge to support them in obtaining a qualification in their role.
Friends & Family Test (FFT)	We reviewed the FFT responses for the last quarter, which were very positive, Patients scored the practice highly. Comments included that the service provided was prompt, excellent in every aspect, efficient, friendly, informative and professional.
National Patient GP Survey 2019	We reviewed the results of the most recent survey and saw the practice had achieved positive variations from patients rating their experiences higher across several indicators compared with local and national averages. For example, 98% of respondents said the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them compared with the local average of 92.3% and the national average of 88.9%. One hundred percent 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 compared with the local average of 97.5% and national average of 95.5%. In relation to access 91.9% of respondents responded positively to how easy it was to get through to someone at their GP practice on the phone compared with the national average of 68.3%. The practice had reviewed their results and had developed an action plan identifying the areas for improvement. The practice had also carried out

	an in-house patient survey in 2018 and patients' feedback was positive overall. They and to conduct a further survey shortly.
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Any additional evidence

The practice had a 3* rating on the NHS UK website based on 18 reviews. Two reviews were in the last 12 months. Of these one patient had rated the practice 5* in relation to the positive experience regarding the care, treatment and service they had received from a particular GP. The negative review was in relation to reception staff attitudes and the difficulty obtaining an appointment. The practice had responded to recent reviews and requested the patient that left the negative review contact them to discuss their concerns further.

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

There was a strong focus on driving improvements for patients within the practice. The practice was the lead practice for Social Prescribing referrals in the area pilot. This was a means of enabling GPs, nurses and other primary care professionals to refer patients to a range of local, non-clinical services with the aim of helping patients to meet their social, emotional or practical needs with the help of a link worker. The practice told us this service had been embraced by both patients and staff. Data provided by the practice showed 58 patients had been seen and referrals made to a range of services including:

- Age UK
- Citizens Advice Bureau
- Carers Trust4All
- Enable
- Help2Slim
- Help2Quit
- Energize
- Marches Energy
- MIND
- Community Leisure Trust
- Shropshire Wild Teams,
- Sustain Housing support,
- The library
- Through the Doorway to Healthy Living

Patients had also been signposted to a range of local activities. Thirty-eight patients had received a three-month follow-up appointment. The main reasons for referral was due to risk of loneliness and isolation, lifestyle risk factors and difficulties with mental health. The practice shared positive feedback they had received from two patients referred to this service detailing how their lives had been enhanced.

Since the last inspection the practice and PPG had been highly commended in a National competition and had been recognised for the work they had achieved, which had made a difference to the practice and experience of patients. They supported carers of patients with dementia with regular meetings in addition to a family support bereavement group.

The practice was a training practice for Foundation Doctors and GP Registrars and had two GP trainers who were educational supervisors for GP Registrars in training. The practice also had educational involvement with Foundation Doctors who were placed at the practice and received supervision and regular support.

The practice was a controlled site for the Shropshire Care Closer to Home programme that aimed to help local people over 65 with a number of health conditions get care and support from the NHS and Shropshire Council in their own home or local community.

Patients were able to access the Prescribing Ordering Direct (POD). A Shropshire CCG initiative which allows patients to order their medication over the telephone. The practice told us POD had assisted in the monitoring of safe prescribing.

The practice was part of Darwin Health Ltd, an alliance of 11 local practices in and around Shrewsbury which provided an extended hours service for 90,000 patients each weekday evening and at weekends. The practice acted as a hub practice and received patients from all over the surrounding area on a Saturday and Sunday morning. This provided practice patients with access to the practice seven days a week.

The practice had embraced the Accessible Information Standard (AIS), developed a policy in addition to a comprehensive plan for implementing the Standard to improve their services with dates for completion. They had considered a report and the recommendations made by Healthwatch Shropshire following their visits to nine local practices to check compliance with the Standard. The practice had made several adjustments including reducing unnecessary posters, simplifying signage and producing large print documents and posters. They had appointed an AIS Champion and had displayed a large pictorial floor plan of the practice in the entrance area to assist patients with accessing the practice. The practice was a Dementia Friendly Practice ensuring patients had the most positive experience when visiting. Adjustments had been made to support these patients, for example date and time clocks had been obtained for the reception and waiting areas.

The practice was the first practice in the area to go live with e-consult, an online triage tool that enabled GPs to conduct consultations more efficiently, helping to balance workload and offer patients the choice of how they consult with the practice. The tool provided on online platform where patients can self-check their symptoms and request medical advice from the practice. Patients completed a short form which was sent and reviewed by the practice to get advice and treatment by the end of the next working day.

Other initiatives included a Christmas Hamper Scheme for their most vulnerable patients specifically identified by their Social Prescriber. Armed Forces veteran scheme. Daffodil Standards, a set of eight quality improvement statements designed to support primary care teams in delivering care to patients living with an advanced, serious illness or at the end of their lives in addition to supporting the local

foodbank. The practice also held practice events such as the NHS 70th Birthday anniversary and raised funds for local charities. They had also registered for the Sunflower lanyard scheme, an initiative designed to act as a discreet sign that somebody has a hidden disability and requires assistance whilst out shopping, for example anxiety.

The had recently been awarded the local Special Allocation Scheme (previously known as the violent patient scheme) contract and were the only practice in Shropshire to be offering this service. Safety measures had been implemented and training for staff was being arranged to enable them to commence providing this service to ensure these patients continue to access healthcare services.

The practice had an allocated visiting GP every morning who ran a shorter surgery and triaged patients requesting a home visit early to ensure they received the appropriate treatment. Plans had been made for the Advanced Nurse Practitioners to provide home visits to acute patients and to patients requiring care plans. The practice had recently arranged to conduct monthly ward round visits to a local mental health stepdown service providing rehabilitation and recovery support for adults in order to provide additional support with meeting their physical health needs.

The practice was committed to becoming a Green Impact for Health Practice and were currently completing The Royal College of General Practitioners (RCGP) toolkit to achieve their Bronze award. This is designed to help general practices to become more efficient and improve sustainability. Data provided by the practice showed the practice were second on the league table with 64 points currently achieved and 179 organisations currently taking part.

They were in the process of converting a ground floor room into an additional clinical room to meet the increase in their patient list size.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. 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.