

Care Quality Commission

Inspection Evidence Table

Dr Pervez Sadiq (1-506480318)

Inspection date: 15 January 2020

Date of data download: 14 January 2020

Overall rating: add overall rating here

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

Safe

Rating: GOOD

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Partial
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
The policies for accessing online services were not formalised. The provider relied on the fail-safes inherent to the online system and discussion with staff to prevent inappropriate access.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
The provider had checked and recorded that registrations were up to date but a mechanism to remind when these were due was not in place. A health declaration form had not been completed for the most recent recruit.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 29/05/2019	Yes
There was a record of equipment calibration. Date of last calibration: 29/05/2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 20/11/2019 and visual checks conducted	Yes
There was a log of fire drills. Date of last drill: December 2019 conducted by buildings manager	Yes
There was a record of fire alarm checks. Date of last check: weekly 9/1/2020	Yes
There was a record of fire training for staff. Date of last training: training is via e-learning and staff complete at different times depending on when they are due. All were up to date on the day of inspection.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 2/1/2020	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 6/5/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes

Date of last assessment: 29/12/19	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 27/12/19	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

Information to deliver safe care and treatment

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

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

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) (NHS Business Service Authority - NHSBSA)	1.09	1.01	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2018 to 30/09/2019) (NHSBSA)	6.0%	8.2%	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) (NHSBSA)	5.15	5.57	5.60	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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) (NHSBSA)	3.64	2.64	2.08	Tending towards variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
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.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Medicine prescription sheets were placed in printers at the beginning of each day and removed at the end of the day and stored in a locked cabinet and access to the consultation rooms is controlled. However, consulting rooms were left unlocked when not in use. The provider described informal discussions with non-medical prescriber about prescribing, however this was not recorded.	

Medicines management	Y/N/Partial
<p>All emergency medicines and equipment were in date and readily accessible however, one of the recommended medicines was not available. Discussion with the provider indicated an informal risk assessment had been conducted and the mitigation plan involved sourcing this medicine from the pharmacist situated on site.</p> <p>The emergency medicines lists for the doctor's bag and emergency medicines kit did not match the contents.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	3
Number of events that required action:	3
<p>The incident policy and procedure had been reviewed and staff were aware of how to raise a concern. The practice manager had recently participated in an incident and complaints management course. Information and learning was shared informally through day to day discussions and, notes confirmed, at clinical and practice team meetings.</p>	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
Referrals from locums to particular services had been delayed because administration staff had to input omitted information. This was because some locums were unfamiliar with which forms to complete.	The administration staff compiled a list of the templates needed and how they should be completed. This has been included in the locum pack.

Safety alerts	Y/N/Partial
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There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
We saw action taken on recent alerts for example, there was an alert about a fault with an emergency heparin injection pen. In response the practice completed a search and contacted all patients involved.	

Effective

Rating: Safe

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

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) (NHSBSA)	0.56	1.10	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their records and prescriptions were updated to reflect any extra or changed needs. When discharge letters were received medicines were changed and blister packs updated with the pharmacist as required.
- 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, 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 high intensity statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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) (QOF)	69.5%	73.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	7.0% (14)	9.0%	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) (QOF)	77.8%	78.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	8.0% (16)	5.1%	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) <small>(QOF)</small>	81.1%	78.8%	81.3%	No statistical variation
Exception rate (number of exceptions).	8.0% (16)	7.5%	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) <small>(QOF)</small>	72.8%	73.0%	75.9%	No statistical variation
Exception rate (number of exceptions).	9.6% (16)	5.0%	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) <small>(QOF)</small>	89.4%	84.6%	89.6%	No statistical variation
Exception rate (number of exceptions).	8.7% (9)	5.5%	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>	88.6%	84.4%	83.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	2.6% (10)	3.1%	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>	100.0%	94.4%	91.1%	Variation (positive)
Exception rate (number of exceptions).	11.6% (5)	5.9%	5.9%	N/A

Any additional evidence or comments

Exception reporting was discussed and the provider demonstrated that each exception was clinically justified.

Families, children and young people

Population group rating: Good

Findings

- The practice has met the minimum 90% target for three of four childhood immunisation uptake indicators. The practice has met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for two of four childhood immunisation uptake indicators.
- 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 which was usually managed through maternity and midwifery services. 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. The practice nurses and advanced nurse practitioner had up-to-date courses in atrial fibrillation and worked closely with the diabetic specialist nurses.

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)	22	25	88.0%	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)	38	41	92.7%	Met 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)	39	41	95.1%	Met 95% WHO based target
The percentage of children aged 2 who	40	41	97.6%	Met 95% WHO based target

have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)				
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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

- The provider was uncertain why they had not achieved 90% primary immunisation for children aged one. Immunisation was provided for all babies when they attended the 8 week baby checks and parents rarely missed these. The provider agreed to review this cohort of patients.
- If childhood immunisation appointments were missed reminders were sent in paper form and text messages. Guardians were also contacted by telephone. If the baby was still not brought in for immunisation or other arranged health care the Health Visitors were informed.

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. The health care assistant worked through a list of these patients.
- 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). (31/03/2019 to 30/06/2019) (Public Health England)	73.9%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	60.4%	65.8%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	51.6%	51.7%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months,	75.0%	73.9%	68.1%	N/A

who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)				
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	33.3%	42.2%	53.8%	No statistical variation

Any additional evidence or comments

We discussed the cervical screening in depth because the provider had not met the 80% rate target.

- All sample takers had completed the required training and were up to date.
- Audits of inadequate samples had been completed and the inadequate rate had been below 5% for the past two years. All inadequate samples were checked and appropriate action taken to prevent another inadequate sample for a similar reason.
- Women could attend for cervical screening when a sample-taker was working there were not set times and included until 8.00pm each Wednesday.
- Women who did not attend for their screening were contacted by telephone, letter and text. Those overdue were flagged on the system so they could be offered the test opportunistically.

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 considered the needs of those whose circumstances may make them vulnerable. End of life patients had access to a Macmillan nurse cancer navigator who supported patients through dealing with social and emotional needs.
- 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 reviewed young patients at local residential homes.

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) (QOF)	94.4%	84.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	21.7% (5)	10.7%	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) (QOF)	90.5%	87.9%	90.2%	No statistical variation
Exception rate (number of exceptions).	8.7% (2)	9.3%	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) (QOF)	80.0%	73.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	7.3%	6.7%	N/A

Any additional evidence or comments

Exception reporting was discussed and the provider demonstrated that each exception was clinically justified.

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	England
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		average	average
Overall QOF score (out of maximum 559)	541.9	526.8	539.2
Overall QOF score (as a percentage of maximum)	96.9%	94.2%	96.7%
Overall QOF exception reporting (all domains)	5.2%	4.8%	5.9%

	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 completed atrial fibrillation audits and found that the correct codes were not always used and so it was difficult to confirm the number of patients receiving the correct care and treatment. Improvement actions included, identifying and agreeing on the correct code; staff education and clearer instructions. The re-audit indicated that the codes could now be used to confirm patients were receiving the required care and treatment.

Any additional evidence or comments
The provider documented the results of all audits and also discussed the improvements made as result of planned audits such as the medicines and cervical screening audits. However, these changes were not always documented. For example, the provider indicated the cervical screening audit showed that the number of unsatisfactory samples (which was satisfactory and below 3% at both counts) had decreased in numbers between 2018 and 2019. The provider described the changes between each audit but this had not been documented to allow for ongoing review of the results.

Effective staffing

The practice was able to demonstrate that most 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.	Partial
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.	n/a
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>All staff had attended training provided by the CCG and Knowsley Forum provides a structured educational programme. The provider also provides courses through a specialist online e-learning package.</p> <p>All staff had completed their professional re-validations and were up to date. All staff had documented appraisals and were registered with their professional bodies. The majority of staff had completed foundation and refresher courses for each of the specialist procedures they performed.</p> <p>The service, however, offered joint injections and we noted that the provider could not demonstrate they had taken steps to ensure the GP who carried out this procedure had up-dated their skills.</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 (01/04/2018 to 31/03/2019) (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

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

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) (QOF)	99.6%	95.6%	95.0%	Significant Variation (positive)
Exception rate (number of exceptions).	0.6% (4)	0.6%	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.	Partial
The service did not have service specific policies for staff to use when signing patients up for online services in relation to consent to care and treatment.	
The provider agreed to develop these in line with their local clinical network.	

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Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	40
Number of CQC comments received which were positive about the service.	31
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comment cards	<p>Patients who commented about staff indicated that staff were excellent and treated people with dignity and respect and were caring. Patients also commented that staff were friendly and that the surgery was clean.</p> <p>All eight mixed comments concerned difficulty getting an appointment with the GP of choice and two of these also included comments about difficulties getting through on the telephone.</p> <p>The negative comment concerned difficulties getting signed up to the on-line service despite a lot of support from the administration staff.</p>
Healthwatch Knowsley	Based on 17 reviews between the practice scored 3.5 out of 5 stars. There were three anonymous comments in 2019 which scored the practice 5 stars for providing a caring and flexible service.
NHS website	There was one negative comment concerned with lack of access to a GP of choice.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2884.0	455.0	89.0	19.6%	3.09%

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)	85.0%	88.5%	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)	87.8%	88.5%	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)	93.2%	95.2%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	84.0%	86.2%	82.9%	No statistical variation

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

Any additional evidence
The practice participated in the Friends and Family patient survey initiative. The results from January to December 2019 indicated 97% of respondents would recommend the practice to their friends or family.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Staff knew how to access easy read and pictorial materials when this was required.	

Source	Feedback
Interviews with patients.	Comments about the attitude of the staff and the care and treatment provided were positive.

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)	89.9%	94.1%	93.4%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	86 patients 3% of patient list
How the practice supported carers (including young carers).	Carers were directed to the carer's forum. The practice had systems that would identify young carers.
How the practice supported recently bereaved patients.	The practice sent bereaved families a sympathy card and personal contact through a visit or telephone call from the GP or practice staff also took place if appropriate.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Partial
One person queued at the reception window at a time; booking-in could be done electronically. The reception area did not have partition glass so there was a risk that conversations could be overheard however, the seating area was large and chairs were placed some distance from the reception window.	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes

Responsive

Rating: Good

At the previous inspection in January 2019 responsive was rated as requires improvement because processes for dealing with complaints were not open and transparent and did not meet legal requirements.

At this inspection we found processes for making, receiving, recording, investigating and providing feedback about complaints had improved and met legal requirements.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Partially
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
The consultation rooms were accessible and equipment was adjustable. The adjustments for the window blinds however, did not appear to be ligature proof. The provider stated that the building estates manager had provided a detailed risk assessment for the building and had given verbal assurance that window fittings were safe.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 5.30pm then 6.30 pm to 8pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9am to 12pm; 3.30pm to 6pm
Tuesday	9am to 12pm; 3.30pm to 6pm
Wednesday	9am to 12pm; 3.30pm to 5.30pm 6pm to 8pm
Thursday	9am to 12pm; 3.30pm to 6pm
Friday	9am to 12pm; 3.30pm to 6pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2884.0	455.0	89.0	19.6%	3.09%

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)	96.1%	95.2%	94.5%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and, offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- End of life planning protocols would ensure religious and cultural observances of some patients would be responded to quickly, outside of normal working hours, to provide the necessary death certification in line with families' wishes when bereavement occurred.
- Patients were encouraged to designate a preferred pharmacist.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 8pm each Wednesday and school age children could attend and not 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 were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 6.30pm Monday to Friday. There were late evening appointments each Wednesday until 8pm.
- Weekday evening and weekend appointments offered at a practice nearby.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode 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.

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.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	84.2%	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)	73.8%	66.8%	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)	69.8%	65.5%	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)	71.4%	69.1%	73.6%	No statistical variation

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	Four written and 23 in comment book
Number of complaints we examined.	Four written and 5 in the comment book
Number of complaints we examined that were satisfactorily handled in a timely way.	Four
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	none

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>At the previous inspection in January 2019 the management of complaints did not meet the legal requirements. In particular: information about how to complain was not readily available and was only available on request; verbal complaints were not recorded by the practice; an easy read version of the complaints processes was not available and the right to complain was not advertised in the waiting areas; investigation reports lacked detail and patients were not kept properly informed of the outcomes or the actions they could take if dissatisfied with the investigation. Information about complaints investigated were not shared with staff and used as learning opportunities. The provider did not recognise when a complaint should be reviewed as an incident.</p> <p>At this comprehensive follow-up inspection, we found significant improvements in how complaints were managed. A complaints leaflet with correct information about how to complain and appeal if dissatisfied with the investigation or outcome had been produced and this was available in the waiting area.</p> <p>We reviewed the complaints investigation documents for four complaints and these indicated that complaints investigations were more thorough, the action taken was recorded in detail and a detailed letter sent to the complainant. The letter sent included an apology and information about escalating the complaint if the complainant was dissatisfied with the outcome.</p> <p>Verbal complaints were recorded in a comments book and were responded to appropriately and patients contacted as required.</p> <p>The provider included complaints on the audit plan and risk register for the service.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient dissatisfied with consultation	The investigation was thorough and the patient responded to appropriately.
Patient dissatisfied no urgent referral process	The investigation was thorough and patient responded to appropriately.

Well-led

Rating: Good

- At the previous inspection in January 2019 we rated well-led as requires improvements because the provider did not have an audit plan to review the quality of the service, the provider did not have an overview and mitigation plans relating to the risks for practice and information about the quality of the service was not evaluated so that appropriate improvements could be made.
- At this follow-up comprehensive inspection, we found appropriate systems for audits; future planning and identifying and dealing with risks to the service had been introduced and were in use by staff throughout the practice.

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.	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
The provider has developed a sustainability and business plan which highlighted the challenges to the service such as current and future staffing issues; working more closely with partner agencies such as specialist community nursing services; their affiliated Primary Care Network (PCN) and the other practices that share the same building. Staff indicated the leadership team was visible and approachable. The staff team had worked together for a number of years and felt there were no barriers to improving the services in relation to capacity or capability.	

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

The provider had developed a business plan for working towards strategic changes. The practice had included use of new technologies such as electronic consultation and on-line prescriptions as a means of completing the plan.

The practice worked closely with members of their PCN and the local Clinical Commissioning Group.

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.	No
Staff had undertaken equality and diversity training.	Yes
The provider was in the process of learning more about the Speak-up Guardian initiative. Staff indicated that the whistleblowing policy provided details of independent bodies that could be contact if they had concerns about the conduct of the leaders of the service.	

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

Source	Feedback
Members of staff.	<ul style="list-style-type: none"> The providers were good employers. Staff had received training to enable them to do their jobs well. A new specialist job had been developed in response to the practice identifying common themes concerned with coding and delayed non urgent referral appointments. Staff told us they all had the responsibility and the 'right' to comment about how the practice operated or when they identified things that needed to improve.

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
<ul style="list-style-type: none">• The business plan included looking at current governance structure and how and when this will change in the future.• Staff were aware of their roles and responsibilities which were supported by job descriptions.• The provider had oversight of service level agreements with clinical waste and cleaning companies that serviced the building.	

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
The provider had developed a risk register to identify and prioritise areas that needed to be addressed. The provider had ensured most relevant risk assessments for staff and patients.	

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

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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
The practice was involved with the public; staff and external partners and contributed to a range of organisations for example; <ul style="list-style-type: none">• Monthly meetings with the Primary Care Network.• Monthly meetings with another GP practice in the same building.• Four meetings each year with the patient participation group.	

Feedback from Patient Participation Group.

Feedback
<p>The patient participation group (PPG) was represented by three members. The group indicated that the provider listened to their point of view and made changes accordingly, for example the placement of the booking in screen was changed on their advice.</p> <p>The PPG representatives indicated that the service was very good; staff attitude was positive and the practice enabled staff to improve and become more skilled. They felt during 2019 the administration staff had become friendlier and more efficient.</p> <p>The PPG felt the provider kept them well-informed about local and national initiatives in health and social care for example, social prescribing and the aim to identify and support more carers. The PPG were aware of plans to review staff deployment. The PPG were pleased that technology was used to make things easier for patients. For example, text reminders and on-line prescriptions. They felt IT was used to good effect without losing the personal touch which patients valued.</p> <p>The PPG also indicated that the provider was keen to increase membership of the PPG and so a PPG promotion day was being planned.</p>

Continuous improvement and innovation

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

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

Examples of continuous learning and improvement
<p>The practice has developed an audit plan; business plan and risk assessment through learning gained in response to the requirement notices served at the CQC inspection in January 2019.</p> <p>The provider recognised the value of the register for 'at-risk' and vulnerable children, and developed comprehensive registers for all vulnerable patients, this has been used to target care and treatment for these groups and also ensure individuals received a tailored service when they visited the practice.</p>

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.