

Care Quality Commission

Inspection Evidence Table

The Hall Practice (1-556562245)

Inspection date: 26 February 2020

Date of data download: 30 January 2020

Overall rating: Outstanding

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

Safe

Rating: Good

The Hall Practice was rated **Outstanding** at their last inspection carried out in April 2015. In accordance with Care Quality Commission methodology we carried out this inspection following our annual review of the information available to us, and within the new methodology we decided to inspect whether practice was providing effective and well-led services. The **Good** rating from our previous inspection for the provision of safe services have been carried through to contribute to the overall rating for the practice.

Effective

Rating: Outstanding

We previously rated the practice as **Outstanding** for providing effective services at the last inspection in April 2015. This rating was awarded for several different reasons including:

- The practice used the experience of GPs with special interests and expertise to treat patients with a wide variety of conditions at the practice. This reduced the need for patients with these conditions to attend hospital departments.
- The practice used a combination of electronic systems and tools to communicate effectively with other providers.

At this inspection the practice remains rated as **Outstanding** for providing effective services. Two of the population groups (Older people and People whose circumstances make them vulnerable) have also been rated **Outstanding** for the provision of effective services, whilst the remaining four population groups have been rated as **Good**. This rating was awarded because:

- We saw the practice continued to learn and innovate in how they delivered primary care.
- There was a holistic approach to assessing, planning and delivering care and support for patients. The practice looked for and encouraged the safe use of innovative and pioneering approaches to care and support, and how it was delivered.

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 |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We saw that regular clinical meetings were held and standing agenda items included new and revised guidance, medicines safety alerts and prescribing updates. We saw meeting minutes were stored electronically and shared for reference and reflection. During our discussions with clinicians (GPs, paramedic, clinical pharmacist and nurse) we found a consistent understanding of clinical guidelines. The practice adapted and used a template to support effective management of patient's immediate needs. This template was designed to include standardised prompt questions in four sections to ensure practice staff shared concise and focused information. Clinical staff, notably the paramedic advised this tool supported the delivery of care as it allowed the GP secretarial team to communicate effectively, reducing the need for repetition and the likelihood for errors. | |

| Prescribing | Practice performance | CCG average | England average | England comparison |
|---|----------------------|-------------|-----------------|--------------------------|
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small> | 0.70 | 0.54 | 0.74 | No statistical variation |

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. The post discharge follow up was normally completed by the paramedic with support from one of the GPs. The practice worked together and ensured that care plans and prescriptions were updated to reflect any extra or changed needs. This included coordinated work with the two clinical pharmacists, the patients GP secretary and the social prescribers aligned to the practice.
- 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.
- The practice provided GP services to two local care and nursing homes for older people (approximately 140 patients). We spoke with a representative from both homes; they praised the practice, the designated GP and the level of 'two-way' communication with the practice to support effective care and treatment and improve treatment for their residents. They also highlighted the benefits of the practice provision of a clinical pharmacist, paramedic and nurse, one such benefit being optimised medicines for the residents. In 2016, the practice worked with one of the homes (for patients with complex packages of care) and commenced a series of patient specific quality improvement (QI) activities to embed new approaches, deliver better outcomes and improve the effectiveness of GP led care to the residents. Each year, a different QI activity was completed which fed into the wider QI programme within the practice. For example, in 2018 the practice worked with the nursing home and completed a project and pilot to support the management of urinary tract infections in older patients and reduce the use of antibiotics. More recently, in 2019, the practice completed a project alongside the Academic Health Science Network (AHSN) to support the detection of sepsis within the home. This included the development, introduction of an assessment tool and onward support of care home staff to effectively use the tool and standardise the assessment and response to acute illness. Throughout the inspection, we saw evidence and impact of improved care. For example, in the weeks prior to the inspection, we saw one of the homes reported use of the assessment tool, which highlighted an acutely ill patient. Using the tool and the training provided by the practice, the home quickly recognised suspected sepsis, contacted the ambulance service and the patient was transferred to the local hospital for appropriate treatment.

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.
- Clinicians followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- 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 pulmonary rehabilitation to reduce breathlessness, reduce flare ups and improve quality of life. Patients were also offered rescue packs. The data submission for the local quality outcome scheme, known as the Primary Care Development Scheme (PCDS April 2018 - March 2019) indicated 84% of eligible patients were issued a rescue pack. This was above (positive variation) the local target of 80%. A COPD rescue pack provides patients with a five-day supply of corticosteroid (and some patients with a five-day supply of an antibiotic) to support effective self-management of the condition.
- Patients with asthma were offered a personalised asthma management action 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) <small>(QOF)</small> | 74.7% | 74.7% | 79.3% | No statistical variation |
| Exception rate (number of exceptions). | 3.7% (14) | 6.2% | 12.8% | N/A |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 55.4% | 71.1% | 78.1% | Significant Variation (negative) |
| Exception rate (number of exceptions). | 6.4% (24) | 5.6% | 9.4% | N/A |

| | Practice | CCG average | England average | England comparison |
|--|------------|-------------|-----------------|--------------------------------------|
| The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) <small>(QOF)</small> | 70.8% | 76.1% | 81.3% | Tending towards variation (negative) |
| Exception rate (number of exceptions). | 10.2% (38) | 10.6% | 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> | 48.5% | 63.7% | 75.9% | Significant Variation (negative) |
| Exception rate (number of exceptions). | 1.6% (8) | 5.2% | 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> | 37.6% | 76.8% | 89.6% | Significant Variation (negative) |
| Exception rate (number of exceptions). | 2.1% (2) | 6.1% | 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> | 76.2% | 78.4% | 83.0% | Tending towards variation (negative) |
| Exception rate (number of exceptions). | 2.3% (33) | 3.0% | 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> | 96.1% | 96.6% | 91.1% | No statistical variation |
| Exception rate (number of exceptions). | 8.8% (22) | 7.3% | 5.9% | N/A |

Any additional evidence or comments

During the most recent annual regulatory review and at the February 2020 inspection, the practice advised that participation in the local quality outcome scheme, known as Primary Care Development Scheme (PCDS) over the past two years had impacted clinical interventions for many long-term conditions and accounted for discrepancies in Quality and Outcome Framework (QOF) data. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

Historically outcomes for patients who use services were consistently very good and data collected for PCDS (April 2018 to March 2019), indicated long term conditions were being managed appropriately.

The practice advised they had reverted to participating in the NHS England's QOF scheme for 2019/20 onwards. We saw the practice had introduced a new long-term condition recall programme with designated time for GP secretaries to support patient attendance at screening and recall appointments, improve outcomes and improve clinical performance.

During the inspection, the CQC GP specialist advisor reviewed samples of patient records for a variety of long-term conditions and saw the correct interventions were taking place and recorded correctly. This included the management of asthma, COPD, diabetes, hypertension and rheumatoid arthritis. This aligned to live unverified QOF data which we reviewed which showed the practice had achieved targets and, in many areas, had demonstrated significant improvement with minimal patients excluded (exception reported). For example:

- 71% 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. This was a 16% increase on the previous years achievement when the practice used both outcome schemes to record clinical interventions.
- 100% 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. This was a 64% increase on the previous years achievement when the practice used both outcome schemes to record clinical interventions.
- 84% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less. This was an 8% increase on the previous years achievement when the practice used both outcome schemes to record clinical interventions.

Furthermore, the practice was optimistic that with five weeks remaining and scheduled reviews and appointments in place, the overall submission to be made at the end of March 2020 would show further improved outcomes and overall clinical performance.

Findings

- The practice had appointed a designated member of staff to coordinate support and work with clinicians to improve outcomes for this cohort of patients. This member of staff was known as the ‘families and children champion’.
- Staff had the appropriate skills and training to carry out reviews for this population group.
- The practice met the minimum 90% target for all four childhood immunisation uptake indicators. However, the practice had not the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators. 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.

| 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) | 88 | 97 | 90.7% | Met 90% minimum |
| The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England) | 86 | 91 | 94.5% | 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) | 86 | 91 | 94.5% | Met 90% minimum |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England) | 86 | 91 | 94.5% | Met 90% minimum |

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

Any additional evidence or comments

- We saw the practice had reviewed the child immunisation arrangements and the submission for April 2018 to March 2019 and taken a variety of actions to improve uptake. For example, in May 2019, the practice met with the local clinical commissioning group and reviewed immunisation guidance. Changes made following the review included additional child immunisations clinics, opportunistic immunisations and additional reminders sent to parents and guardians.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. Furthermore, the practice had embedded a mobile application (referred to as an app), known as 'Ask NHS' into the practice website. This app provided patients with a symptom checker, self-care advice and access to book the most appropriate GP appointment or direct them to urgent or emergency care. The practice presented data (239 registered users) which advised the app helped patients take more control of their health, with 55% of users accessing the symptom checker.

| Cancer Indicators | Practice | CCG average | England average | England comparison |
|---|----------|-------------|-----------------|--------------------------|
| The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (01/07/2019 to 30/09/2019) (Public Health England) | 69.1% | N/A | 80% Target | Below 70% uptake |
| Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE) | 71.5% | 75.3% | 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) | 64.7% | 58.8% | 58.0% | 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. (01/04/2018 to 31/03/2019) (PHE) | 69.7% | 60.3% | 68.1% | 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) | 45.2% | 51.0% | 53.8% | No statistical variation |

Any additional evidence or comments

The practice was aware of the cervical screening performance and developed an action plan to improve uptake and attendance at the programme. A designated team was created which included a GP, nurse and administrator. The team used a known quality improvement model, known as Plan/Do/Study/Act and reviewed all non-attenders, those patients who had the screening through a non-NHS provider and other variables of data used within the patient record system.

Further actions included the promotion of cancer screening within the practice, on the practice website and the aligned social media websites and communication channels. As part of the action plan to increase participation in the cervical screening programme the practice actively promoted the national cervical cancer prevention week in January 2020. This week was used to educate and share the message about cervical cancer prevention and the importance of screening to ensure all women and people with a cervix knew how cervical cancer can be prevented. This included information about attending cervical screening, knowing the symptoms of cervical cancer, the use of the HPV (Human Papilloma Virus) vaccination (if aged 11-18) and knowing where to find support and further information. The awareness week concluded with a Saturday morning clinic which saw 12 patients attend a screening appointment, many of which had never previously attended the programme. The practice had audited the entire process including feedback from patients to continue participation throughout the year.

- During the inspection, the practice provided more recent (unverified data) for cervical screening. This data was live unverified data as of 26 February 2020 which demonstrated improvement, specifically 69% (within 3.5 years for women aged 25 to 49) and 76% (within 5.5 years for women aged 50 to 64) of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period. This was (an increase of 3% for both age groups).

Findings

- Same day appointments and longer appointments were offered when required.
- The practice offered longer appointments for patients with a learning disability. All 19 patients on the learning disability register were invited to attend a health check (at the practice or alternative location). In the previous 12 months, 17 patients (89%) had a recorded annual health check and the two remaining patients had a health check scheduled for March 2020.
- End of life (EOL) care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The practice incorporated recognised general practice core standards from the Royal College of General Practitioners (RCGP) and Marie Curie UK (a national charity which provides care and support to people with terminal illnesses and their families) into the management of Advanced Serious Illness and EOL care. These standards are commonly referred to as the 'daffodil standards' and include quality statements, evidence-based tools, reflective learning exercises and quality improvement steps to coordinate end of life care. We also saw the practice had embedded a specific EOL patient charter which aligned to the RCGP recommendations for EOL care. Practice staff had additional training to support EOL care, for example, a GP had completed the 'essential palliative care certificate' which included specialised training to effectively care for EOL patients with pain, breaking bad news and associated ethical issues within palliative care. Whilst one of the practice nurses had completed a training course on the principles of palliative care which included the challenges of caring for a dying patient. Data from the local quality scheme for 2018/19, indicated 91% of patients on the EOL register had a completed advanced care plan shared on summary care records. This was above the local target (90%) and supported effective care coordination for EOL patients.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice had identified that there were a number of military veterans in their patient population and had taken action to help ensure this group of patients received suitable support in line with the government's armed forces covenant. The practice encouraged these patients to identify themselves through signage at the practice, information on the practice website and via questions on the 'new patient' form. As a result of the increased awareness of the armed forces covenant, the number of patients on the military veteran register had started to increase.

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. The practice advised of an aging population and an increasing prevalence of dementia, as a result the paramedic had completed additional dementia training modules to support their management of patients with dementia. The paramedic advised this training was useful and included techniques to reassure patients with dementia and increased their understanding of potential fears and aggression when managing a patient with dementia.
- 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) | 39.5% | 63.9% | 89.4% | Significant Variation (negative) |
| Exception rate (number of exceptions). | 12.2% (6) | 5.3% | 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) | 53.2% | 69.1% | 90.2% | Significant Variation (negative) |
| Exception rate (number of exceptions). | 4.1% (2) | 4.0% | 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) | 81.7% | 84.2% | 83.6% | No statistical variation |
| Exception rate (number of exceptions). | 2.3% (4) | 3.8% | 6.7% | N/A |

Any additional evidence or comments

Similar to the management of long-term conditions, the practice advised of several different factors which impacted the practices clinical QOF performance, including mental health and dementia clinical outcomes.

The practice advised participation in the local quality outcome scheme, known as Primary Care Development Scheme (PCDS) over the past two years may account for some discrepancies in data.

Data collected for PCDS (April 2018 to March 2019), indicated mental health conditions were being managed appropriately. For example:

- The practice exceeded the local target for common mental health outcomes, the target was 60% and the practice achieved 76% (17% above target, positive variation). In addition, the practice exceeded the local target for dementia outcomes, the target was 80% and the practice achieved 81%.

During our inspection, we saw the correct clinical interventions were taking place and these were recorded correctly. We also saw live unverified QOF data (date range April 2019 to February 2020) which indicated the practice was meeting targets. For example, as of 26 February 2020:

- 92% 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. This was 2% above the target (positive variation).
- 83% of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. This was 13% above the target (positive variation).

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) | 398.5 | 492.7 | 539.2 |
| Overall QOF score (as a percentage of maximum) | 71.3% | 88.1% | 96.7% |
| Overall QOF exception reporting (all domains) | 2.8% | 3.8% | 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

Children's safeguarding audit

This audit was used in conjunction with the RCGP children's safeguarding toolkit with a focus on the quality of information within children's medical records. The audit had a 11-point criteria which included record of who attended the appointment with the patient, the presenting problem appropriately summarised and a record of followed up/review arrangements including a safety net plan documented.

The second audit cycle (February 2020) highlighted a series of significant improvements towards the RCGP standards. For example, 62% of children who did not attend had the correct code used. This was a 39% improvement on the previous audit cycle (December 2019). However, the audit also highlighted improvements could be made for the coding of children not brought to appointment. To ensure the improvement was delivered and local and national guidance was followed, the practice amended the protocol and coding which changed a 'did not attend' to a 'child not brought' code. The third cycle of audit was planned for August 2020.

Medicines optimisation audit

One of the large nursing homes who accessed GP services from the practice had been identified for medicines optimisation support due to residents with complex needs requiring specialist support including residents with enteral feeding tubes, catheters and tracheotomies (a tracheotomy is an opening created at the front of the neck so a tube can be inserted into the windpipe help you breathe). The key principle for this work was to ensure medicines use was as safe as possible.

As part of the audit, key interventions included a review of antipsychotics in residents with behavioural symptoms of dementia, care plans for residents with multiple hospital admissions were reviewed, residents with frequent infections were reviewed and diabetic reviews had been completed for the cohort of diabetic patients. The practice also arranged and delivered training sessions to nursing home staff regarding medication order process.

Following the full audit and subsequent reviews, in total 114 medicines were stopped in 55 residents. This included highlighting and actioning eight high risk medicine errors.

Antibiotic audit

This audit reviewed antibiotic stewardship in the practice during the known winter months, specifically patients prescribed antibiotics for sinus infections. Although small numbers, the audit highlighted the practice adhered to national guidance for managing sinus infections and antibiotic stewardship.

Any additional evidence or comments

- As a training practice we saw evidence of a long tradition of audit activity to monitor the quality of care offered to patients. There had been a wide range of clinical audits undertaken in the last year, an audit programme was maintained to show details of all audits completed, in progress and planned.
- We saw the audits were discussed at the practice team meetings, reflected upon, learning shared with the full practice team and fed into the wider quality improvement (QI) programme. Furthermore, we saw the practice participated in local audits, national benchmarking, accreditation and peer review.
- At the inspection in 2015, we saw the practice had a learning culture with an understanding of clinical audit with various examples of positive impact and improvement. Five years later at this inspection (February 2020) we saw the practice had continued to expand the learning culture, which was now fully embedded with a practice wide systematic approach to QI. One of GPs was a RCGP regional champion for QI. We saw this enhanced role was used as an opportunity to support the practice make consistent use of a recognised improvement methodology. All staff we spoke with and received feedback from commented on the culture to learn, improve and how they were supported to lead and deliver change. This included feedback from staff members currently at the practice in a learning and developmental role such as the GP registrars.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

| | Y/N/Partial |
|--|-------------|
| Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme. | Yes |
| The learning and development needs of staff were assessed. | Yes |
| The practice had a programme of learning and development. | Yes |
| Staff had protected time for learning and development. | Yes |
| There was an induction programme for new staff. | Yes |
| Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015. | Yes |
| Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation. | Yes |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates. | Yes |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable. | Yes |

Explanation of any answers and additional evidence:

- Responsibility for managing the practices performance was shared between the three partners.
- Clinical performance including local, regional and national targets were monitored and shared, and further discussed at clinical meetings. Action plans were designed and implemented to improve any areas of low performance.
- NHSE appraisals were completed for clinicians.
- Training records showed that staff training was fully up to date with a continuous programme of staff training and improvement in place.
- Online training was used for most of the mandatory training and the practice intranet prompts reminded staff when their training was due to be completed.
- All staff had a regular one to one meeting with their line manager, in addition to an annual appraisal. Training needs were identified, workload and performance were assessed, and longer-term career goals discussed.
- Protected time was provided throughout the year for all staff to learn together and the clinical team were involved in group learning on a weekly basis.
- The Hall Practice was a training practice for GP Specialty Trainees, medical students and Physician Associates. At the time of our February 2020 inspection, four trainees (two GPs and two Physician Associates) were supported by two GP trainers.

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 |

Explanation of any answers and additional evidence:

- The practice continued to use a combination of electronic systems and tools to communicate effectively with other providers. This included further usage of the NHS e-Referral Service (e-RS) to enable patient data to be shared in a secure and timely manner. For example, we saw the practice were early adopters and optimised usage of the e-RS, as the practice was one of the first practices to meet the local target for e-RS usage, the target for 100% of GP generated first consultant led referrals via e-RS was October 2018, the practice achieved this target in July 2018. The NHS e-Referral Service (e-RS) provides an easy way for patients to choose their first hospital or clinic appointment with a specialist. Bookings can be made online, using the telephone, or directly in the GP surgery at the time of referral.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

| | Y/N/Partial |
|---|-------------|
| The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. | Yes |
| Staff encouraged and supported patients to be involved in monitoring and managing their own health. | Yes |
| Patients had access to appropriate health assessments and checks. | Yes |
| Staff discussed changes to care or treatment with patients and their carers as necessary. | Yes |
| The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. | Yes |

Explanation of any answers and additional evidence:

- The practice website included information and a library of resources for different groups of patients wishing to access health advice and health promotion literature. For example, there was a designated section of the website for men's health which included information on male specific cancers and information for male victims of domestic abuse.
- We saw the practice promoted and referred into, where appropriate, various local (The Chalfonts) and Buckinghamshire specific services which had projects to help people lose weight, quit smoking, get more active, feel happier or manage their long-term conditions. This included promotion of 'Simple Walks' – a Buckinghamshire County Council and volunteer-led schedule of healthy walks with over 80 walks across the county every week.
- In 2017, the Hall Practice became research active and supported a number (11) of National Institute of Clinical Research (NIHR) portfolio studies. We saw current and recent studies which fed into wider research to improve the population's health. For example, participation in a digital self-care treatment project for insomnia, a study which reviewed the early use of antibiotics in at risk children with influenza, the use of anti-depressants used to prevent relapse in depression and a study which aimed to evaluate lifestyle and wellbeing intervention for cancer survivors.

| 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> | 90.0% | 91.8% | 95.0% | Variation (negative) |
| Exception rate (number of exceptions). | 0.5% (10) | 0.7% | 0.8% | N/A |

Consent to care and treatment

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

| | Y/N/Partial |
|--|-------------|
| Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented. | Yes |
| Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. | Yes |
| The practice monitored the process for seeking consent appropriately. | Yes |
| Policies for any online services offered were in line with national guidance. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> All staff were trained in how to respond when seeking consent. We saw examples where GPs had followed advanced decisions and the Power of Attorney where patients were unable to consent to their care and treatment. | |

Caring

Rating: Outstanding

The Hall Practice was rated **Outstanding** at their last inspection carried out in April 2015. In accordance with Care Quality Commission methodology we carried out this inspection following our annual review of the information available to us, and within the new methodology we decided to inspect whether practice was providing effective and well-led services. The **Outstanding** rating from our previous inspection for the provision of caring services have been carried through to contribute to the overall rating for the practice.

Responsive

Rating: Good

The Hall Practice was rated **Outstanding** at their last inspection carried out in April 2015. In accordance with Care Quality Commission methodology we carried out this inspection following our annual review of the information available to us, and within the new methodology we decided to inspect whether practice was providing effective and well-led services. The **Good** rating from our previous inspection for the provision of responsive services have been carried through to contribute to the overall rating for the practice.

Well-led

Rating: Outstanding

At this inspection the practice has been rated as **Outstanding** for providing well-led services. This rating has been awarded for several different reasons including:

- The practice had a clear vision, strategy and supporting objectives which were stretching, challenging and innovative, whilst remaining achievable. The core vision of the practice was now underpinned by four values.
- The practice had innovation and quality improvement at its heart and was continually seeking new ways to develop new and more effective pathways for patient care.
- The practice was also enthusiastic about nurturing and developing staff. Already an accredited training practice, the practice had signed up to a project to introduce and support 6th formers (aged 16-18) from under represented backgrounds into general practice.
- The practice had recently been recognised for its endeavour in becoming a more environmentally friendly practice and was awarded a bronze award as part of the Green Impact for Health project.

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders demonstrated that they had the capacity and skills to deliver high quality sustainable care.

| | Y/N/Partial |
|--|-------------|
| Leaders demonstrated that they understood the challenges to quality and sustainability. | Yes |
| They had identified the actions necessary to address these challenges. | Yes |
| Staff reported that leaders were visible and approachable. | Yes |
| There was a leadership development programme, including a succession plan. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> Regular clinical and staff meetings were held to discuss all clinical aspects of the practice. These included meetings with practice clinical staff as well as outside agencies and other health care professionals through multi-disciplinary team meetings. All meetings had an agenda and minutes were recorded. The practice had also implemented a series of weekly 'huddles' for the different teams – these huddles were short, stimulating meetings for sub-teams which included five key messages. The partners met to discuss staffing needs, finance and premises management, to ensure that they were proactive and could respond to changes needed. These meetings included how the practice would address the challenges of a growing patient list, an ever-expanding clinical team and the emergence of the Primary Care Networks (PCN) whilst working in a small, co-located practice. Action was taken to ensure sustainability and succession planning. A strategy day held in November 2019, resulted in a revised new business plan which aligned to the changing primary care landscape, the changing NHS, the new partnership, reformed management team and the development of the PCN. Staff said that they felt part of a strong reformed team and were supported by the GPs and the management team. Staff said they could speak to any of the partners, if they had concerns or needed support. | |

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 |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> The practice had a clear vision, strategy and supporting objectives which were stretching, challenging and innovative, whilst remaining achievable. The core vision of the practice remained the same, however following the most recent strategy day, the practice vision was now underpinned by four values, known within the practice as the four P's: Person-centred care, Personal responsibility, Pride in the team and Passion for excellence. Throughout the inspection, staff told us how they implemented the four values into everyday life within the practice. Further staff feedback demonstrated that they understood their contribution to achieving the practice vision. | |

Culture

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

| | Y/N/Partial |
|---|-------------|
| There were arrangements to deal with any behaviour inconsistent with the vision and values. | Yes |
| Staff reported that they felt able to raise concerns without fear of retribution. | Yes |
| There was a strong emphasis on the safety and well-being of staff. | Yes |
| There were systems to ensure compliance with the requirements of the duty of candour. | Yes |
| When people were affected by things that went wrong they were given an apology and informed of any resulting action. | Yes |
| The practice encouraged candour, openness and honesty. | Yes |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. | Yes |
| The practice had access to a Freedom to Speak Up Guardian. | Yes |
| Staff had undertaken equality and diversity training. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> The management team within the practice motivated staff to excel and prioritised supporting staff which included supporting the well-being and physical health of staff. For example, there was a well-being strategy, a well-being champion within the practice who had a key role, protected time and an aligning budget in developing and supporting a culture that contributed to improved mental health and wellbeing. Furthermore, a member of staff had recently completed a mental health first aid course, which included an in-depth understanding of mental health and the factors that can affect wellbeing alongside practical skills to spot the triggers and signs of mental health issues. Both the well-being champion and the mental health first aider worked together and shared their ideas and aims at a recent all staff team meeting. We received feedback from a member of staff which included a specific example where they felt the practice had gone above and beyond their expectations in supporting them through difficult circumstances. | |

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

| Source | Feedback |
|---|---|
| Staff feedback (written and verbal) | <p>Throughout the inspection, we spoke to staff and received written staff feedback. All staff feedback was overwhelmingly positive, staff we spoke with were motivated and enthusiastic about their role and responsibilities at the practice. All staff spoken with, told us the practice was supportive and provided a variety of with opportunities to develop their skills and abilities.</p> <p>Staff also praised the recent changes within the partnership team and management team. Staff said the changes had brought the team back together again and were looking forward to developments within the practice and the primary care network.</p> |
| Staff feedback (feedback from staff new in role and/or a training role) | <p>During the inspection, we also spoke to members of staff who were in a new role and/or a training role.</p> <p>Feedback was positive and highlighted the additional support the practice team had provided. This included clinical support from the GP trainers, encouragement to generate new ideas to help personal development and support from the wider practice team.</p> |
| Meetings | <p>Meeting minutes showed regular meetings took place across the different departments in the practice. We saw these meetings facilitated the sharing of updates and any changes to practice following significant events, incidents, patient feedback and changes to best practice.</p> |

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 |
| <p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Governance arrangements were well organised, detailed and clear for all staff to follow. Staff were clear about how to access information they needed to support them in their roles to carry out their responsibilities. All policies and procedures were kept under regular review. | |

- The practice had a risk register which was reviewed at partners' meetings to ensure that the mitigations in place were enough to reduce the clinical or business risks. They discussed any new risks that had emerged at these meetings.

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 |

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 |
| Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff understood the need to report all incidents. Records showed that incidents were acted upon, investigated and closed in a timely manner. • The partners had a clear yet detailed overview of clinical performance to ensure performance was accurate and any emerging clinical risks were managed. For example, the practice advised that participation in the local quality outcome scheme, had impacted clinical interventions for many long-term conditions and accounted for discrepancies in some performance indicators. Each clinical indicator had been reviewed and had a supporting action plan to ensure patient outcomes and conditions were being managed appropriately. | |

- Quality improvement activities and clinical audits were used to monitor quality and performance so that changes could be made as needed to maintain and improve on service delivery.
- Comprehensive risk assessments were completed to identify and manage all potential risks including risks associated to the size of the practice.

If the practice offered online services:

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

| | Y/N/Partial |
|---|-------------|
| Patient views were acted on to improve services and culture. | Yes |
| The practice had an active Patient Participation Group (PPG). | Yes |
| Staff views were reflected in the planning and delivery of services. | Yes |
| The practice worked with stakeholders to build a shared view of challenges and of the needs of the population. | Yes |
| Explanation of any answers and additional evidence: | |
| <ul style="list-style-type: none"> • Stakeholder feedback from all sources, including the two nursing homes, which accessed GP services from the practice was consistently positive. Individual stakeholders gave examples of the practice and the practice team going above expectations. For example, one of the homes highlighted the successes related to the ongoing quality improvement project and how it improved the care and treatment for the residents. • The practice management team continued to engage and meet all newly registered patients and during this meeting they advised patients how to use the appointments system. • The practice had engaged with two other GP practices to set up a Primary Care Network (PCN) which had been created to support the community via shared practice and more efficient working. The PCN was known as The Chalfonts PCN and one of the GPs at The Hall Practice was the Clinical Director. We saw a vision and goals with local priorities had been established based on health needs for the area which had been analysed using population health data and demographic health profiles. Although the PCN was in its infancy, work had begun to be shared, specifically the findings of a significant event at The Hall Practice which highlighted a prescribing concern. This had been disseminated across the PCN to ensure learning was effective and circulated across the three practices. | |

- The practice engaged with the public social media channels and a virtual PPG of approximately 400 patients. The group included representatives from all population groups because all patients were invited to join when they registered with the practice.
- There was a range of staff meetings, ‘huddle’ meetings and formalised meetings held for individual departments and the whole practice team. All staff contributed to the agenda and were encouraged to raise concerns and ideas for improvement. The meetings were recorded, and actions allocated. Meetings were publicised in the practice diary and minutes and agendas were visible to all staff. Further feedback was collected through appraisals, clinical supervision, mentorship and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, they discussed a variety of learning following the resolution of significant events, quality improvement activities and complaints.

Feedback from the Patient Participation Group (PPG)

- Following the inspection, we spoke with three members of the PPG. All three were very positive about the role they played, told us they felt engaged with the practice, said they were proud of the practice’s “whole community” approach and were keen to increase its activities within the community. Examples of collaborative working between the practice staff and PPG included the introduction of evening telephone appointments, a redesigned website and increased car parking for patients with mobility difficulties and parent and child parking.

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: | |
| <ul style="list-style-type: none"> • The practice had innovation and quality improvement at its heart and was continually seeking new ways to develop new and more effective pathways for patient care. The practice was also enthusiastic about nurturing and developing staff. | |

Examples of continuous learning and improvement

- The practice had recently been recognised for its endeavour in becoming a more environmentally friendly practice and was awarded a bronze award as part of the Green Impact for Health project. This project was developed for general practice by the National Union of Students, GPs, trainees, and medical students. The web-based scheme was designed to improve the environmental performance of general practice while saving money and ensuring that the provision of services offer the greatest benefit to society as a whole. The project works by guiding staff through a set of pro-sustainability actions, each of which earn points towards an overall award; bronze, silver or gold. The practice's motivation behind the project was a response to increasing awareness of the relationship between health, the environment and the impact that the provision of healthcare can have on the environment and wider society.
- Already an accredited training practice, the practice had signed up to a project to introduce and support 6th formers (aged 16-18) from under represented backgrounds into general practice.
- The practice website had been updated to provide clear, concise, appropriate and up to date information and education for patients. This included designated sections of the website for different cohorts of patients and aligned to the practice's digital strategy. In line with the NHS Long Term Plan, the practice had a digital strategy and digital commitment to offer digital-first primary care by 2023-24. This included the use of mobile applications embedded into the practice website to encourage a streamlined experience for patients, and quickly and easily direct them to the right digital or in-person service.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.