

Inspection Evidence Table

Drs. Sreelatha and Thachankary

(1-542419985)

Inspection Date: 13/06/2023 - 14/0/2023

Date of data download: 06/06/2023

Overall rating: Good

Following a comprehensive inspection in December 2021, we rated the provider as requires improvement overall. We rated safe, caring, and well-led as requires improvement, and effective and responsive as good. At this inspection on 13 and 14 June 2023, we saw that the provider had taken action to tackle concerns and issues we had raised with them at their previous inspection. However, at this latest inspection we also identified some additional concerns in relation to medicines management. As a result of this we have therefore rated the provider as good overall, with safe services rated as requires improvement. Effective, caring, responsive, and well-led were rated as good.

The inspection on 14 and 15 June 2023 included a review of a requirement notice issued for the breach of Regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Overall, at this inspection we found the provider had responded to the specific concerns identified. However, due to concerns regarding medicines management a further requirement notice was issued in respect of a breach of Regulation 12, safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safe **Rating: Requires Improvement**

At the previous inspection in December 2021, we rated the provider as requires improvement for providing safe services due to concerns identified in relation to medicines management, and the level of clinical supervision and support given to members of the nursing team. At this inspection we saw that the concerns previously raised had largely been addressed. However, we identified some additional issues in respect of medicines management including medicines reviews, high-risk drugs monitoring, prescribing, and the complete and clear actioning of medicines and patient safety alerts.

Safety systems and processes

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

Safeguarding

Y/N/Partial

Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	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
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Policies were in place for safeguarding both children and vulnerable adults. We saw that these were reviewed and updated regularly. For example, the safeguarding children's policy had been reissued in May 2023.</p> <p>Staff we spoke with were clear on how to handle and escalate safeguarding concerns. Information for staff was available regarding local reporting routes.</p> <p>It was practice policy that all staff received a DBS check on appointment. At the time of inspection, we saw that a newly appointed member of staff was still awaiting a DBS. However, in the interim the provider had undertaken an initial risk assessment of suitability to work at the practice.</p> <p>The practice safeguarding lead attended safeguarding meetings with external stakeholders.</p> <p>A safeguarding register was in place within the practice.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 15/06/2023	N/A
There was a fire procedure.	Yes
Date of fire risk assessment: 01/06/2022	N/A

Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We saw records which indicated regular fire safety checks were in place, these included alarm tests and evacuation drills. In addition, staff had received training to act in advanced emergency roles such as acting as fire marshals.</p> <p>An issue had been identified in the last fire risk assessment regarding the waste compound. Whilst this action had not been completed, we saw evidence which showed that the provider was planning for this work to be completed.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control (IPC).	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit: 27/06/2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The 2022 IPC audit had identified some issues which needed attention. We saw that some of these had been actioned, however some larger works such as the replacement of damaged worktops and replacing wash hand basins had not yet been completed. We saw evidence though which showed that the provider was progressing with the planning and organisation of these works.</p> <p>Staff had received mandatory IPC training.</p>	

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
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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 were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Since the last inspection the provider had successfully appointed new staff to the practice team to increase capacity. The clinical team had 2 additional advanced care practitioners, and a part-time regular locum nurse in post compared to December 2021. The administration and reception team had recruited an additional 2.5 posts over the same time period.</p> <p>Induction processes were in place, and we saw records for newly appointed staff that induction had been undertaken.</p> <p>Staff were aware how to identify and treat deteriorating or acutely unwell patients. We saw staff had received sepsis awareness training. Equipment used to support such patients was appropriately stored and was regularly calibrated and checked. In addition, we saw that awareness raising posters regarding sepsis were prominently displayed in the practice.</p>	

Information to deliver safe care and treatment

Staff generally 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
Referrals to specialist services were documented, contained the required information 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.	Partial
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Records summarising, and incoming correspondence was handled in a timely manner.</p> <p>The review of patient records undertaken as part of our clinical records searches indicated a problem accessing Warfarin monitoring results which had been undertaken via secondary care (Warfarin is an anticoagulant used to treat blood clots and to help prevent blood clots and requires frequent patient monitoring to ensure safe and effective treatment). This was an area wide issue and impacted a number of practices. This meant the provider was not able to have results and other information directly downloaded into the patient record. The provider had to individually access the results for their patients prior to undertaking any prescribing. The local Hospital Trust and the Integrated Commissioning Board were aware of this issue.</p>	

Appropriate and safe use of medicines

The practice did not have systems fully in place for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	1.09	1.00	0.86	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). (01/01/2022 to 31/12/2022) (NHSBSA)	4.0%	6.1%	8.1%	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 (01/07/2022 to 31/12/2022) (NHSBSA)	6.18	5.20	5.24	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	160.6‰	172.8‰	130.3‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	0.84	0.63	0.56	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	8.0‰	7.1‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

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

There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	No
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
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 and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>As part of our inspection a CQC GP specialist advisor (SpA) undertook a number of searches of patient records on the practice's clinical records system. Findings from these searches included:</p> <p>High risk medicines which required monitoring</p> <p>Warfarin - Our initial clinical searches indicated that all patients prescribed Warfarin had not received the required monitoring. However, on further investigation we were informed that there was an area wide problem which meant that local providers were unable to have results and other information directly downloaded into the patient record. This issue had been raised previously with the local Hospital Trust and the Integrated Commissioning Board. Safe prescribing requires that the provider is aware of the latest patient test results, and dosage, and to be aware of future monitoring dates. As a work around the provider had to individually access the results and other information for their patients prior to undertaking any prescribing. We saw evidence that this had been undertaken. However, the provider had failed to note in the patient record that these checks had been undertaken, or that the results and information had been assessed. In addition, the provider had not developed a protocol to cover this activity. Since the inspection, the provider has informed us that they will utilise a specific template to record these details and develop the necessary protocol.</p> <p>Methotrexate (an immunosuppressant used to treat inflammatory conditions, such as rheumatoid arthritis) – Our clinical searches found no concerns with the management of patients in receipt of this medicines.</p>	

Medicine reviews

The provider was not able to demonstrate that medicines reviews were comprehensive or included full details of monitoring checks undertaken. In the previous 3 months, 693 medication reviews had been undertaken at the practice. Of 5 patient records we examined in detail we saw that:

- In 3 records there was no evidence that the reviewer had checked that required monitoring was up to date. In 2 of these cases, we found that the required monitoring and checking had not been undertaken. In the other record, due to the limited information it contained, it was difficult to assess if monitoring had been reviewed.
- In 2 cases, only a code had been used to record that a review had been undertaken and no other information, for example a that a discussion with the patient was recorded.

Medicines Usage

Our clinical searches examined the possible over prescribing of SABA inhalers (Short-acting beta-agonists (SABAs) are a class of bronchodilators used to treat asthma symptoms quickly). The searches identified 44 patients who had been prescribed more than 12 inhalers over the previous 12 months, from a total of 894 patients on the practice asthma register. Of 5 patient records we examined in detail, in 3 cases there had been no recent asthma review where the opportunity to discuss potential over usage could be discussed with the patient. When we talked to the provider about this, they told us that they did not have a formal approach to reduce SABA prescribing, and were subsequently generally reactive to patient requests inhalers.

Prescribing practice

Our clinical searches examined the number of asthma patients who had been prescribed 2 or more rescue steroids. In 3 of the 5 records, we checked we saw evidence that rescue steroids had been prescribed without a formal clinical assessment of suitability to prescribe.

Antimicrobial prescribing

The provider was aware of their antimicrobial prescribing performance. They participated in the Lowering AntiMicrobial Prescribing (LAMP) project which operated over the West Yorkshire area. The project aimed to inform practices of their antibiotic prescribing performance, and through this to promote a reduction in prescribing. The latest report we saw showed that antibiotic prescribing had reduced at the practice by 17% over the previous 4 years.

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:	24
Number of events that required action:	10
Explanation of any answers and additional evidence: Staff informed us that they understood the processes in place to report concerns and incidents, and would not be criticised for raising these.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Incorrect filing of patient correspondence in another patient record.	Reiteration to staff to fully check details of patient before filing to ensure records are properly allocated to the correct record.
Incorrect prescribing of a penicillin antibiotic to a patient who was allergic to penicillin.	Clinician was informed of error, records updated and new medication prescribed.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The provider had processes in place for medicines alerts. However, our searches of patient records in relation to those in receipt of teratogenic drugs in patients of childbearing age (these medicines can lead to congenital abnormalities in the foetus) showed that whilst the risks of taking the medicines had been discussed with the patient, information regarding contraception used by these patients was unclear. It was subsequently identified that these discussions were recorded on a separate part of the patient record. 1 patient record mentioned a pregnancy prevention plan, yet this was not attached in the record. Since the inspection we have been informed by the practice that they had contacted patients of childbearing age on this medication, to reiterate risks and the need for contraception. Coding was to be added to record that pregnancy prevention plans were in place.	

Effective

Rating: Good

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
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 had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes
Explanation of any answers and additional evidence: Our clinical searches showed that in 4 of 5 records checked that patients with asthma who had experienced an acute exacerbation had not been followed-up within a week to assess their response to treatment.	

Effective care for the practice population

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.

Health checks, including frailty assessments, were offered to patients over 75 years of age.

Flu, shingles, and pneumonia vaccinations were offered to relevant patients in this age group.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.

All patients with a learning disability were offered an annual health check. The practice had 81 patients with a learning disability and in the last 12 months had completed 57 health checks (70%) with this patient group.

End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. Staff from the practice attended regular multidisciplinary meetings to discuss palliative care patients.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.

Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

Our clinical searches found no concerns with the potential missed diagnosis of conditions such as Chronic Kidney Disease.

Our clinical searches found no concerns regarding patients with diabetic retinopathy and hypothyroidism. However, it was noted that several patients had failed to attend for required monitoring, despite having been invited by the practice. When we discussed this with the provider, they confirmed that they had no clear policy regarding how these patients would be managed and decisions were made on an individual basis.

Our clinical searches showed that asthma patients had received an annual asthma review within the previous 12 months.

Staff who were responsible for reviews of patients with long-term conditions had received specific training. Some staff had also received additional training to allow them to deliver enhanced services for conditions such as 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.

Adults with newly diagnosed cardiovascular disease were offered statins.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	88	91	96.7%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	85	86	98.8%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	85	86	98.8%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps, and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	85	86	98.8%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps, and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	85	94	90.4%	Met 90% minimum

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

Any additional evidence or comments

Clinical staff worked closely with parents, guardians, carers, and health visitors to maximise the uptake of childhood immunisations.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	64.5%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	75%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (31/12/2022 to 31/12/2022) (UKHSA)	71.0%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	41.1%	53.6%	54.9%	No statistical variation

Any additional evidence or comments

Verified cervical screening performance data showed that the practice's attainment was below the national target of 80%. The provider told us that they had recognised this and had put in place measures to increase performance. This included:

- Offering opportunistic booking of screening appointments.
- Contacting patients who had missed screening appointments to encourage attendance. This included telephone contacts and letters.
- Greater screening capacity through the recruitment and appointment of additional clinical staff.
- Offering screening appointments via the extended hours service.

The practice provided us with data which indicated that 2022/23 performance had shown some improvement, although this data had not been validated.

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.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The provider had carried out a full 2-cycle audit into the combined use of amlodipine (used to treat elevated blood pressure) and simvastatin (used to lower cholesterol. A drugs safety update in 2014 advised that patients prescribed both simvastatin 40 mg and amlodipine should be reviewed, and that the maximum recommended dose of simvastatin co-administered with amlodipine should be 20 mg per day. The provider had undertaken a first audit which identified 7 patients who were in receipt of the higher dose. These patients were then contacted, and their medication changed. A follow up audit showed that no patients were on the higher dose of simvastatin when also prescribed amlodipine.</p>	

Any additional evidence or comments
<p>The provider also audited consultations and the prescribing practices of staff as part of their clinical supervision procedure.</p> <p>The practice participated in a programme to lower antimicrobial usage. Results showed that prescribing rates had reduced.</p>

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.	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
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision, and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists, and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence:	

We saw that clinical supervision had been undertaken for staff who undertook advanced medical roles, this included an assessment of consultations they had undertaken and their prescribing decisions.

Staff told us that the provider had a positive approach to training, and had supported them to gain additional qualifications and skills.

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

	Y/N/Partial
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

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 and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Breast and bowel cancer screening performance were above national averages.</p> <p>Both clinical and non-clinical staff were able to refer and signpost patients to additional health and wellbeing services. For example, patients were referred to stop smoking and weight management services, and to organisations which sought to tackle social isolation and loneliness.</p> <p>Patients from the practice were able to be supported by a mental health worker, a physiotherapist, a health and wellbeing worker, and care coordinators who were employed by their local Primary Care Network.</p> <p>The provider offered a range of health assessments which included learning disability health checks, NHS health checks, and dementia assessments.</p>	

Consent to care and treatment

The practice 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
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>As part of our inspection, we reviewed a sample of DNACPR decisions made within the last 12 months. In general, in the records we checked the forms were well completed, however in 1 case we saw that records of discussions had not been fully captured.</p> <p>Relevant staff had been trained in relation to the Mental Capacity Act 2005.</p> <p>Staff we spoke with had a good knowledge of patient consent, and when necessary, had processes in place to formally record this.</p>	

Caring

Rating: Good

At the previous inspection in December 2021, we rated the provider as requires improvement for the provision of caring services due to low patient satisfaction in respect of their interactions with practice staff. At this inspection we found that patient satisfaction with the practice was closer to the local and national averages. In addition, patients we spoke with on the day had a generally favourable impression of the practice for this aspect of care.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was mixed 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: Staff we spoke with had a good understanding of the needs of their patients. They told us that previously patients had been frustrated with aspects of care they received which included access to care and treatment. Staff told us that changes such as increased clinical capacity had improved the situation. However, a complaint received by CQC noted that staff were rude and unhelpful, and a further complaint noted the bluntness of a staff member.	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2022 to 30/04/2022)	80.1%	82.7%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	75.3%	82.8%	83.5%	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	88.5%	92.1%	93.1%	No statistical variation

healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	55.2%	71.2%	72.4%	No statistical variation

Any additional evidence or comments

National GP Patient Survey satisfaction data showed that the provider had moved closer to local and national averages of satisfaction since the last inspection in December 2021. Some measures of satisfaction had slightly declined, however this mirrored local and national trends in patient satisfaction, and the provider was no longer a statistical outlier for these measures.

We spoke with care homes supported by the practice. They mentioned the positive impact that the care coordinators had on services provided, and said that in general, practice staff showed a caring attitude to residents.

The provider told us that they felt the recruitment of additional staff to the practice since the last inspection had had a positive effect on interactions with patients.

Feedback from patients in the NHS Friends and Family Test (a national measure of patient satisfaction) was positive. In 2022/23 over 99% of respondents said that they would be extremely likely or likely to recommend the practice to others. Comments made in responses included how helpful and caring staff were.

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

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: Materials were available which supported patients with long-term conditions such as asthma and diabetes.	

Source	Feedback
Interviews with patients.	We spoke with 3 patients on the day of our inspection visit to the practice. Of these patients 2 specifically told us that they were involved in decisions made about their care, and all 3 of them told us that they didn't feel rushed during consultations.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2022 to 30/04/2022)	84.4%	89.8%	89.9%	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
Explanation of any answers and additional evidence: The practice website carried information regarding both the services they provided, and also other external services. For example, it carried details of young people's services which included details of their own young patients' information and links to external resources.	

Carers	Narrative
Percentage and number of carers identified.	3.4% (278 patients)
How the practice supported carers (including young carers).	The practice offered carers' assessments and access to flu and other vaccinations to carers. If identified, the practice was able to signpost carers to other external support services in the local community.
How the practice supported recently bereaved patients.	Recently bereaved patients were able to access routine appointments and counselling. Cards were also sent with condolences.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
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
Explanation of any answers and additional evidence:	

The practice had a confidentiality policy in place, and staff had signed a confidentiality agreement.

As part of their mandatory training staff had received annual information governance training.

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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <p>It was noted that several issues raised at the last IPC audit and fire risk assessment still awaited action. Notwithstanding this, we saw that planning and costings for the refurbishment and improvement works had been undertaken. In the interim the provider had undertaken some minor upgrading works.</p> <p>The provider had supported the training of staff to deliver enhanced levels of care for conditions such as diabetes and asthma.</p> <p>The provider hosted additional services, such as a health and wellbeing worker from their local Primary Care Network.</p> <p>The reception desk had a reduced height, low access section which was accessible to wheelchair users.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 6.30pm

Friday	8am – 6.30pm
Appointments available:	
Monday	8am - 6pm
Tuesday	8am -6 pm
Wednesday	8am - 6pm
Thursday	8am - 6pm
Friday	8am - 6pm

Further information about how the practice is responding to the needs of their population

Patients were able to access extended hours appointments delivered at a nearby practice. Extended hours appointments were available 5pm to 8.30pm Monday to Friday, and on Saturday 9am to 1pm.

Over the previous 2 years the practice had increased clinical capacity and had increased the number of advanced care practitioners and nurses employed, as well as increasing the administration team.

Patients had a named GP who supported them in whatever setting they lived.

The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.

The practice provided support to 3 local residential care homes.

The practice held a register of patients living in vulnerable circumstances this included those with a learning disability, and patients who had key caring responsibilities.

People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.

The practice adjusted the delivery of its services to meet the needs of patients. For example, patients with a learning disability were able to access longer appointments.

The practice had a duty doctor/clinician available on a daily basis, and was able to meet urgent care requests.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Yes
Patients were able to make appointments in a way which met their needs.	Partial

There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Yes
Patients with most urgent needs had their care and treatment prioritised.	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Data regarding patient satisfaction for accessing care and treatment was mixed and had shown some deterioration. For example:</p> <ul style="list-style-type: none"> Only 22.9% of patients responded positively to how easy it was to get through to someone at the practice on the phone in the 2022 National GP Survey (based on 106 responses). This was a fall from 53.1% in the 2021 survey. 35.5% of patients responded positively to the overall experience of making an appointment in the 2022 National GP Survey. This was a fall from 60.5% in the 2021 survey. <p>The provider had not undertaken their own recent surveys to ascertain patient feedback regarding access. However, in response to these concerns regarding telephone access the provider has added additional telephone lines, and allocated more staff to answer calls at busy times. Since the last inspection the reception and administration team had been expanded by 2.5 additional staff members. The provider had also moved to the single release of appointments to once a day rather than twice following comments from patients.</p> <p>In the near future the provider also told us that they were to move to a cloud-based telephony system which would enable them to have improved functionality. For example, it would enable patient call-back.</p> <p>Recent data from the Office for Health Improvement & Disparities (Fingertips Public Health Data) showed that performance in relation to timely access to services was generally either at or above local and national performance, although performance in April 2023 had dipped slightly (please note that although this is published data, content from this source has not been verified by CQC). For example:</p> <p>Percentage of appointments taking place within 2 days of booking:</p> <p>October 2022 Practice 48.4%, Locality average 48.4%, England average 46.2%.</p> <p>January 2023 Practice 62.7%, Locality average 59%, England average 53.6%.</p> <p>April 2023 Practice 49.3%, Locality average 56.1%, England average 51.7%.</p> <p>Data from the above source also showed that in April 2023 49.5% of patients were able to book and cancel appointments online compared to a 42.2% Locality average, and a 43.6% England average.</p> <p>We examined data sent to us by the provider regarding changes to appointment availability and type of appointment. Over a week period in June 2022 the practice had availability for:</p> <ul style="list-style-type: none"> 449 face to face and telephone appointments. Of these appointments 287 were face to face and 162 via the telephone. 10 home visits. In addition, 14 extended hours service appointments had been utilised. <p>Over the week in June 2023 the practice had availability for:</p> <ul style="list-style-type: none"> 421 face to face and telephone appointments. Of these 336 were face to face and 85 via telephone. 22 home visits. In addition, 46 extended hours service appointments had been utilised. 	

We noted that over the past year the provider had increased the number of face to face appointments available to patients. The latest data from the Office for Health Improvement & Disparities (Fingertips Public Health Data) in April 2023 showed that the average number of appointments per registered patient was close to the national average at 5.6 compared to 5.4.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2022 to 30/04/2022)	22.9%	N/A	52.7%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	35.5%	56.3%	56.2%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	45.8%	55.3%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	60.3%	73.3%	71.9%	No statistical variation

Source	Feedback
NHS.uk website (formerly NHS Choices)	There had been no comments or reviews left on the website.
Contacts with CQC from patients.	Of 3 patients we spoke with on the day of our inspection visit , 1 patient mentioned difficulty in obtaining an appointment. Others mentioned that they had direct invitations to attend for screening or support.
Feedback from care home providers	Feedback from care homes was generally positive regarding the responsiveness of services to meet resident's needs. They felt the new care coordinator roles (provided via the PCN but working with the practice) were very useful and had made an improvement to services. However, 1 home felt that at times communication and information could be clearer from the practice.

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.	6
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
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

Examples of learning from complaints.

Complaints	Specific action taken
A number of complaints had been received regarding the twice daily release of appointments in the morning and the afternoon.	After consideration the practice changed their processes and now released all appointments at 8am.
Unclear information was given regarding changes to a prescription.	The practice acknowledged that the information could have been clearer. The issue was rectified and also raised as a significant event/incident for further investigation and potential learning.

Well-led

Rating: Good

At the previous inspection in December 2021, we rated the provider as requires improvement for providing well-led services as despite some improvement in the management of the practice, we found that there were still some areas where the practice needed to continue to take action. This included the need to involve staff in service developments, dealing with staff workloads, and the reducing the impact of abusive patients on staff. At this inspection we found that the provider had taken action to resolve these issues.

Leadership capacity and capability

There was compassionate, inclusive, and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice management team had a good understanding of the challenges they faced. They told us that these involved demand and capacity pressures, and also meeting patient expectations. Since the last inspection the provider had successfully recruited additional clinical and non-clinical members of staff, and instituted actions such as an increase in the telephone lines to improve patient access and experience when contacting them by telephone. Staff told us that managers at all levels were generally supportive and approachable.	

Vision and strategy

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

	Y/N/Partial
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: Staff we spoke with told us that they had been involved in developing the vision, values, and way forward for the practice. This involved directly asking for staff views at a dedicated session run during a training event. Previously, staff had limited input into developments within the practice.	

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 had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: Staff were aware of how to raise concerns. They told us that they felt able to do this without the fear of reproach. Previously staff had reported issues of patient aggression and abuse directed against them. At that time, the provider had only limited processes in place to deal with these instances. At this inspection we found that reporting of incidents had been formalised and that these were logged. We heard that such patients were contacted by the practice and action taken as necessary.	

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

Source	Feedback
Feedback from staff member.	The staff member told us that they had recently noticed a significant change for the better since starting at the practice. They said that they felt all staff were more engaged and wanted to drive improvement.
Feedback from staff member.	They felt that relationships with managers were fine. Partners were now more visible within the practice, but that visibility and interaction with staff could still be improved further at times.

Governance arrangements

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

	Y/N/Partial
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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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Managing risks, issues and performance

There were 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 quality improvement programme in place.	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
<p>Explanation of any answers and additional evidence:</p> <p>We saw that staff had been trained to deal with major incidents. For example, some staff had received additional fire training, which enabled them to act as fire marshals during evacuations.</p> <p>The risks identified previously linked to workloads had been mainly resolved by the recruitment of additional clinical and non-clinical staff.</p> <p>The provider undertook audits and checks which gave assurance that performance and necessary safety and competency measures were in place. For example, non-medical prescribers had a proportion of their consultations and prescribing decisions audited.</p>	

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 monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	

We saw that the provider had a good understanding and grasp of performance measures in the practice, and regularly monitored this. Organisational performance was discussed at all levels within the practice.

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
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
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.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Staff are supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: We saw that staff were up to date with mandatory training. This included training in respect of information governance and data security. Staff we spoke with had a good understanding of data security and confidentiality processes in place within the practice.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group (PPG).	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: Whilst we did not have the opportunity to speak with a member of the practice PPG, we saw minutes of meetings which evidenced that key issues such as patient access and increasing capacity via additional recruitment of staff had been discussed.	

We saw that following patient feedback the provider had changed how appointments were released and changed their system from twice daily to once daily.

Staff told us that they felt listened to by the management team and had the opportunity to give their views at practice and team meetings and on an ad hoc face to face basis.

Feedback from Patient Participation Group.

Feedback

We were unable to speak with a member of the practice PPG.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The provider had undertaken a programme of clinical audits. These included audits into diabetic retinopathy, and audits of consultations and medicines management performance by non-medical prescribers. We saw that services had been adapted as a result of patient feedback and improvements made following complaint investigations.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

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

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.