

Care Quality Commission

Inspection Evidence Table

The Clapham Family Practice (1-548164953)

Inspection date: 3 December 2019

Date of data download: 25 November 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

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

- The provider did not have systems in place for safe management of high-risk medicines and security of prescriptions.
- Systems in place to manage infection prevention and control required improvement.

Following this inspection in December 2019 we have changed the rating to good because the provider had satisfactorily addressed the issues identified in the last inspection.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Partial ¹
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	N ²
There were systems to identify vulnerable patients on record.	Y

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>1. GPs were trained to the required child safeguarding training level 3; however, nurses and healthcare assistants had not undertaken the required level 3 child safeguarding training and non-clinical staff had not undertaken the required level 2 child safeguarding training.</p> <ul style="list-style-type: none"> - 5 out of 22 clinical staff had not completed the required child safeguarding training. - 15 out of 18 non-clinical staff had not completed the required child safeguarding training. <p>After the inspection the practice informed us that all 5 clinical staff had completed the required child safeguarding training, and 11 of 15 non-clinical staff had completed the required child safeguarding training and sent us evidence to support this.</p> <p>2. We found that the practice do not routinely inform the Out of Hours service about safeguarding information; however Out of Hours staff had access to patient records.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: Clapham Family Practice: April 2019 Manor Health Centre: October 2019</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: Clapham Family Practice: April 2019 Manor Health Centre: October 2019</p>	Y
<p>There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.</p>	Y
<p>There was a fire procedure.</p>	Y
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: July 2019</p>	Y
<p>There was a log of fire drills.</p> <p>Date of last drill: Clapham Family Practice: October 2019 Manor Health Centre: April 2019</p>	Y
<p>There was a record of fire alarm checks.</p> <p>Date of last check: Clapham Family Practice: September 2019 Manor Health Centre: November 2019 (weekly checks being carried out)</p>	Y
<p>There was a record of fire training for staff.</p> <p>Date of last training: October 2019</p>	Y
<p>There were fire marshals.</p>	Y
<p>A fire risk assessment had been completed.</p> <p>Date of completion: Clapham Family Practice: September 2019 Manor Health Centre: October 2019</p>	Partial ¹
<p>Actions from fire risk assessment were identified and completed.</p>	Y
<p>We found some of the recommendations identified following the fire risk assessment in the branch surgery at Manor Health Centre had not been actioned. The provider informed us the branch practice building belonged to NHS property services and they were waiting for them to carry out the necessary actions.</p>	

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

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met/not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: Clapham Family Practice: October 2019 Manor Health Centre: November 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Staff we spoke to had not received Sepsis training, however when asked, they were able to describe how they would respond if someone became unwell in the waiting room.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	N/A
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Test results were not reviewed by non-clinical staff.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	0.57	0.58	0.87	Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	11.4%	9.4%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	6.33	5.16	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	1.23	1.19	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y

Medicines management	Y/N/Partial
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.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> When reviewing the emergency medicines at Clapham Family Practice, we found Benzylpenicillin for injection had expired: 03/2019, however there was another box alongside it that was in date: 02/2020. The nurse removed the out of date medicine and informed us that it would be disposed of. The provider did not stock analgesia to treat severe pain, they had undertaken a risk assessment to ascertain the risk this posed. <p>We reviewed the risk assessment and found it was sufficient.</p>	

Track record on safety and lessons learned and improvements made

The practice did not always have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Partial ¹
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Partial ²
Number of events recorded in last 12 months:	8
Number of events that required action:	8
<p>1. The provider did not record some of the incidents as significant events.</p> <p>2. Some of the staff we spoke to were not able to give an example of a significant event. Some of the staff we spoke to informed us that incidents were not always discussed, and no learning was shared from incidents at meetings. Meeting minutes we reviewed during the inspection were not sufficiently detailed in relation to significant events.</p>	

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

Event	Specific action taken
An incident in the waiting room which was witnessed by other patients.	The event was discussed, and action taken to prevent a similar incident occurring in the future.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
We saw examples of actions taken on recent alerts for example, regarding sodium valproate.	

Effective

Rating: Requires Improvement

During the last inspection in November 2018 we rated the practice as requires improvement for providing effective services because:

- Appraisals were not undertaken for some staff.
- The practice had undertaken a number of audits; however, only one was two cycle audit, and this had not shown any improvement.
- Although we saw no evidence that two week wait referrals had been missed, the system for follow up was not sufficiently formalised.

Following this inspection in December 2019 we have again rated the practice as requires improvement for providing effective services because:

- There were gaps in staff training in the areas of Safeguarding, Sepsis and Mental Capacity Act.
- The childhood immunisations and cervical screening uptake were below average.
- Some of the non-clinical staff we spoke to said that staffing levels were not sufficient.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.43	0.39	0.74	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. • The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. • The practice carried out structured annual medication reviews for older patients. • Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. • Health checks, including frailty assessments and holistic assessments were offered to patients over 75 years of age. • Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins by secondary care.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.
- The practice have a heart failure and COPD recall system in place.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.1%	76.4%	79.3%	No statistical variation
Exception rate (number of exceptions).	11.8% (79)	9.1%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	73.9%	77.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	5.7% (38)	6.6%	9.4%	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 (01/04/2018 to 31/03/2019) _(QOF)	78.2%	81.9%	81.3%	No statistical variation
Exception rate (number of exceptions).	7.6% (51)	8.8%	12.7%	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 (01/04/2018 to 31/03/2019) _(QOF)	73.9%	81.3%	75.9%	No statistical variation
Exception rate (number of exceptions).	2.7% (24)	2.5%	7.4%	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 (01/04/2018 to 31/03/2019) _(QOF)	87.0%	93.2%	89.6%	No statistical variation
Exception rate (number of exceptions).	16.0% (19)	7.2%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	75.2%	81.4%	83.0%	Variation (negative)
Exception rate (number of exceptions).	2.5% (34)	3.7%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.7%	89.5%	91.1%	No statistical variation
Exception rate (number of exceptions).	7.4% (6)	7.2%	5.9%	N/A

Families, children and young people

Population group rating: Requires Improvement.

Findings
<ul style="list-style-type: none"> The practice has not met the minimum 90% target for any of the four childhood immunisation uptake indicators. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for any of the four childhood immunisation uptake indicators. Due to the low uptake of childhood immunisations the provider had undertaken a review of all patients who had not received an immunisation. The practice contacted the parents or guardians of children due to have childhood immunisations. 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. Young people could access services for sexual health and contraception. Staff had the appropriate skills and training to carry out reviews for this population group.

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)	141	165	85.5%	Below 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)	150	176	85.2%	Below 90% minimum
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)	150	176	85.2%	Below 90% minimum
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)	149	176	84.7%	Below 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>

Any additional evidence or comments

Due to the low uptake of childhood immunisations the provider had undertaken a review of all patients who had not received an immunisation and performed the following actions:

- Sent letters to all patients who had not completed their vaccinations requesting that they book an appointment with the practice. This was followed up with a phone call.
- The practice discussed childhood immunisations with the health visitor and raised any concerns with the safeguarding lead.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	63.6%	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)	60.3%	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)	42.1%	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)	61.1%	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)	40.7%	52.5%	51.9%	No statistical variation

Any additional evidence or comments

Due to the practice not meeting the cervical screening target, the provider performed the following actions:

- Reminder letters were sent to patients inviting them to book an appointment
- Patients who did not attend were followed up with phone calls

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.
- 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.

**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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to 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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	86.8%	91.1%	89.4%	No statistical variation
Exception rate (number of exceptions).	3.2% (7)	5.8%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	87.3%	90.7%	90.2%	No statistical variation
Exception rate (number of exceptions).	3.2% (7)	5.7%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	85.2%	85.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	10.2% (10)	5.8%	6.7%	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/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	527.4	No Data	539.2
Overall QOF score (as a percentage of maximum)	94.3%	No Data	96.4%
Overall QOF exception reporting (all domains)	3.8%	No Data	No Data

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

Any additional evidence or comments

The provider had undertaken 18 clinical audits in the last two years, of which two were completed cycle clinical audits where changes were implemented and monitored.

For example, the practice had undertaken an audit to identify patients who have “Non-diabetic hyperglycaemia” in addition to those on Pre-diabetes register in July 2018 with the aim to better identify and manage patients who have pre-diabetes. In the first cycle of the audit the practice identified 650 patients who met the criteria of being at a high risk for diabetes, of which 305 were recorded as having Pre-diabetes or High Risk of Diabetes, 46% of patients were appropriately coded.

In the second cycle of this audit, following discussion of the results the practice identified 659 patients as meeting the criteria of being at a high risk of developing diabetes, of which 488 were recorded as having Pre-diabetes or High Risk of Diabetes, 74% of patients appropriately coded. This is a significant improvement when compared to the first cycle of this audit.

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.	Partial
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Evidence provided by the Provider showed that some staff had not completed Mental Capacity Act training and staff we spoke to informed us that they had not had Sepsis training.	

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 (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective	Y

processes to make referrals to other services.	
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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.5%	94.3%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (21)	0.8%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	16
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments Cards	Patients indicated the following: <ul style="list-style-type: none">• Always treated with dignity and respect• Friendly, helpful and caring staff
Interviews with Patients	During the inspection we spoke to three patients and they indicated the following: <ul style="list-style-type: none">• One patient indicated they do not get to see a named GP.• All the patients indicated that their privacy and dignity was always respected.• All the patients generally indicated they were satisfied with the care received from the practice.
NHS Choices	The practice had received 65 reviews and ratings (39 patients had given 5/5 stars; 8 patients has given 4/5 stars; 4 patients had given 3/5 stars; 4 patients had given 2/5 stars;10 patients had given 1/5 stars). The practice had not responded to any positive or negative comments.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
21878.0	469.0	70.0	14.9%	0.32%

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)	85.5%	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)	82.9%	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)	97.0%	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)	84.1%	83.7%	82.9%	No statistical variation

Any additional evidence or comments
The provider told us they had an action plan which involved looking at the last 3 years of the National GP patient survey results and whether or not there had been an increase or decrease in patient satisfaction, with actions identified and whether or not those actions had been completed.

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

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	<p>During the inspection we spoke to three patients and they all indicated the following:</p> <ul style="list-style-type: none"> • They were involved in their care and treatment. • The healthcare professional listened to them and understood their wishes.

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)	96.4%	92.7%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	103 (0.5%)
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice had a system to identify and flag young carers; however, the practice informed us they had no carers under the age of 18. The practice offered flu immunisations and signposted carers for local support.
How the practice supported recently bereaved patients.	The practice gives out leaflets about a voluntary bereavement organisation who is available to support bereaved patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
At the branch practice (Manor Health Centre) we saw slips of paper available at reception that could be handed to staff to alert them that the patient had sensitive information to discuss and need a to be taken to a private room.	

Responsive

Rating: Good

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.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times: Clapham Family Practice	
Monday	08:00-20:00
Tuesday	08:00-20:30
Wednesday	08:00-20:00
Thursday	08:00-20:30
Friday	08:00-19:00
Saturday	09:00-12:00
Appointments available:	
Monday	08:00-20:00
Tuesday	08:00-20:30
Wednesday	08:00-20:00
Thursday	08:00-20:30
Friday	08:00-19:00
Saturday	09:30-11:30

Manor Health Centre:

Monday	08.00 - 18.30hrs	09.00 - 18.00hrs
Tuesday	08.00 - 18.30hrs	09.00 - 18.00hrs
Wednesday	08.00 - 18.30hrs	09.00 - 18.00hrs
Thursday	08.00 - 18.30hrs	09.00 - 18.00hrs
Friday	08.00 - 18.30hrs	09.00 - 18.00hrs
Saturday	CLOSED	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
21878.0	469.0	70.0	14.9%	0.32%

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)	98.4%	94.0%	94.5%	Tending towards variation (positive)

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.
- There was a medicines delivery service for housebound patients.
- The practice offer flu vaccination and nursing staff co-ordinate with the district nursing team to make sure over 75's and housebound patients receive the flu vaccination.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions sometimes 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.
- The practice worked with the PPG to facilitate a diabetes education day which was well attended, and the HCA was available to proactively screen for diabetes in patients who wished to have a check done.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7pm on a Monday for school age children so that they did not need to miss school.
- 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 under the age of 16 are offered a same day appointment when necessary.
- The practice had a breast feeding area within the practice to help promote breast feeding and help new mothers feel more comfortable.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8.30pm on a Tuesday and Thursday and 8pm on a Monday and Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday 9:30am until 11:30am at the main site.
- A monthly NHS health check invitation is completed to help proactively reach those patients who are well to keep them well.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- 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.
- The practice has a register for patients who are; Homeless, housebound, serious mental health, learning disability, child protection, dementia, palliative, substance misuse, carer's and a Trans register.
- The practice keep food bank vouchers on the premises and staff are aware how to access this and support those in need.
- The practice has worked with the LGBT foundation to improve services to the LGBT community and were recently awarded a Gold Pride in the Practice award for this, "the first in Lambeth and only the 6th in the country".
- The practice achieved this award by:
 - Creating a Trans register
 - Changing registration forms to include sexual orientation and trans status monitoring
 - Redesigning their website to include information on health screenings specific to trans people who might otherwise be missed, for example; under Men's health, there is a message informing patients that Trans men who still have a cervix will be invited for cervical screening; and under Women's health, there is a message to inform Trans people who were assigned male at birth that they are still at risk of prostate disease or prostate cancer.
 - Updating policies to be more LGBT inclusive
 - Assigning a nominated GP LGBT Staff Champion
 - Displaying LGBT-related health posters in the waiting room and also in the individual clinical rooms.
- Patient feedback indicated that GP's were very supportive of Trans people and especially the correct use of pronouns when addressing them. They also stated that they had been referred to specific LGBT trans counselling and support groups and had signposted friends in the LGBT community to the Clapham Family Practice.
- A Pride in Practice co-ordinator who the practice works with also spoke highly of the level of training and commitment to the LGBT community the practice had shown and acknowledged that many patients have commented with positivity, pride, thanks and enthusiasm on the work and the service being provided for LGBT patients.

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

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice keeps a Dementia, Serious Mental Illness register and a Learning Disabilities register and these patients are invited annually for a comprehensive physical health assessment. The practice also has a recall system in place for these patients.
- The practice keeps a substance misuse register and work with the local substance misuse team to provide joined up care to these patients.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	73.6%	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)	55.8%	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)	49.5%	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)	57.4%	72.6%	73.6%	Tending towards variation (negative)

Any additional evidence or comments

During the inspection we found that the next urgent appointment was available that afternoon; 3:30pm and a routine appointment with a GP was available the next afternoon and a nurse appointment was available on the same day.

Source	Feedback
For example, NHS Choices	<p>NHS Choices- 65 ratings 5 stars- 38 4 stars- 8 3stars- 4 2 stars- 4 1 star- 11</p> <p>The practice had not responded to comments since 2017</p>

Interviews with Patients	<p>During the inspection we spoke to three patients and they indicated the following:</p> <ul style="list-style-type: none"> • One patient indicated that appointments do not run to time. • One patient indicated they had to wait one to one and a half weeks to get to see the GP of their choice. • All the patients indicated that they knew how to access out of hours services.
--------------------------	---

Listening and learning from concerns and complaints

Complaints were listened and responded to but not always used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	14
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Partial
The practice informed us that not all complaints were discussed, or learning shared at practice meetings. Clinical complaints were discussed at clinical meetings and non-clinical complaints were discussed with the relevant member of staff and a manager only.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Text messages were sent to the wrong patient.	The patient's medical records were checked, and it was noted that the number was incorrect. An explanation of how this would have happened was given to the patient along with an apology, with reassurance that the reception team members currently employed by the practice would, during their on-going training, use this issue as a learning tool.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Interviews from staff	<p>Staff we spoke to during the inspection indicated that:</p> <ul style="list-style-type: none"> • They are generally well supported, were happy to work in the practice and there is an open door policy with regards to management. • They have not had to use any locum GP's in the last year. • Some of the staff we spoke to reported that staffing levels were not sufficient, and they often had to take on work outside of their roles. The provider informed us that they were actively recruiting to address staffing levels.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making

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

Engagement with patients, the public, staff and external partners

The practice involved 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.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• The Patient Participation Group (PPG) has around six members and they usually meet six times a year.• They indicated that the meetings were usually attended by either a GP or the practice manager alternately.• The PPG indicated they felt valued and included in the development of the practice.• The PPG indicated that they would like more involvement from the practice.

Continuous improvement and innovation

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

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

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.