

# Care Quality Commission

## Inspection Evidence Table

### Covent Garden Medical Centre (1-7306361055)

Inspection date: 28<sup>th</sup> – 3<sup>rd</sup> August 2021

Date of data download: 09 August 2021

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

## 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.  | Y           |
| Safeguarding systems, processes and practices were developed, implemented and communicated to staff.   | Y           |
| There were policies covering adult and child safeguarding which were accessible to all staff.  | Y           |
| Policies and procedures were monitored, reviewed and updated.  | Y           |
| Partners and staff were trained to appropriate levels for their role.  | Y           |
| There was active and appropriate engagement in local safeguarding processes.   | Y           |
| The Out of Hours service was informed of relevant safeguarding information.  | Y           |
| There were systems to identify vulnerable patients on record.  | Y           |
| Disclosure and Barring Service (DBS) checks were undertaken where required.  | Y           |
| Staff who acted as chaperones were trained for their role.   | Y           |
| 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. | Y           |

| <b>Recruitment systems</b>  | <b>Y/N/Partial</b> |
|---|--------------------|
| Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).                             | Y                  |
| Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.                         | Y                  |
| There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Y                  |

| <b>Safety systems and records</b>  | <b>Y/N/Partial</b> |
|--|--------------------|
| There was a record of portable appliance testing or visual inspection by a competent person.<br>Date of last inspection/test: 09/02/2021 | Y                  |
| There was a record of equipment calibration.<br>Date of last calibration: 20/04/2021   | Y                  |
| There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.                  | Y                  |
| There was a fire procedure.  | Y                  |
| A fire risk assessment had been completed.<br>Date of completion: 30/12/2020   | Y                  |
| Actions from fire risk assessment were identified and completed.   | Y                  |

| <b>Health and safety</b>  | <b>Y/N/Partial</b> |
|---|--------------------|
| Premises/security risk assessment had been carried out.<br>Date of last assessment: 30/12/2020                                | Y                  |
| Health and safety risk assessments had been carried out and appropriate actions taken.<br>Date of last assessment: 30/12/2020 | Y                  |

## **Infection prevention and control**

### **Appropriate standards of cleanliness and hygiene were met/not met.**

|  | <b>Y/N/Partial</b> |
|--|--------------------|
| There was an infection risk assessment and policy.   | Y                  |
| Staff had received effective training on infection prevention and control.   | Y                  |
| Infection prevention and control audits were carried out.<br>Date of last infection prevention and control audit: 01/06/2021 | Y                  |
| The practice had acted on any issues identified in infection prevention and control audits.                                  | Y                  |
| There was a system to notify Public Health England of suspected notifiable diseases.   | Y                  |

|  |   |
|--|---|
| The arrangements for managing waste and clinical specimens kept people safe. | Y |
|--|---|

### Risks to patients

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

|   | Y/N/Partial |
|---|-------------|
| There was an effective approach to managing staff absences and busy periods.  | Y           |
| There was an effective induction system for temporary staff tailored to their role.   | Y           |
| The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.                   | Y           |
| 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. | Y           |

### 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. | Y           |
| There was a system for processing information relating to new patients including the summarising of new patient notes.                          | Y           |
| There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.                     | Y           |
| Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.     | Y           |
| There was a documented approach to the management of test results and this was managed in a timely manner.                                      | Y           |
| There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.  | Y           |

## Appropriate and safe use of medicines

### The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

| Indicator  | Practice | CCG average | England average | England comparison               |
|--|----------|-------------|-----------------|----------------------------------|
| Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)   | 0.55     | 0.51        | 0.70            | 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). (01/04/2020 to 31/03/2021) (NHSBSA)                                       | 11.3%    | 11.2%       | 10.2%           | No statistical variation         |
| Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2020 to 31/03/2021) (NHSBSA) | 6.56     | 5.55        | 5.37            | No statistical variation         |
| Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)  | 80.9‰    | 59.2‰       | 126.9‰          | No statistical variation         |
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)   | 2.58     | 0.52        | 0.66            | Significant Variation (negative) |
| Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)   | 21.1‰    | 4.8‰        | 6.7‰            | Significant Variation (negative) |

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

#### Explanation of any answers and additional evidence:

We queried the above data (highlighted in red) which showed the practice had a higher than average prescribing rate for hypnotic and psychotropics medicines, these are medicines prescribed to patients experiencing poor mental health. The provider explained it had taken over the practice in August 2019, and the higher than average prescribing of these medicines was a historical issue. The provider told us it was actively trying to decrease the prescribing rate, and there had been some improvement in the past year. We saw records which confirmed clinicians were having consultations with this cohort of patients to try and reduce the prescribing rate. Due to this high rate

of prescribing we have rated the population group patients experiencing poor mental health as requires improvement (please see the effective section below).

| Medicines management   | Y/N/Partial |
|--|-------------|
| The practice ensured medicines were stored safely and securely with access restricted to authorised staff.   | Y           |
| Blank prescriptions were kept securely, and their use monitored in line with national guidance.  | Y           |
| Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).  | Y           |
| 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.   | N/A         |
| There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.  | Y           |
| 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.  | Y           |
| 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.                  | Y           |
| The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).  | Y           |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.  | Y           |
| 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. | Y           |
| The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.  | Y           |
| For remote or online prescribing there were effective protocols for verifying patient identity.  | Y           |
| 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.  | Y           |
| There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.   | Y           |
| Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.  | Y           |

## 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.     | Y           |
| Staff knew how to identify and report concerns, safety incidents and near misses.           | Y           |
| There was a system for recording and acting on significant events.                          | Y           |
| Staff understood how to raise concerns and report incidents both internally and externally. | Y           |
| There was evidence of learning and dissemination of information.                            | Y           |
| Number of events recorded in last 12 months:  | 5           |
| Number of events that required action:  | 5           |

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

| Event   | Specific action taken  |
|---|--|
| Clinician used same cervical screening sample pot for two different patients, resulting in both tests becoming void and requiring re-testing three months later.  | The clinician contacted both patients explained what had happened and appoligised. Both patients were happy to be re-tested three months later. To avoid repetition of the same, the practice put in place a new process which required a name-label to be printed and stuck on the sample pot prior to undertaking the procedure. |
| Receptionist tried calling patient on mobile requesting them to book a particular test. However, there was no answer. Receptinist called landline and left a voicemail. This was picked up by a family member who queried this with the patient. Patient not happy that message was left on landline as did not want family members to know about the test. | It was determined no confidential information had been shared. New was process put in place which ensured staff only provided information to patients on their personal phones. If they did not have a personal phone then they needed to wait until they could speak to the patient themselves.                                   |

| Safety alerts   | Y/N/Partial |
|---|-------------|
| There was a system for recording and acting on safety alerts. | Y           |
| Staff understood how to deal with alerts.                     | Y           |

## Effective

## Rating: Requires Improvement

We rated the effective domain as requires improvement because the practice's performance under NHS Quality Outcomes Framework was below average for Chronic obstructive pulmonary disease (COPD) and dementia. The practice's uptake for childhood immunisation and cervical screening was also under the national targets. In addition, the practice's prescribing rate for hypnotic and psychotropics medicines was higher than local and national averages (see safe section).

### Effective needs assessment, care and treatment

Patients' needs were being assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. However, the practice was underperforming in some QOF indicators and in the uptake of childhood immunisations and cervical screening (see below for further details).

|  | Y/N/Partial |
|--|-------------|
| The practice had systems and processes to keep clinicians up to date with current evidence-based practice.                             | Y           |
| Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. | Y           |
| Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.               | Y           |
| We saw no evidence of discrimination when staff made care and treatment decisions.   | Y           |
| Patients' treatment was regularly reviewed and updated.  | Y           |
| There were appropriate referral pathways to make sure that patients' needs were addressed.   | Y           |
| Patients were told when they needed to seek further help and what to do if their condition deteriorated.                               | Y           |

### 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 medicines reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.

- The practice ran regular reports to identify and invite patients for influenza, shingles and pneumonia vaccinations.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. The practice's QOF score for COPD was well below national and local averages (please see below data highlighted in red). When we spoke with the practice, they were aware of this low score and told us they had an action plan in place, which included running regular reports and re-calling these patients to ensure their care was being reviewed in accordance with national guidelines.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

| 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. (01/04/2019 to 31/03/2020)<br>(QOF) | 75.8%      | 76.9%       | 76.6%           | No statistical variation         |
| PCA* rate (number of PCAs).  | 22.5% (48) | 7.6%        | 12.3%           | 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                            | 60.9%      | 90.1%       | 89.4%           | Significant Variation (negative) |



|   |          |      |       |     |
|---|----------|------|-------|-----|
| the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small> |          |      |       |     |
| PCA rate (number of PCAs).  | 7.2% (5) | 9.4% | 12.7% | N/A |

\*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

| Long-term conditions   | Practice  | CCG average | England average | England comparison       |
|--|-----------|-------------|-----------------|--------------------------|
| The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>                 | 76.9%     | 83.5%       | 82.0%           | No statistical variation |
| PCA* rate (number of PCAs).  | 1.9% (1)  | 4.2%        | 5.2%            | N/A                      |
| The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>                        | 68.7%     | 66.7%       | 66.9%           | No statistical variation |
| PCA rate (number of PCAs).   | 4.8% (9)  | 12.9%       | 15.3%           | N/A                      |
| The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>                           | 73.0%     | 73.8%       | 72.4%           | No statistical variation |
| PCA rate (number of PCAs).   | 4.8% (20) | 6.3%        | 7.1%            | 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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>             | 97.0%     | 90.5%       | 91.8%           | No statistical variation |
| PCA rate (number of PCAs).   | 5.7% (2)  | 5.6%        | 4.9%            | N/A                      |
| The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small> | 72.7%     | 76.4%       | 75.9%           | No statistical variation |
| PCA rate (number of PCAs).   | 8.5% (16) | 8.6%        | 10.4%           | N/A                      |

\*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

### Any additional evidence or comments

Personalised Care Adjustments (PCAs) allow practices to remove a patient from the indicator for limited, or specified reasons. For the indicator relating to asthma the practice had PCA rate of 23% this was higher than the local average of 8% and national average of 12%. We reviewed a large sample of patient records and were satisfied the PCA was applied appropriately and in line with national guidance.

## Families, children and young people

## Population group rating: Requires Improvement

### Findings

- The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for five of five childhood immunisation uptake indicators. The practice was aware of this and explained they had a transient population and some patients refused for cultural reasons. The practice had an appropriate re-call system in place which included three attempts to contact patients. We also saw evidence clinicians contacted parents to educate and advise them to attend with their children.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

| Child Immunisation   | Numerator | Denominator | Practice % | Comparison to WHO target of 95% |
|--|-----------|-------------|------------|---------------------------------|
| The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England) | 16        | 20          | 80.0%      | Below 90% minimum               |
| The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)  | 14        | 21          | 66.7%      | Below 80% uptake                |
| The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)  | 17        | 21          | 81.0%      | Below 90% minimum               |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)   | 17        | 21          | 81.0%      | Below 90% minimum               |

|   |    |    |       |                  |
|---|----|----|-------|------------------|
| The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England) | 11 | 19 | 57.9% | Below 80% uptake |
|---|----|----|-------|------------------|

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

## Working age people (including those recently retired and students)

## Population group rating: Requires Improvement

### Findings

- The practice had not met the 80% national uptake target for cervical screening. The practice informed us it had experienced cultural barriers with some population groups who expressed reluctance to engage with the cervical screening programme. In addition, the practice told us many patients were reluctant to attend the practice due to the on-going pandemic. The practice told us that it would provide patients with educational advice on the importance of cervical screening. We saw the practice ran regular reports to identify patients who were due for cervical screening tests. These patients would be called by the practice inviting them for a cervical screening test; if the patient did not respond they would be given a further telephone call and were sent reminder letters.
- 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 medicines 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). (Snapshot date: 31/03/2021) (Public Health England) | 51.2%    | N/A         | 80% Target      | Below 70% uptake   |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)   | 53.3%    | 62.1%       | 70.1%           | N/A                |
| Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)  | 48.2%    | 51.4%       | 63.8%           | N/A                |
| The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as  | 33.3%    | 93.5%       | 92.7%           | N/A                |

|   |       |       |       |                          |
|---|-------|-------|-------|--------------------------|
| occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)   |       |       |       |                          |
| Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE) | 58.3% | 57.6% | 54.2% | No statistical variation |

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account 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.

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

**Population group rating: Requires Improvement**

**Findings**

- The practice's QOF performance for the indicator relating to dementia care plans (see above) was below the local and national averages. The practice was aware of this issue and explained this was an historical issue inherited from the previous provider. The practice explained engaging with this cohort of patients has been difficult. They told us there was an action plan in place which required a lead GP to run regular reports to identify patients with dementia who required a care plan review, the GP would then invite the patient for a consultation.
- As explained in the safe section the practice had a higher than average prescribing rate for hypnotic and psychotropics medicines, these are medicines prescribed to patients experiencing poor mental health.
- 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 medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

| Mental Health Indicators  | Practice  | CCG average | England average | England comparison               |
|---|-----------|-------------|-----------------|----------------------------------|
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small> | 71.7%     | 85.3%       | 85.4%           | No statistical variation         |
| PCA* rate (number of PCAs).   | 13.2% (7) | 10.0%       | 16.6%           | 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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>  | 38.9%     | 82.6%       | 81.4%           | Significant Variation (negative) |
| PCA rate (number of PCAs).  | 10.0% (2) | 5.6%        | 8.0%            | N/A                              |

\*PCA: Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.

## 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 | England average |
|--|----------|-----------------|
| Overall QOF score (out of maximum 559)         | 440.6    | 533.9           |
| Overall QOF score (as a percentage of maximum) | 78.8%    | 95.5%           |
| Overall QOF PCA reporting (all domains)        | 9%       | 5.9%            |

|  | Y/N/Partial |
|--|-------------|
| Clinicians took part in national and local quality improvement initiatives.  | Y           |
| The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements. | Y           |
| The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.                               | Y           |

Example of improvement demonstrated because of clinical audit or other improvement activity in past two years

### **Hormone Replacement Therapy**

- A national study evidenced that oral (tablet) form of HRT was associated with a small increased risk of deep vein thrombosis and pulmonary embolus (venous thromboembolism, VTE), while transdermal HRT (patch or gel) is not thought to be associated.
- The practice therefore carried out an audit to ascertain how many patients were on tablet HRT, with the view of carrying out a consultation and advising them to switch to patch or gel form of HRT.
- A search was carried out which identified only 21% of patients were on oral HRT. Over the next two months the practice carried out consultations with this cohort of patients advising them to switch to gel or patch HRT.
- A re-audit showed that 54% of if patients were now on gel or patch HRT, this was a 33% improvement from the first cycle.

### **Effective staffing**

**The practice was able to demonstrate 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.   | Y           |
| The practice had a programme of learning and development.  | Y           |
| Staff had protected time for learning and development.   | Y           |
| There was an induction programme for new staff.  | Y           |
| 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. | Y           |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.         | Y           |
| There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.  | Y           |

### **Coordinating care and treatment**

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

| Indicator   | Y/N/Partial |
|---|-------------|
| Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. | Y           |

|  |   |
|--|---|
| Patients received consistent, coordinated, person-centred care when they moved between services. | Y |
|--|---|

### 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. | Y           |
| Staff encouraged and supported patients to be involved in monitoring and managing their own health.   | Y           |
| Patients had access to appropriate health assessments and checks.   | Y           |
| Staff discussed changes to care or treatment with patients and their carers as necessary.   | Y           |
| The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.  | Y           |

### 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. | Y           |
| Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.       | Y           |
| Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.                   | Y           |

## 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.                      | Y           |
| Staff displayed understanding and a non-judgemental attitude towards patients.                                      | Y           |
| Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition. | Y           |

| Source                      | Feedback   |
|-----------------------------|--|
| Patient telephone interview | We spoke with a patient and member of the patient participation over the telephone and they all told us they had always been treated with the highest level of kindness, respect and compassion. |

### National GP Survey results

| 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 (01/01/2021 to 31/03/2021)                   | 92.3%    | 87.7%       | 89.4%           | 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 (01/01/2021 to 31/03/2021) | 87.6%    | 86.0%       | 88.4%           | 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 (01/01/2021 to 31/03/2021)                              | 96.4%    | 94.2%       | 95.6%           | No statistical variation |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)   | 82.3%    | 80.9%       | 83.0%           | No statistical variation |



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

### 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. | Y           |
| Staff helped patients and their carers find further information and access community and advocacy services.                         | Y           |
| Explanation of any answers and additional evidence:<br>Easy read and pictorial materials were available on request.                 |             |

| Source                    | Feedback  |
|---------------------------|---|
| Interviews with patients. | Patients told us they felt supported and were involved in decisions about 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 (01/01/2021 to 31/03/2021) | 91.9%    | 90.4%       | 92.9%           | No statistical variation |

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

| Carers  | Narrative  |
|---|--|
| Percentage and number of carers identified.                 | 63 carers on the register which is 1% of the patient population.   |
| How the practice supported carers (including young carers). | The practice had a system that formally identified patients who were carers and written information was available for them signposting them to the various avenues of support. For example, a local carers organisation.<br><br>Patients who were carers were offered annual health checks and influenza vaccinations. |
| How the practice supported recently bereaved patients.      | The practice told us they would contact recently bereaved patients and offered them an appointment with a GP.  |

### Privacy and dignity

#### The practice respected / did not always respect patients' privacy and dignity.

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

## 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. | Y           |
| The importance of flexibility, informed choice and continuity of care was reflected in the services provided.    | Y           |
| The facilities and premises were appropriate for the services being delivered.                                   | Y           |
| The practice made reasonable adjustments when patients found it hard to access services.                         | Y           |
| There were arrangements in place for people who need translation services.                                       | Y           |
| The practice complied with the Accessible Information Standard.  | Y           |

| Practice Opening Times  |                           |
|-------------------------|---------------------------|
| Day                     | Time                      |
| Opening times:          |                           |
| Monday                  | 8am-6.30pm                |
| Tuesday                 | 8am-6.30pm                |
| Wednesday               | 8am-8pm                   |
| Thursday                | 8am-6.30pm                |
| Friday                  | 8am-6.30pm                |
| Appointments available: |                           |
| Monday                  | 9am-1pm and 2.30pm-6.30pm |
| Tuesday                 | 9am-1pm and 2.30pm-6.30pm |
| Wednesday               | 9am-1pm and 2.30pm-8pm    |
| Thursday                | 9am-1pm and 2.30pm-6.30pm |
| Friday                  | 9am-1pm and 2.30pm-6.30pm |

## Older people

## Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

## People with long-term conditions

## Population group rating: Good

### Findings

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

## Families, children and young people

## Population group rating: Good

### Findings

- Nurse appointments were available until 6pm for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

**Working age people (including those recently retired and students)**

**Population group rating: Good**

**Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on Wednesdays.
- Pre-bookable appointments were also available to all patients at local extended hours hubs commissioned by the local Clinical Commissioning Group. Appointments could be booked every weekday between 6.30pm and 8pm and every weekend 8am to 8pm.

**People whose circumstances make them vulnerable**

**Population group rating: add rating here**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people. The practice also referred patients to a local practice who specialised in registering homeless people.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

## Access to the service

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

National GP Survey results

|   | Y/N/Partial |
|---|-------------|
| There was information available for patients to support them to understand how to access services (including on websites and telephone messages). | Y           |
| Patients were able to make appointments in a way which met their needs.   | Y           |
| The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).                                 | Y           |
| There were systems in place to support patients who face communication barriers to access treatment.  | Y           |
| Patients with urgent needs had their care prioritised.  | Y           |
| The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.                     | Y           |

| 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 (01/01/2021 to 31/03/2021) | 85.5%    | N/A         | 67.6%           | No statistical variation |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)                             | 75.7%    | 71.4%       | 70.6%           | 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 (01/01/2021 to 31/03/2021)                    | 70.5%    | 68.2%       | 67.0%           | No statistical variation |
| The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)                             | 72.3%    | 78.4%       | 81.7%           | No statistical variation |

| Source                      | Feedback  |
|-----------------------------|---|
| Patient telephone interview | Patients told us the practice is accessible. They commented they could get an appointment with a doctor or an alternative clinician when they needed one, |

|  |  |
|--|--|
|  | usually on the same day or a few days after.<br>They were positive about the remote consultations. Patients said where necessary the doctor would also see them at 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.                                    | 16 |
| Number of complaints we examined.  | 4  |
| Number of complaints we examined that were satisfactorily handled in a timely way. | 4  |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman.   | 0  |

|   | Y/N/Partial |
|---|-------------|
| Information about how to complain was readily available.                      | Y           |
| There was evidence that complaints were used to drive continuous improvement. | Y           |

Example(s) of learning from complaints.

| Complaint   | Specific action taken  |
|---|--|
| Patient called and asked for an appointment. They were told an appointment was booked for the same day. However, patient received confirmation text stating an appointment was booked for a date which 7 days later | Practice apologised to the patient for the misunderstanding. Process put in place requiring staff to repeat appointment time and date to patient prior to ending call. |
| Patient complained receptionist was rude.   | Receptionist apologised to patient and the management provided receptionist with customer relations training.  |

## Well-led

Rating: Good

### 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. | Y           |
| They had identified the actions necessary to address these challenges.                  | Y           |
| Staff reported that leaders were visible and approachable.                              | Y           |
| There was a leadership development programme, including a succession plan.              | Y           |

### 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.              | Y           |
| There was a realistic strategy to achieve their priorities.   | Y           |
| The vision, values and strategy were developed in collaboration with staff, patients and external partners. | Y           |
| Staff knew and understood the vision, values and strategy and their role in achieving them.                 | Y           |
| Progress against delivery of the strategy was monitored.  | Y           |



## 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.                           | Y           |
| Staff reported that they felt able to raise concerns without fear of retribution.                                     | Y           |
| There was a strong emphasis on the safety and well-being of staff.  | Y           |
| There were systems to ensure compliance with the requirements of the duty of candour.                                 | Y           |
| When people were affected by things that went wrong, they were given an apology and informed of any resulting action. | Y           |
| The practice encouraged candour, openness and honesty.  | Y           |
| The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.   | Y           |
| The practice had access to a Freedom to Speak Up Guardian.  | Y           |
| Staff had undertaken equality and diversity training.   | Y           |

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

| Source           | Feedback   |
|------------------|--|
| Staff interviews | We spoke with several members of staff during the inspection. All stated they felt well supported and that they had access to the equipment, tools and training necessary to enable them to perform their roles well. We were told staff were given protected time to enable them to undertake training and carry out non-clinical duties. Staff reported there were good, effective working relationships between managers and staff and clinical and non-clinical staff. Staff told us if they had any concerns they would raise them with management, with the confidence their concerns would be taken seriously and acted upon. |

## 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. | Y           |

|  |   |
|--|---|
| Staff were clear about their roles and responsibilities.           | Y |
| There were appropriate governance arrangements with third parties. | Y |

### 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.                   | Y           |
| There were processes to manage performance.  | Y           |
| There was a quality improvement programme in place.  | Y           |
| There were effective arrangements for identifying, managing and mitigating risks.                        | Y           |
| A major incident plan was in place.  | Y           |
| Staff were trained in preparation for major incidents.   | Y           |
| When considering service developments or changes, the impact on quality and sustainability was assessed. | Y           |

#### The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic.

|   | Y/N/Partial |
|---|-------------|
| The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.                     | Y           |
| The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access. | Y           |
| There were systems in place to identify and manage patients who needed a face-to-face appointment.                          | Y           |
| The practice actively monitored the quality of access and made improvements in response to findings.                        | Y           |
| There were recovery plans in place to manage backlogs of activity and delays to treatment.                                  | Y           |
| Changes had been made to infection control arrangements to protect staff and patients using the service.                    | Y           |
| Staff were supported to work remotely where applicable.   | Y           |

## 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.  | Y           |
| Performance information was used to hold staff and management to account.                          | Y           |
| There were effective arrangements for identifying, managing and mitigating risks.                  | Y           |
| Staff whose responsibilities included making statutory notifications understood what this entails. | Y           |

## 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.   | Y           |
| The provider was registered as a data controller with the Information Commissioner's Office.  | Y           |
| Patient records were held in line with guidance and requirements.   | Y           |
| Patients were informed and consent obtained if interactions were recorded.  | Y           |
| The practice ensured patients were informed how their records were stored and managed.  | Y           |
| Patients were made aware of the information sharing protocol before online services were delivered.   | Y           |
| The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.  | Y           |
| Online consultations took place in appropriate environments to ensure confidentiality.  | Y           |
| The practice advised patients on how to protect their online information.   | Y           |
| Explanation of any answers and additional evidence:<br><br>The practice had a suite of practice specific policies including, child and adult safeguarding, infection and prevention control and significant events. There was a system for these to be regularly reviewed by the management team. |             |

## 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.   | Y           |
| The practice had an active Patient Participation Group.  | Y           |
| Staff views were reflected in the planning and delivery of services.   | Y           |
| The practice worked with stakeholders to build a shared view of challenges and of the needs of the population. | Y           |

Feedback from Patient Participation Group.

|   |
|---|
| The practice had a Patient Participation Group (PPG) and we spoke with a member of the PPG. We were the PPG would have regular meetings with the practice and they would discuss how to improve the practice and its performance, complaints, national and internal survey results. |
|---|

## Continuous improvement and innovation

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

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

## Examples of continuous learning and improvement

We saw an improvement plan for QOF indicators relating to COPD and Dementia. Clinicians ran specific reports and clinics to ensure patients diagnosed with these conditions were being called into the practice to have their long-term condition reviewed.

The practice with the assistance of the PPG have created a recent questionnaire regarding patient experiences and preferences on the different types of appointments available. The aim of the questionnaire is to understand what types of appointments patients prefer with the view of providing more of those appointments.

## 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)     | $\leq -3$              |
| Variation (positive)                 | $> -3$ and $\leq -2$   |
| Tending towards variation (positive) | $> -2$ and $\leq -1.5$ |
| No statistical variation             | $< 1.5$ and $> -1.5$   |
| Tending towards variation (negative) | $\geq 1.5$ and $< 2$   |
| Variation (negative)                 | $\geq 2$ and $< 3$     |
| Significant variation (negative)     | $\geq 3$               |

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.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
- 
- $\text{‰}$  = per thousand.