

Care Quality Commission

Inspection Evidence Table

Pinfold Lane Surgery (1-6803575188)

(Health Care First Partnership)

Inspection date: 21 January 2020

Date of data download: 16 January 2020

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding which were accessible to all staff.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw that minuted safeguarding meetings were held on a monthly basis.	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> The clinical IT system in use within the practice allowed external partners to access the system and update records accordingly. The practice had undertaken a safeguarding self-assessment audit in May 2019. We saw that items identified for improvement had been actioned. For example, the practice had developed a policy for dealing with safeguarding allegations. Enhanced level DBS checks were requested for staff. 	

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.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At the time of inspection the practice was in the process of fully assessing staff immunity status in line with national guidance. 	

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: August 2019	Yes
There was a record of equipment calibration. Date of last calibration: August 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: August 2019	Yes
There was a log of fire drills. Date of last drill: 08/01/2019	Yes
There was a record of fire alarm checks. Date of last check: 21/01/2019	Yes
There was a record of fire training for staff. Date of last training: Yes	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: May 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Fire training was completed via e-learning. It was planned that face-to-face training would be held in the near future. • We saw that issues highlighted in fire risk assessments undertaken had been actioned. For example, the fire risk assessment for the Elizabeth Court Surgery in May 2019 had been actioned and improvements such as the fitting of smoke and heat strips to fire doors undertaken. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 20/01/2020	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 25/04/2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had developed a suite of specific assessments and procedures which included manual handling and lone working. • Health and safety training was accessible online and was covered in the induction process. 	

- The practice carried out regular checks with regard to the security of the main site and branches.

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: January 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: <ul style="list-style-type: none">• The practice had developed a cleaning policy, and cleaning was undertaken by an external cleaning contractor. However, on the day of inspection we did not see that practices and checks had been put in place which assured the practice that these works had been undertaken. After the inspection we were sent details of a cleaning schedule and checklist which had been put in place for high-risk clinical areas. The practice had also reiterated to staff the requirements outlined in the cleaning policy.• The infection prevention and control (IPC) policy had recently been updated on 11/09/2019.• We saw that the IPC audits undertaken showed general compliance with standards and guidelines. For example, the Pinfold Lane Surgery site had achieved an inspection score of 98%.• The practice had developed a specific policy for the handling of clinical specimens.	

Risks to patients

There were 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice used a software tool which analysed and supported workforce capacity planning. Staff rotas were in place and were prepared up to four weeks in advance. In addition, the large size of the organisation gave them greater resilience to cover staff absence and times of peak demand by moving staff between sites. • The practice had processes in place to identify patients whose health appeared to be rapidly deteriorating. For example, staff utilised a sepsis risk stratification tool which managed the identification of such patients. • Staff had received information and had received training in dealing with medical emergencies. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had a small summarising backlog of approximately 50 records. This process was being managed to support a reduction in the backlog.	

Appropriate and safe use of medicines

The practice mostly had systems in place 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)	0.99	1.04	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)	5.0%	6.2%	8.5%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2019 to 30/09/2019) (NHSBSA)	5.89	5.80	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)	2.96	2.53	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.	Partial
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.	Partial
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.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had formed a dedicated Medicines Management Team which had direct management and oversight of general prescribing practice, and of the two dispensaries at Ferrybridge Medical Centre (Beauforth House) and Byram Surgery. The practice told us that they felt the formation of the team had assisted in the overall management of medicines, this included reviewing key issues such as antimicrobial prescribing. We saw that prescribing performance was generally in line with, or was better than, local and national averages. • The practice ensured prescription stationery was stored safely. However, there were no records to confirm the receipt of prescription stationery at the Ferrybridge Medical Centre (Beauforth House). • We saw that Patient Group Directions were in place. However, in a move to electronic storage we found that signed copies were awaiting scanning and were, therefore, not available for staff to reference. Since the inspection we have been sent evidence to show that this scanning backlog has been actioned appropriately. • Controlled drugs were generally being managed in line with current legislation. However, we found one record which did not accurately reflect the level of stock stored in the controlled drugs cupboard. One opioid (narcotic) medicine had been dispensed and collected at the Ferrybridge Medical Centre (Beauforth House site), but no record had been made in the controlled drugs register to reflect this. This resulted in a discrepancy between the actual and recorded stock level of the medicine. Following the inspection, the practice sent evidence that, that they had identified when the medicine had been dispensed and collected, and that the register had been reconciled with the level of stock held. The practice said that lessons learned from this issue was to be shared with staff. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> • Whilst the practice carried a stock of some emergency medicines, it was noted on the day of inspection that certain drugs such as atropine (which is used to help keep the heart beat normal during surgical procedures) were not being held by the practice. If a decision is made not to stock a particular medicine for emergency purposes then this would need to be evidenced by a formal risk assessment, and this had not been undertaken. Following the inspection, we were sent a full emergency medication risk assessment to support stocking decisions and were informed that atropine had been ordered. • Vaccine refrigerator storage records showed that on two occasions in December 2019 a vaccine refrigerator in the Castleford Health Centre had operated slightly above the required temperature of 8 degrees centigrade. However, the secondary data logger had not been downloaded until a week after this event to assess if this temperature issue had been significant. Following the download of the storage temperature data it was assessed as being a temporary rise only, and not to have impacted upon the integrity of the vaccines. • In light of the issues raised during the inspection we saw that the practice had reflected on these and had reacted well to these. For example, they had introduced new procedures and had shared learning. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Partial
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Partial
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<p>Explanation of any answers and other comments on dispensary services:</p> <ul style="list-style-type: none"> A discrepancy of 56 tablets was found when the Controlled Drugs register balance was checked against the stock of Oxycodone 15mg (Longtec) held in the Controlled Drugs cupboard. We were later informed that the prescription which covered this had been dispensed and collected but not entered in the Controlled Drugs register. The register has since been updated, and the error corrected. Dispensary staff kept records of medicines which had been sent for delivery. However, no signature had been obtained from the delivery driver to confirm receipt of these items, or the return of any items. The practice has since introduced a new operating procedure to manage the delivery of medicines and ensure an audit trail of the movement of medicines. Notwithstanding the issues highlighted, other processes in place within the dispensaries, such as date checking medicines and procedures for uncollected prescriptions, were embedded. All dispensary standing operating procedures were detailed and were reviewed annually. Staff were trained and supervised in the delivery of their duties. 	

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:	33
Number of events that required action:	33
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw that all significant events were recorded and investigated and, when required, reported to external agencies. • We saw that events were discussed at formally minuted meetings, and that identified learning had been cascaded to relevant staff. • We saw evidence that the provider undertook significant event reviews to identify themes. A recent review undertaken for events recorded from January 2019 to January 2020 had identified issues and learning in relation to: <ul style="list-style-type: none"> ○ Internal operations during staff absences. ○ Vaccinations – rare occasions of incorrect administration. ○ Data processing errors. ○ Cold chain issues. 	

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

Event	Specific action taken
Late 2019 - Patient blood tests not actioned.	Clinical one-to-one held to discuss managing blood results. This also led to the closer monitoring and other incidents identified. This resulted in a reminder to all clinicians, and a meeting held in early 2020 where clinicians met to design a new process.
Late 2019 – Vaccine refrigerator issue caused by electrical failure.	Checked with manufacturers as to which vaccines were safe to administer and which needed to be disposed of. Risk assessments to be conducted prior to any works on site which may affect utilities.

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: <ul style="list-style-type: none"> • We saw that alerts and recalls were stored electronically, and that those recently received had all been actioned appropriately in a timely manner. • The practice had registered with the relevant authority to receive patient safety and medicines related alerts. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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: <ul style="list-style-type: none"> Clinical templates utilised within the practice incorporated current guidance and standards. Changes to guidance when received by the practice were cascaded to relevant staff and discussed at minuted team meetings. The practice had developed a contact centre to receive, assess, and clinically triage incoming calls from patients for appointments and advice. The centre was located centrally and staffed by a multidisciplinary team of call handlers, GPs, advanced nurse practitioners (ANPs) and triage nurses. Staff had been trained to identify and prioritise patients in greatest need for support. In addition, the practice had a home visiting service which allowed timely assessment of the needs of housebound patients. 	

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>	0.35	0.85	0.74	Tending towards variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were undertaken as appropriate.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Staff had attained additional training to support older patients. For example, one of the salaried GPs held a diploma in End of Life care.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the clinical staff worked with other health and care professionals to deliver a coordinated package of care. The practice utilised their medicines management team to assist with medication reviews.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, the practice had a dedicated diabetes specialist nurse who was able to deliver enhanced services to patients.
- Lead GPs and members of the nursing team had been identified for conditions such as respiratory conditions, cardiovascular disease and diabetes.
- 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. Work in relation to atrial fibrillation had been subject to specific clinical audit. Post-audit the practice had allocated additional capacity to improve performance in this area, and in heart failure treatment optimisation.
- Adults with newly diagnosed cardiovascular disease were offered statins.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.8%	79.6%	79.3%	No statistical variation
Exception rate (number of exceptions).	14.7% (229)	11.9%	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>	74.6%	79.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	10.3% (161)	7.8%	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>	84.3%	85.2%	81.3%	No statistical variation
Exception rate (number of exceptions).	13.5% (210)	12.2%	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>	75.7%	80.4%	75.9%	No statistical variation
Exception rate (number of exceptions).	8.0% (176)	9.1%	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>	94.3%	91.7%	89.6%	No statistical variation
Exception rate (number of exceptions).	22.7% (176)	11.2%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) <small>(QOF)</small>	81.5%	83.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (160)	3.5%	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>	88.1%	93.4%	91.1%	No statistical variation
Exception rate (number of exceptions).	4.6% (20)	5.7%	5.9%	N/A

Any additional evidence or comments

- We saw that general performance in relation to long-term conditions was in line with local and national averages.
- We discussed exception reporting with the practice. They informed us that this was only done in line with recognised practice, and decisions would be noted on the patient's record. We raised the high exception reporting for COPD, and was told the practice would examine this further. The practice had a procedure in place which managed exception reporting. Decisions to exception report were noted in the patient record.

Families, children and young people

Population group rating: Good

Findings

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators. The practice held regular baby immunisation clinics
- The practice contacted the parents or guardians of children who were 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.
- Doctors and nurses had specialist knowledge and skills in child health, sexual health and women's health.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had a dedicated nurse who led on family planning.
- Young people could access services for sexual health and contraception. The practice offered a range of other family planning services which included contraceptive implants and fitting intrauterine contraceptive devices.

- Staff had the appropriate skills and training to carry out reviews for this population group.
- Clinical staff had dedicated safeguarding roles and met regularly with external partners to discuss vulnerable patients and families.

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)	304	320	95.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	346	358	96.6%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	347	358	96.9%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	345	358	96.4%	Met 95% WHO based target

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

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)	75.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	72.8%	69.7%	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)	57.6%	59.6%	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)	62.6%	69.9%	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)	49.6%	49.7%	53.8%	No statistical variation

Any additional evidence or comments

- We discussed cervical screening performance. We were told that the practice had recognised this underperformance and was looking to raise awareness of screening opportunities. For example, they had participated in Cervical Cancer Awareness Week. We saw evidence of promotional cervical screening noticeboards and were told that text messages were sent to invite patients to screening sessions. Early and late appointments were available for patients from the practice to access cervical screening services. They could also access screening via the extended hours service operated via GP Care Wakefield at two sites in the locality.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
The practice had developed a dedicated team to support those with a learning disability from the age of 14 years old. At the time of inspection, the practice had 87 patients with a learning disability on their register, and were awaiting an update on their numbers of patients with learning difficulties.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice demonstrated that they had a system to identify people who misused substances.
- The practice was prioritising working with pre-diabetes patients in their most vulnerable localities.
- One lead nurse had developed a special interest and knowledge in epilepsy.

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

Population group rating: Good

Findings

- Patients experiencing poor mental health were offered a review at least annually. In addition, 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.
- 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)	99.1%	94.5%	89.4%	Variation (positive)
Exception rate (number of exceptions).	12.3% (15)	11.6%	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)	91.7%	94.2%	90.2%	No statistical variation
Exception rate (number of exceptions).	10.7% (13)	10.8%	10.1%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	80.5%	82.0%	83.6%	No statistical variation
Exception rate (number of exceptions).	5.7% (12)	6.0%	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)	551.6	549.3	539.2
Overall QOF score (as a percentage of maximum)	98.7%	98.3%	96.7%
Overall QOF exception reporting (all domains)	6.3%	5.6%	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

- Since 2016, the practice had continued to develop and implement changes to processes and procedures in relation to document management. Through this they had achieved the release of clinical capacity which enabled them to be focused on more frontline tasks. This included non-clinical staff being trained and supervised in clinical coding, which resulted in traditionally GP led tasks being delegated when appropriate to those non-clinical staff. This specialised coding and administration team had significantly reduced GP queries and workload in this area of work. This increased clinical capacity work had increased over time with other developments. This included:
 - The establishment of a dedicated medicines team to improve the effective and safe delivery of services to patients. The team worked closely with the practice medicines lead and was composed of a pharmacy specialists and medicine coordinators. This team managed the overall prescribing process, sought to improve medicines safety, effectively handle medicines related queries, and standardised the production of prescriptions across all sites. The establishment of the team showed improved efficiencies and savings in clinical time which enabled clinicians to concentrate on patient care. As evidence of this an audit undertaken in January 2019 showed that the number of medicines related tasks sent to GPs averaged 548 per week which was felt to equate to 36 hours a week. Following the introduction of the medicines team a re-audit carried out in April 2019 showed the average number of tasks being sent weekly to GPs was 150 which was a reduction of 72%. At the time of inspection, the practice had additionally engaged the services of two clinical pharmacists. Information sent to us by the practice showed a further reduction in tasks being sent to the GPs, with the average number of tasks sent being around 12 per month.
- The practice carried out a number of quality improvement activities which included a programme of clinical audits. This work was supported by some of the new processes introduced by the practice, including:
 - The practice had examined their prescribing performance in relation to high-dose opioids, actions taken by the practice had seen prescribing of high-dose opioids fall from 122 items in September 2018 to 88 items in November 2019 (over a period of time when the number of registered patients had risen from 23,560 to 27,275).
 - The practice participated in the Productive General Practice Quick Start Programme (an NHS programme designed to help general practice continue to deliver high quality care whilst meeting increasing levels of demand and diverse expectations). The practice participation in the programme assisted them to:
 - Better understand the new organisation via the introduction of a Culture of Care Barometer Survey.
 - Support the shift in moving appropriately risk assessed work away from clinicians to supervised non-clinical staff which increased capacity and effectiveness. For example, via the establishment of the new medicines team which released clinical time, and improved medicine related query performance.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We identified one case where a newly appointed member of staff had not yet completed mandatory training as part of their induction. The practice had relied on the assumption that this staff member had received this training at their last place of employment. The practice though had not ensured that this was checked. Following the inspection, we were informed by the practice that the individual member of staff had received the necessary mandatory training. Staff told us that they felt well supported by the practice and had access to training to support their current roles and which supported career progression and upgrading skills. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice's medicines team worked closely with district and community pharmacists. • We saw that monthly meetings were held with external partners to discuss the needs of vulnerable patients. • We were informed that the practice specialist teams worked closely with counterparts in secondary care to support patients who had complex needs. 	

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: <ul style="list-style-type: none"> The practice was able to refer patients to an established local community hub for additional health and wellbeing support. 	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	92.5%	95.7%	95.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (58)	0.8%	0.8%	N/A

Any additional evidence or comments
<ul style="list-style-type: none"> The practice had a range of materials such as leaflets and information on display boards, which supported health and wellbeing. In addition, the practice website had links to information sources and other external organisations.

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">• We saw that consent was recorded on patient notes.• Staff were aware of the requirements in relation to mental capacity.	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff at the practice had received equality and diversity training. 	

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

Source	Feedback
Patient Feedback	<ul style="list-style-type: none"> On the day of inspection we spoke with a number of patients who used the service. These all spoke highly about the standard of care received at the practice.
NHS Friends and Family Test	<ul style="list-style-type: none"> We saw 18 months of data in relation to the NHS Friends and Family Test. Over this period of time we saw that recommendation rates fluctuated between 80% and 90%. Any positive or negative comments were posted on the "You Said, We Did" wallboards located in all sites, alongside actions taken by the practice to improve services.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
27294.0	311.0	111.0	35.7%	0.41%

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)	78.1%	87.6%	88.9%	Tending towards variation (negative)
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)	79.4%	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)	94.5%	96.1%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	77.5%	82.7%	82.9%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<ul style="list-style-type: none"> The practice told us that it actively reviewed all feedback received from surveys, comments and complaints and used this information whenever possible to improve services. They felt that new processes and ways of working such as the medicines team would allow greater clinical capacity to be available to better meet the needs of patients. Contrary to the National GP Patient Survey results, patients we spoke with on the day told us that they felt clinicians treated them with care and concern and listened to their issues.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff told us that they were able to refer and signpost patients to external support services, when this was either requested or identified. Staff had received Care Navigation training which allowed non-clinical staff to safely and effectively signpost patients to the most appropriate service. The practice website contained information and advice on conditions and support organisations. 	

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> Patients who we spoke on the day of inspection said they felt involved in discussions about their care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	89.9%	94.4%	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> <ul style="list-style-type: none"> Hearing loops were available across all sites and were used to support patients who had a hearing impairment. An advanced nurse practitioner (ANP) within the practice had been trained in British Sign Language to Level One. Information noticeboards were well laid out and clear to understand. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> 1.7% (456 patients) of the practice population had been identified as carers. In 2019 the practice carried out a formal review of their carers register. As part of this work they contacted all patients on the existing register to establish if they were still carers and if not had they any need for support. This reduced the register from an initial 544. Patients who had ceased to be carers were signposted or with consent, referred to a local carers' organisation for bereavement and post care support.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice had two dedicated Carers' Champions, who had both undertaken Carer Champion training and Quality Care Marker Training with a local carers' organisation. They were one of the first practices in Wakefield to undertake this training. In February 2020 the practice had planned for all staff to receive the Wakefield Carers' Quality Care Marker Training. It was noted that carers were not offered a specific carers' health check by the practice. Carers were identified by clinicians and reception call handlers and had their patient notes coded with a relevant 'Carer Code'. If the patient was subsequently identified as needing support and additional help they were referred to Carers' Champions. The Carers' Champions would then contact the patient and either discuss needs over the phone or if the patient preferred, arranged an appointment for them to attend the practice. The Carers' Champions would then, if appropriate, refer to local carers' support organisations in Wakefield or Leeds with the patient's consent. Alternatively, if they identified that advice was required to tackle issues such as social isolation they would recommend local options of support and have this

	<p>communicated to the patient.</p> <ul style="list-style-type: none"> • The provider held monthly or two monthly support meetings at one of their five sites which new and existing carers were invited to attend. • The practice had developed a carers' charter which stated their values, principles and standards to guide them in their support of carers. • The practice, with the support of the Patient Participation Group, held a "Care for a Cuppa" social group which met to support carers, and was used as a way to better identify their needs. The group was free to attend and was open to carers and those they cared for. • The practice worked with other agencies and held a carol concert in late November 2019. It was aimed to support their carers and those they cared for, although attendance was not solely limited to this group of patients.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • Those patients who had recently experienced a bereavement were sent a condolence card by the practice. They were also offered direct support by the practice or referred to other local organisations to best meet their specific needs.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were facilities available which supported new mothers and their children. For example, the Pinfold Lane Surgery main site had a dedicated mother and baby room which could be used for breastfeeding. 	

If the practice offered online services:

	Y/N/Partial
Patients were informed, and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	No
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice was in the process of trialling the provision of online consultation services. This began in May 2019 and at the time of inspection usage was around five undertaken per day. • No video calls were undertaken. The practice however, had not informed or made patients aware of privacy settings on voice call services. When informed of this, the practice told us that this would be rectified. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	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: <ul style="list-style-type: none"> The practice had a good understanding of the needs of the population and had developed, or were developing, services to meet these needs, such as those which supported carers and armed forces veterans. In addition, one of the senior partners as part of their role within their Primary Care Network (PCN), had approached a nationally recognised health and care partnership organisation to support analysing the differing segments of the population across the PCN's geographical footprint. The approach proved successful, and in February 2020 it was planned that a Population Health Management Exemplar Workshop would be delivered for PCN members. This workshop would help the PCN and constituent practices prioritise the specific population target groups most in need. 	

Practice Opening Times	
Day	Time
Opening times: Pinfold Lane Surgery	
Monday	8am to 6pm
Tuesday	8am to 12:30pm
Wednesday	8am to 6pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available: From around 30 minutes after opening to around 15 minutes prior to closure.	
Day	Time
Opening times: Ferrybridge Medical Centre	
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
Saturday	8:00am to 12:00 noon for pre-booked appointments only
Appointments available: From around 30 minutes after to opening to around 15 minutes prior to closure.	
Day	Time
Opening times: Byram Surgery	
Monday	8am to 11:30am and 1:30pm to 5pm
Tuesday	8am to 11:30am
Wednesday	8am to 11:30am and 1:30pm to 5pm
Thursday	8am to 11:30am and 1:30pm to 4pm
Friday	8am to 11:30am and 1:30pm to 5pm
Appointments available: From around 30 minutes after to opening to around 15 minutes prior to closure.	
Day	Time
Opening times: Elizabeth Court Surgery	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 6pm
Thursday	8am to 12:30pm
Friday	8am to 6pm
Appointments available: From around 30 minutes after to opening to around 15 minutes prior to closure.	
Day	Time
Opening times: Castleford Health Centre	
Monday	8am to 6pm
Tuesday	8am to 6pm
Wednesday	8am to 12:30pm
Thursday	8am to 6pm
Friday	8am to 12:30pm
Appointments available: From around 30 minutes after opening to around 15 minutes prior to closure.	
<ul style="list-style-type: none"> The patient population was also able to access extended hours appointments via a GP confederation service GP Care Wakefield. This gave access to evening and weekend appointments for urgent and routine care, and other services such as long-term condition care and reviews. Patients also accessed services at two other practices in the locality associated with the provider. 	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
27294.0	311.0	111.0	35.7%	0.41%

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)	86.3%	94.0%	94.5%	Variation (negative)

Any additional evidence or comments

- We talked with the practice about the below average patient satisfaction score. They told us that they felt that this could be linked to the merger of the two previous providers in 2017, and the introduction of new procedures and patient access routes. They felt that they were still in a patient transition period of aligning patient expectations with the new operating model. Notwithstanding this, they told us that they were aware of the issue and were working to resolve this. Actions included increasing patient awareness of treatment and care pathways with additional work being undertaken with the PPG.
- Patients we spoke with on the day of inspection told us that they were satisfied with the appointments on offer and felt that the practice met their needs.

Older people

Population group rating: Good

Findings

- All patients aged 75 or older had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients. For example, patients were assisted to book appointments if they were perceived to be struggling.
- The practice had established a home visiting team which focused on patients who needed a more urgent review to be seen in the morning, rather than the more usual procedure of later in the day home visits. This advanced nurse practitioner (ANP) led service also freed up GP time for more practice based clinical work.
Over the past 12 months, 886 home visits were carried out in the four hours between 8am to 12pm, with 1,896 undertaken in the six hours between 12pm and 6pm. These figures showed that 32% of home visits were carried out in the morning and thus gave those patients who were assessed as having an urgent clinical need, a rapid review with decreased waiting time. Over 50% of these home visits were undertaken by the dedicated ANP led visiting team.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice hosted community ultrasound clinics at the Pinfold Lane Surgery every two to four weeks.
- The Elizabeth Court Surgery hosted a weekly community audiology service. This dealt with

patients at first presentation, follow-ups and services such as hearing aid fitting.

- There was a medicines delivery service for housebound patients.
- The practice supported patients on a proactive basis who resided in residential care settings.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. We saw that the practice held regular meetings with partners to discuss patients with complex needs.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services. The practice was working with partners from their Primary Care Network to develop improved care pathways and diagnostics for COPD.

Families, children and young people

Population group rating: Good

Findings

- Additional appointments were available on a Saturday morning at the Ferrybridge Medical Centre site from 8:00am until 12:00 noon.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Extended appointments for six to eight-week baby checks were available Monday to Friday at any location.
- The practice had been externally accredited, as it offered young person friendly services and sought to communicate in an effective manner.
- The practice had dedicated family planning staff.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a range of services out of usual operating hours.
- Appointments could be booked in advance, and triage was available with a clinician everyday 8am to 6pm. Appointments were also available online without the need to speak with a receptionist or call handler at the practice contact centre. At the time of inspection, we were told that around 30% of the practice population had signed up for online services.
- The practice was working with other partners in their Primary Care Network to develop an extended hours service plan.
- The practice hosted Department of Work and Pensions work coaches in two of their sites.
- Physiotherapy clinics were hosted at two of the practice sites.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

- The practice held a register of patients living in vulnerable circumstances.
- The practice had been accredited with the local Safer Places scheme. This sought to provide support and a haven when vulnerable people were outside their home environment and needed help or assistance.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.

- The practice had developed a dedicated team to support those with a learning disability from the age of 14 years old. Patients could access services which included an annual health check. The team included two support administration staff, two ANPs, one specialist nurse practitioner, four practice nurses and wider health care assistant support. They told us that they sought to offer a personalised and friendly service. These patients had a specific recall system and were contacted directly by telephone to arrange suitable times for reviews. This included weekend and later appointments to suit their needs.

The practice worked closely with the Clinical Commissioning Group's learning disability coordinator who provided an annual update of their learning disability register. The practice had also utilised the learning disability register inclusion tool to additionally identify patients with learning difficulties who may benefit from an annual review, but would not necessarily be coded as having a learning disability. These patients were offered additional support as required.

At the time of inspection, the practice had 87 patients with a learning disability on their register and were awaiting an update on their numbers of patients with learning difficulties.

- We heard from the practice how they had supported patients with a learning disability. This included bereavement counselling, signposting to occupational therapy, physiotherapy services and organisations and events for weight management
- The practice provided focused health checks and support for those that were the most socially deprived.
- The provider had in August 2019 been awarded Veteran accredited practice status. This specific service had a dedicated lead clinician and support team. All veterans who registered at the practice had:
 - Their records coded to identify their status.
 - An entitlement to priority access based on their needs.
 - Access to additional support, care and signposting to relevant services.

The practice reiterated their support for the services when they held a Poppy Run fundraiser from the Pinfold Lane Surgery in 2019.

The practice had identified 40 patients on their veterans register at the time of inspection and were working to increase this by increasing awareness of what veteran status was.

- The practice was exploring registration as a "Homeless Friendly Practice" in conjunction with other local stakeholders.
- The practice worked closely with a shared care service at a weekly clinic held at Elizabeth Court Surgery. Activities included discussing high dependency drug user patients and the development of care plans to support them.
- The practice had identified carers as a specific group which required additional support. It had put in place a number of measures to respond to this need. This included, the provision of dedicated staff Carers' Champions who directly liaised with and supported carers, and hosting social support events.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental

health.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All patients who experienced poor mental health were offered at least one annual review.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- A local improving access to psychological therapies provider delivered sessions at practice locations. Patients were either referred or self-referred to this service.
- The practice also hosted a mental health one-stop-shop in their Castleford location.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had established a home visiting team which focused on patients who were in need of a more urgent review to be seen in the morning, rather than the more usual procedure of later in the day home visits. The practice had developed a contact centre to receive, assess, and clinically triage incoming calls from patients for appointments and advice. The centre was located centrally and staffed by a multidisciplinary team of call handlers, GPs, ANPs and triage nurses. The service managed on average 4,000 calls a week (other calls being received direct at the other surgery locations), with up to 1,000 calls received on Mondays. <p>Calls were received by dedicated call handlers and assessed. If it was identified that a patient required a telephone consultation with a clinician, this was routinely arranged within less than an hour, and often a few minutes, and the patient was called back by a clinician. If it was identified that the patient required a face-to-face appointment then they were offered the next available appointment which was convenient for them, across any of the surgery sites. We saw that patients were routinely offered access to same day appointments within three hours or less after calling the contact centre.</p> <p>The practice monitored call handling and contact centre performance, and had undertaken actions to improve performance. For example, at peak demand times when the call queue and waiting time queue had reached an agreed threshold, the practice diverted members of the wider practice team to answer and handle calls. We were informed that these actions were shown to have a rapid effect, and that typically within 20 minutes the incoming call waiting time had been reduced to an acceptable level.</p> <p>The practice informed us that their current best performance was to answer 80% of calls with an average waiting time of three to four minutes.</p> <p>At the time of inspection, the practice was looking at ways to achieve a consistent approach. They had taken advice from a local housing provider who had extensive experience in operating a high capacity, demand-led call centre. They also expanded the contact centre which had enabled them to use multichannels, this included an online consultation platform. The practice had acted as a pilot site for this technology locally and reported that the online service had proven to be beneficial to patients who had a hearing impairment.</p> <ul style="list-style-type: none"> Via working with two other practices associated with the provider patients had additional access 	

available at these sites.

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	73.4%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	69.1%	67.3%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	54.3%	63.7%	64.7%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	77.4%	73.4%	73.6%	No statistical variation

Any additional evidence or comments

- The practice told us that since the merger of the two previous practices, it had recognised that it needed to work closely with patients to increase understanding of appointment options and service availability. For example, we saw that this process had begun, and that responses to low satisfaction feedback regarding appointments had been made in a “You said, we did” article which explained in more detail how the practice processed requests for same day appointments.

Source	Feedback
NHS Choices	<ul style="list-style-type: none"> Feedback from patients was mixed with regard to access to services and appointments. Some said they found they had experienced no issues accessing appointments, others stated they had found it difficult.
Patient Feedback	<ul style="list-style-type: none"> Patients we spoke with on the day told us that in general they had no issues in accessing appointments.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	56
Number of complaints we examined.	56
Number of complaints we examined that were satisfactorily handled in a timely way.	Two Reviewed on the day of inspection.
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw that the practice had developed a range of resources to manage complaints, these included a complaints policy, leaflet and poster. This was supported by information posted on the practice website. A lead member of the management team had overall responsibility for complaint oversight. In addition, the practice had a staff member who acted as a patient liaison manager. We saw that complaints were discussed at team meetings, and that learning had been shared. 	

Example of learning from complaints.

Complaint	Specific action taken
Right of access to view patient care record.	<ul style="list-style-type: none"> The practice felt that learning from this complaint involved the need to liaise closely with patients regarding consent, and to effectively communicate with patients, and when required with their families.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate 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">• The practice management and leadership team had an excellent understanding of the challenges faced by themselves, and primary care in general. These included:<ul style="list-style-type: none">○ Increasing demand and capacity management.○ Accelerated pace of change in health and care models.○ National and local service and strategy developments.○ Service delivery at scale.• In response to these challenges and demands the practice had:<ul style="list-style-type: none">○ Actively sought opportunities to secure the future of the service, and as part of this work had increased the depth and breadth of services.○ Continued to develop their management team and staff to build resilience. This included the development of their workforce and continued operation as a training practice for doctors and their supporting nurse training.○ Via the merger of two existing practices delivered services at scale. In addition, by working with two other associated practices in addition to Pinfold Lane Surgery, the provider Health Care First Partnership, delivered services to around 32,000 patients (Pinfold Lane Surgery with its five surgery sites had around 27,300 patients). The provider delivered these services with around 130 staff.○ Sought to develop more effective and responsive services such as their contact centre, a specialist medicines team, and home visiting service.• The practice showed insight and had recognised that changes had the possibility of being unsettling to patients, with new systems to understand. As a consequence, they had sought to work with patients to highlight the new processes and systems they had introduced, as well as the additional or enhanced services which had been made available. They told us that they understood that they were still in this transition process.	

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 developed a strategy and business plan which supported the future development of the practice. We saw using the governance structures in place that the strategy and plans were being regularly monitored, and that processes to promote continued improvement and critical review were in place. • Although staff had not been directly involved in the writing of the practice's vision and mission statement, we heard from staff who told us they understood the vision and values of the practice, and said they saw their roles as to provide a high-quality, personalised services to patients. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> As part of the Productive GP Quick Start Programme the practice undertook a Culture of Care Barometer Survey. This aimed to help organisations and staff reflect on their culture of care to their patients and each other, and the identification of strengths and weaknesses. The first survey was carried out in February 2019 and we were told it had identified a very strong sense of teamwork and joint values. Respondents felt that the practice had good management and that it valued the work that team members did. However, it indicated that the practice could improve in engaging the team, understanding what resources they needed to do their job better, and to provide more visible leadership. <p>As a result of this survey the practice had instigated a weekly communication to all staff, implemented a revised programme of appraisals for the whole organisation, which included GP partners. In addition, GP partners had taken up roles leading specific areas, outside their professional role, such as liaising with salaried GPs or leading on quality improvement. The practice also had appointed a staff liaison manager, part of whose role was to lead improvements in communication and integration amongst the staff who worked across the five sites.</p> <p>The next survey was planned to be undertaken in February 2020 and will be used to review progress.</p> <ul style="list-style-type: none"> The practice played an active role in the development of their local Primary Care Network. We saw that the whistleblowing policy was up to date and had been reviewed in April 2019. Senior members of staff from the practice held a wide variety of additional roles, or were otherwise involved in the local health and care community. These included: <ul style="list-style-type: none"> Staff held positions in the local Confederation. 	

<ul style="list-style-type: none"> ○ One member of staff was a member of the Local Medical Committee. ○ One member of staff was a non-executive director in a local housing association and was clinical director of their Primary Care Network (PCN). This same member of staff was also a trustee of a local hospice and helped support and organise a number of community projects. ○ One member of staff acted as the CCG's information governance lead and had additional links to other NHS and local authority bodies. ○ One member of staff was the chair of a local independent health organisation and acted as a race meeting doctor for the British Horse Racing Authority.
<ul style="list-style-type: none"> • The practice had an open culture of sharing information and developments with partners and stakeholders. Their local GP confederation wanted to examine and identify ways to support practices to effectively manage workload and release capacity. As part of this work the practice shared their document management system. This showed that over a two-year period the practice had reduced the number of documents sent to GPs by around 70%. Following this the practice sat on a confederation led steering group which helped to develop a training package for document management. This training was be offered to all local GP practices.

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

Source	Feedback
Staff Feedback	<ul style="list-style-type: none"> • Many of the staff we received feedback from said that the practice worked well together as a team and that they felt well supported. • Other staff said that they felt that the merger process had been successful and that effective relationships had been formed. • A small number of staff told us that they felt communication could be improved at times, however one respondent felt that this had been recognised.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Since the merger of the two previous providers to form Health Care First Partnership, the management and leadership team realised that they would require a reformed organisational and governance structure to provide the assurance needed for the operation of a large GP Practice. They devised a governance structure which included: <ul style="list-style-type: none"> • Partnership Meeting – composed of GP Partners which met once a month a led on strategic direction and oversight. 	

- Executive Team – Three GP Partners and Senior Management team which met once a week. Roles included overall management and monitoring of the practice business plan objectives.
- Operations Team – which represented and was composed of clinical and non-clinical staff and which met once a week to discuss operational matters and issues.
- GP Team Meeting – an educational and reflection group which met once a week.
- Nursing Team Meeting – which met once a week and discussed nursing care.
- Full Staff/Team Meeting – which met every two months on average and was open to all staff.

It was decided after one year of operation to review this structure. The practice had, therefore, commissioned the Chief Executive of a similar provider at scale practice from outside the locality to lead on this review, and at the time of inspection work had already started on the project.

- Staff who gave us feedback told us that they were aware of their roles within the practice, and how they contributed to the delivery of improved health and care services.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a comprehensive performance management and oversight regime in place. This supported quality improvement activities which included clinical audits and management reviews.• There was a business continuity plan in place which was next due for review in March 2020.• The practice felt that the size of the organisation, the number of sites, and a commonality and consistency of processes gave them additional resilience in the event of major incidents occurring.	

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">• We saw from meeting minutes that performance data had been regularly reviewed and the practice had in place mechanisms to drive improvement and manage risks.	

If the practice offered online services:

	Y/N/Partial
--	-------------

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

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was aware of patient user views and reviewed feedback.• It had surveyed staff views as part of the Productive GP Quick Start Programme Culture of Care Barometer Survey.• Since the merger, the practice had formed one Patient Participation Group which covered all operational sites.	

Feedback from Patient Participation Group (PPG).

Feedback
<ul style="list-style-type: none">• We met with members of the PPG. They told us that they felt respected by the practice and that they were able to make their views known and that they would be listened to. The members we spoke with mentioned that operating over a larger number of sites and a wider geographical area was challenging, and they had looked at ways of improving patient representation. For example, by the rotation of meeting locations to allow better access.

Any additional evidence

<ul style="list-style-type: none">• The practice had developed Health Champions who worked with the practice to find new ways of meeting specific aspects of local need. For example, they had organised and delivered seated exercise classes.

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

Examples of continuous learning and improvement

<ul style="list-style-type: none">• The provider was accredited and recognised as a training practice and supported the formal
--

training of Foundation doctors and registrars. They also supported the training of nurses allocated to the practice by the local Primary Care Training Hub.

- The practice had participated a number of quality improvement activities which included organisational review, the implementation of new teams and processes which delivered more efficient services and increased capacity, and via clinical audit.
- The practice actively reviewed performance data, complaints, significant events, and service user feedback and used this in the identification of ways to improve services.
- The practice participated in nationally recognised NHS improvement initiatives.
- The provider had worked with their local PCN and a nationally recognised health partnership organisation which had organised a workshop for all PCN members to better identify and plan services for specific priority populations groups.

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.