

Care Quality Commission

Inspection Evidence Table

Maple Access Surgery (1-585078956)

Inspection date: 17 December 2019

Date of data download: 10 December 2019

Overall rating: Requires Improvement

The practice was rated Inadequate following an inspection in May 2019. At that time we found there to be a lack of suitably trained staff, the premises to be unsafe and a lack of effective management oversight across the practice which was impacting on patient care and treatment. We have now rated the practice as Good through an assessment of improvements made since our last inspection.

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

Safe

Rating: Good

The rating for this key question has changed from Inadequate to Good due to improvements at the practice in relation to the safety of the premises, emergency medicines, safeguarding processes and recruitment.

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>Staff had not always been appropriately trained in safeguarding. This applied to new members of staff working at the practice and to administrative staff. We raised this with the provider who told us they would take immediate steps to address this.</p> <p>We found significant improvement in safeguarding processes since our last inspection. Patients were now being appropriately identified and coded. The practice had a higher than average number of vulnerable patients and worked hard to ensure safeguarding processes were in place.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Recruitment processes had significantly improved since our last inspection and we saw that the required recruitment checks were now in place for staff.</p> <p>Risk assessments had been completed for staff who did not have a DBS check completed where this was appropriate.</p>	

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: 30/11/2019	Yes
There was a record of equipment calibration. Date of last calibration: 30/04/2019	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: 17/01/2019	Yes
There was a log of fire drills. Date of last drill: 04/12/2019	Yes
There was a record of fire alarm checks. Date of last check: 09/12/2019	Yes
There was a record of fire training for staff. Date of last training: 19/12/2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 23/05/2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: Improvement had been made in relation to ensuring the premises was safe and secure. We saw that the required fire safety checks were in place and that electrical equipment was being tested as required.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	July 2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	November 2019
Explanation of any answers and additional evidence: The premises was now being monitored to ensure the safety of staff and patients.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: July 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
There was a system to notify Public Health England of suspected notifiable diseases.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: We saw that actions from infection control audits had been completed. For example, there had been a deep clean on carpets in the premises on 4 December 2019 and a new tap had been installed in one of the treatment rooms.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: We found improvement in relation to staff training for recognising and managing signs of sepsis which had not been completed for staff at our last inspection in May 2019. Risk assessments were now in place for patients who were part of the Violent Patient Scheme and steps had been taken to ensure these patients were adequately identified.	

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.	Partial
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: Although there was a system in place for the summarising of new patient notes, we found there still to be a backlog of notes which needed summarising at the practice. There were 385 un-summarised notes at the time of our inspection. The practice was working to clear this and following our inspection we were informed that this number had greatly reduced with the practice notifying us that they now had 12 patients notes which needed summarising.	

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)	1.02	0.95	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)	7.8%	7.8%	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)	4.89	6.04	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) (NHSBSA)	1.56	2.11	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about	Yes

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection we identified three Patient Group Directions which were out of date. We alerted the provider of this who implemented a process to ensure this was effectively monitored following our inspection.</p> <p>At our last inspection we found that the practice did not have the required emergency medicines to keep people safe. At this inspection we found emergency medicines were in place as required.</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:	23
Number of events that required action:	23
Explanation of any answers and additional evidence: Significant events were being recorded and we saw evidence of learning from these and changes made to the service, if and when needed.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Violent patient seen unexpectedly on home visit.	Protocol and policy for home visits reviewed and amended. Experience shared with staff team and process improved upon to ensure staff safety.
Volatile and impulsive behaviour of patient during consultation.	Appropriate referrals made due to patient's vulnerability.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: There had been a system implemented since our last inspection in May 2019 to ensure that all MHRA and other safety alerts were received, recorded and shared as needed. This system ensured that staff had sight of the alerts.	

Effective

Rating: Requires Improvement

The rating for this key question has moved from Inadequate to Requires Improvement due to improvements in patient care and treatment and staff training. Improvement was still needed in cervical screening, child immunisations and across all of the population groups. Exception reporting remained high at the practice.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
Explanation of any answers and additional evidence: We saw improvement since our inspection in May 2019 in terms of how patients were being assessed and treated at the practice.	

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)	4.34	0.73	0.74	Significant Variation (negative)

Any additional evidence or comments

The practice had a number of vulnerable patients, some of whom were of no fixed abode. The practice provided data during the inspection which indicated that this equated to 8.1% of the patient population. The prescribing rates were above the local and national average, however the practice had been working to reduce this by reviewing patients. Patients were being subject to medicines review and the practice

was actively working on this.

Older people

Population group rating: Requires Improvement

Findings

- This population group has been rated as requires improvement as the practice needed to continue to address the high exception reporting at the practice.
- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice looked after a local nursing home and visited the service twice weekly to assess and treat patients.
- The practice carried out home visits to older people and appointments were prioritised through the triage system.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- The practice was working to ensure that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- There was still high exception reporting at the practice which had excluded high numbers of patients in this process, as indicated below. The practice had reduced these rates since our last inspection but remained higher than the local and national averages. The practice was aware of the high exception reporting rates and was working to address them. This remained concerning at the time of our inspection.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

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)	81.2%	82.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	35.5% (117)	17.5%	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)	73.5%	79.5%	78.1%	No statistical variation
Exception rate (number of exceptions).	34.8% (115)	11.2%	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>	81.4%	82.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	30.0% (99)	14.6%	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>	79.3%	77.1%	75.9%	No statistical variation
Exception rate (number of exceptions).	32.3% (122)	9.9%	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>	93.9%	92.4%	89.6%	No statistical variation
Exception rate (number of exceptions).	39.3% (53)	14.9%	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) (QOF)	85.4%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	31.3% (190)	4.4%	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) (QOF)	100.0%	93.4%	91.1%	Variation (positive)
Exception rate (number of exceptions).	11.5% (3)	4.4%	5.9%	N/A

Families, children and young people

Population group rating: Requires Improvement

Findings
<ul style="list-style-type: none"> The practice had not met the minimum 90% target for four of four childhood immunisation uptake indicators. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for four of four childhood immunisation uptake indicators. The practice had a dedicated staff member working on improving these performance figures, however, due to just under 50% of the practice population experiencing language barriers, this was challenging for the practice. The practice was considering how they could improve communication with specific patient groups but this was a work in progress. There had been an improvement since our last inspection, with an increase of up to 5%. However, further time was needed to see further improvement here. 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)	150	174	86.2%	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)	141	177	79.7%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	138	177	78.0%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	135	177	76.3%	Below 80% uptake

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

Working age people (including those recently retired and students)

Population group rating: Inadequate

Findings
<ul style="list-style-type: none"> Cancer screening rates were below average and had remained low since the inspection in May 2019. The practice was taking steps to address by sending letters to patients and translating these where appropriate, but further improvement was needed. 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
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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)	46.6%	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)	50.2%	74.9%	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)	28.3%	56.6%	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)	43.8%	69.4%	69.3%	N/A
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)	70.0%	54.1%	53.8%	No statistical variation

Any additional evidence or comments

The practice had a dedicated member of staff working on improving the cervical cancer screening rates at the practice. The practice were writing out to non-attenders but explained there were some challenges with this as many patients had moved on or undertook their screening in their home countries. The practice were intending to translate the non-attenders invitation screening letter to improve uptake. The practice had also established that 1500 smear test results had not been correctly coded on the system. This had now been rectified but did not show up on the figures above.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice had a high number of vulnerable patients at the service and ran the Special Allocation Scheme in Northamptonshire. This meant that there were a number of patients who had been removed from other practices who sometimes had complex health needs. Care and treatment had now been effectively planned and delivered to meet the needs of these patients.
- The practice had a mental health team who worked with vulnerable patients and offered on the day crisis appointments.
- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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: Requires Improvement

Findings

- Exception reporting remained high at the practice and further work was needed to review and reduce exception reporting at the practice.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe. However, we found one instance when this system had not been followed by a staff member who had not been adequately trained.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	92.4%	93.6%	89.4%	No statistical variation
Exception rate (number of exceptions).	53.3% (90)	17.2%	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>	91.7%	94.0%	90.2%	No statistical variation
Exception rate (number of exceptions).	28.4% (48)	13.5%	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>	94.4%	84.6%	83.6%	No statistical variation
Exception rate (number of exceptions).	14.3% (6)	9.0%	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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	555.3	No Data	539.2
Overall QOF score (as a percentage of maximum)	99.3%	No Data	96.4%
Overall QOF exception reporting (all domains)	21.1%	No Data	No Data

	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

Two full-cycle audits which looked at A&E attendances and prescribing. This had reportedly reduced A&E attendance by 7%.

Prescribing audit which resulted in a review of analgesic patch prescribing at the practice to reduce this where possible.

A cancer care audit to look at quality of palliative care and role of GP practice.

Bowel cancer screening audit.

The practice had an on-going action plan in place and plans to move to new premises to enhance and continue to improve on quality at the service.

Any additional evidence or comments
The practice was a teaching practice and hosted medical students from Leicester University.

Effective staffing

The practice was partially 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 ¹
The learning and development needs of staff were assessed.	Partial ²
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>1. The practice was unable to evidence that two staff members had completed Basic Life Support (BLS) training and when we asked to see the training records for all staff, BLS training was not included in these records. The practice did provide evidence of the BLS training following our inspection.</p> <p>2. There was not an adequate system to ensure oversight of staff training. It was not clear who was responsible for this.</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	Yes

services.	
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) <small>(QOF)</small>	90.8%	94.8%	95.0%	Tending towards variation (negative)
Exception rate (number of exceptions).	2.6% (34)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Policies for any online services offered were in line with national guidance.	Yes

Caring

Rating: Good

The rating for this key question has moved from Requires Improvement to Good as data from the GP National Survey showed improvement with patient experience. The practice was regularly seeking patient feedback and patients were treated with dignity and respect by staff.

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: The practice employed a staff team who had a thorough understanding of the patients who used the service. They demonstrated that they listened to patients and that, although some of their patients were living in challenging circumstance and could display challenging behaviours, they treated people equally and without judgement.	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	17
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comments Cards	The feedback obtained through the comments card patients completed as part of the inspection was predominantly positive including comments about the caring nature of staff working at the practice. The feedback did contain comments about difficulties in getting through on the phone and waiting times to see a Doctor.
Patient Participation Group (PPG) feedback	We spoke with the PPG who told us that the practice had made progress in their plans to improve the practice and that they were actively engaging with the group in order to seek patient views.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12201.0	469.0	62.0	13.2%	0.51%

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)	89.3%	87.6%	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)	81.4%	86.5%	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)	88.4%	94.8%	95.5%	Tending towards variation (negative)
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)	77.9%	81.8%	82.9%	No statistical variation

Any additional evidence or comments

We saw significant improvement in the survey results since our last inspection with all areas improving. The practice had made improvements to patient care and treatment which was impacting on patient experience.
Staff observed during our inspection were kind and compassionate towards patients.

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

Any additional evidence

The practice was seeking patient feedback on an on-going basis and was able to provide us with evidence of this as part of our inspection. The feedback we looked at was predominantly positive about patient care.

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

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)	89.7%	92.8%	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a high number of patients for whom English was not their first language. The practice had processes and resources in place to ensure these patients were able to communicate effectively and that information was provided to them in a way they could understand.</p>	

Carers	Narrative
Percentage and number of carers identified.	130 carers which equates to 1.04% of the practice population.
How the practice supported carers (including young carers).	Patients were signposted to local services for support by the Carers Champion who worked at the practice. There was information in the waiting area of support which was available to patients.
How the practice supported recently bereaved patients.	Patients who had been bereaved were identified by the Bereavement Lead in place at the practice. They would contact the bereaved patient and offer personalised support. This involved offering condolences on behalf of the practice, signposting, information on bereavement support and prioritisation of appointments.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Requires Improvement

This key question has been rated as Requires Improvement due to a lack of effective management of complaints. This has impacted on all population group ratings.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The provider had made changes to the premises since our last inspection to ensure the safety of staff and patients who used the service. There was now CCTV throughout the building and an additional security guard had been employed due to the behaviours of some of the patients at the practice. Staff told us they felt safe within the building.	

Practice Opening Times		
Day	Time	
Opening times:		
Monday	8am to 6.30pm	
Tuesday	8am to 6.30pm	
Wednesday	8am to 6.30pm	
Thursday	8am to 6.30pm	
Friday	8am to 6.30pm	
Appointments available:		
Monday	8am to 12.30pm	1.30pm to 6.30pm
Tuesday	8am to 12.30pm	1.30pm to 6.30pm
Wednesday	8am to 12.30pm	1.30pm to 8pm
Thursday	8am to 12.30pm	1.30pm to 6.30pm
Friday	8am to 12.30pm	1.30pm to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12201.0	469.0	62.0	13.2%	0.51%

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)	87.1%	94.3%	94.5%	Tending towards variation (negative)

Any additional evidence or comments

We saw a slight improvement in the National GP Survey results for the performance data above and patient feedback we looked at and collected as part of our inspection indicated that the majority of patients felt the practice met their needs. The practice had also completed their own patient survey which indicated a high level of patient satisfaction with the care and treatment they received at the practice.

Older people

Population group rating: Requires Improvement

Findings

- The practice offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice made regular visits to the local nursing home to assess and treat patients.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- The practice was working to improve their responsiveness to people with long-term conditions but the performance data we reviewed as part of this inspection indicated that more time was needed to see this work fully impact on patient outcomes.
- Patients with multiple conditions had their needs reviewed in one appointment.
- 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: Requires Improvement

Findings

- Systems to identify and follow up children living in disadvantaged circumstances and who were at risk had been improved on since our last inspection.
- Additional appointments were available until 8pm on a Wednesday for school age children so that they did not need to miss school.
- 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: Requires Improvement

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 8pm on a Wednesday.
- Online services were available including online appointment booking, repeat medication requests and a full range of health promotion information.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The practice saw a higher than average number of people in vulnerable circumstances including patients who had been removed from other practice lists and some who were part of the Violent Patient Scheme. Steps had been taken to ensure the needs of these patients were safely met since our last inspection.
- 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.
- 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: Requires Improvement

Findings

- There was a specialist mental health team in place at the practice which offered on the day crisis appointments.
- 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)	90.7%	N/A	68.3%	Variation (positive)
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)	88.3%	65.9%	67.4%	Variation (positive)
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)	84.9%	63.8%	64.7%	Variation (positive)
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)	83.6%	74.3%	73.6%	No statistical variation

Any additional evidence or comments

There had been significant improvement in the GP National Survey data above since our last inspection and patient feedback to us indicated that access was generally good at the practice.

The practice offered a high number of on the day and walk-in appointments due to the needs of the patient population. This meant that patients could come into the practice and be seen as needed. Some of the more vulnerable patients at the practice did not tend to pre-book appointments and the practice recognised this and had developed the service to meet the needs of their patient group.

Listening and learning from concerns and complaints

Complaints were not used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	36
Number of complaints we examined.	36
Number of complaints we examined that were satisfactorily handled in a timely way.	8
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	No
There was evidence that complaints were used to drive continuous improvement.	No
Explanation of any answers and additional evidence: The practice was unable to demonstrate a working system for managing and responding to complaints. We were told that records had been deleted and so it was not possible for us to measure whether complaints had been adequately responded to in line with regulatory requirements. Although we were shown a spreadsheet of 38 logged complaints, some of these were significant events or incidents rather than complaints. We saw that verbal complaints were fully dealt with and responded to. However, there was not an adequate audit trail to evidence responses to formal, written complaints. We raised this with the provider who told us that they would look into this following our inspection.	

Examples of learning from complaints.

Complaint	Specific action taken
Conduct of GP during a consultation which patient interpreted to be rude and abrupt.	GP reflected on practice and patient was spoken with and an apology issued.
Patient complaint about difficulty in accessing online appointments.	Administration staff learning around guiding patients on how to use on-line services.

Well-led

Rating: Requires Improvement

The rating has moved from Inadequate to Requires Improvement due to the improvement we found at the practice since our last inspection. However, there continued to be a lack of oversight over some areas of 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
Explanation of any answers and additional evidence: The provider had taken steps to identify the risks and challenges within the practice since our last inspection and was in the process of addressing these. We saw an on-going action plan which the practice was working on. A new management structure had been implemented since our last inspection which provided more oversight over systems and processes.	

Vision and strategy

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

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

Culture

The practice had a culture which was working to drive 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.	Partial
The practice encouraged candour, openness and honesty.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: Staff told us that they felt safe working at the service and that they could raise issues as and when they needed to. Staff told us that the management were supportive and that the staff worked well together as a team. The practice had failed to fully respond to complaints from patients and was unable to evidence that people received an apology when things went wrong.	

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: A new management structure had been implemented since our last inspection and this had improved some of the governance systems in place at the practice. However, there remained a lack of oversight in some areas of the practice, such as staff training, complaints and the Patient Group Directions.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
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.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: Further management oversight was needed across the practice to ensure risks were being identified effectively on an on-going basis. The areas we identified that still required improvement had not been identified prior to our inspection. The notes summarising and lack of evidence in relation to complaints indicated that on-going work was needed.	

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.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: There was a coding issue at the practice which staff were working hard to resolve, however, this had been an issue in fully identifying vulnerable patients and this work was on-going.	

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

Feedback from Patient Participation Group.

Feedback
The PPG felt that the practice had taken steps to work more effectively with the group and described regular meetings which took place at the practice. The group sometimes felt that the agenda for these meetings were set by the practice and did not always feel listened to. The group felt that there had been improvements at the practice in recent months but that the practice would benefit from listening to the group and taking action on their suggestions and recommendations.

Continuous improvement and innovation

There was evidence of 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
Explanation of any answers and additional evidence: The practice had a service-wide action plan in place and was making the required improvements. We saw that significant improvement had been made since our inspection in May 2019 and that the practice had used numerous resources to drive that improvement. The provider was committed to improvement but there was further work to be done, something the provider was aware of.	

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.