

Care Quality Commission

Inspection Evidence Table

Archway NHS Medical Centre (1-547846390)

Inspection site visit date: 19 July 2023

Date of data download: 14/07/2023

Overall rating: Good

Safe

Rating: Good

People were protected from avoidable harm and abuse.

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.	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
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
Explanation of any answers and additional evidence: The practice had up to date governance policies and systems relating to adult and child safeguarding; there were named leads and identified admin support staff. There was suitable guidance for raising safeguarding concerns relating to out of area patients.	

We saw evidence of safeguarding cases being reviewed at clinical meetings, with information being shared appropriately within the practice (directly and saved on the shared records and management system) and with outside responsible agencies. Patients identified and coded as being at higher risk were routinely contacted in “reach out calls”.

Staff demonstrated the use of the service app, which interfaced directly with the standard NHS clinical records system. We saw both had appropriate alerting mechanisms, highlighting to system users if there were ongoing safeguarding concerns.

Staff had received chaperone training. There were posters in waiting areas and clinical rooms advertising that chaperones were available on request.

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

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	April 2023
There was a fire procedure.	Y
Date of fire risk assessment:	April 2023
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a current health and safety policy and maintained records of staff receiving relevant training.</p> <p>There was provision for up to seven members of the administrative staff to work at rented premises nearby. The fire risk assessment for that office was carried out in September 2022. The fire alarm and firefighting equipment at both the service location and the admin office had been inspected and certified in October 2022.</p> <p>We saw a record of fire drills being conducted.</p> <p>The electrical installations were inspected and certified as satisfactory in September 2022.</p> <p>PAT testing of portable electrical appliances had been carried out in January 2023.</p> <p>Medical devices had been tested and calibrated in September 2022.</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.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	June 2023
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: A specific legionella and water hygiene risk assessment had been carried out in February 2023.	

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
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: The were effective processes to ensure staff availability to cover absences and busy times, including sharing staff with other practices within the primary care network for winter clinics, etc. The practice used a commercial HR management system and the service system provided real time monitoring and flexibility to set up short sessions for duty clinicians at times of high demand. The monitoring data was reviewed at fortnightly management meetings to assess service delivery to identify if remedial action was needed. We saw the practice had up to date governance policies on medical emergencies and anaphylaxis. Staff had up to date training in basic life support and resuscitation and sepsis awareness.	

The practice had carried out a risk assessment relating to the emergency drugs it stocked. We saw records confirming emergency drugs and equipment (oxygen and defibrillator) were monitored.

We received feedback from 10 members of staff which was generally positive, although three thought more administrative staff were needed. Managers confirmed there was an ongoing programme of recruitment.

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.	N/a
<p>Explanation of any answers and additional evidence:</p> <p>The practice had detailed governance policies on records management, clinical coding, note summarisation and data input, and reviewing and acting on correspondence, reports and results. These were stored and accessible on the shared record and management system. All staff had completed information governance training.</p> <p>Records of consultations carried out using the service app were automatically included on the patient's NHS clinical record. Managers conducted a weekly audit of 20 randomly chosen records to ensure all necessary information was recorded, for example: patient questionnaire (for new patients); the clinicians management plan; codes; and, where appropriate, any documents and images.</p> <p>All new patients seeking to register were asked to complete a clinical questionnaire so the practice could identify out of area patients with complex healthcare needs for whom remote care was not suitable. In such cases, registration was declined.</p> <p>All newly registered out of area patients using the service app were invited for a health check during which their questionnaire was reviewed by a clinician and entered on the clinical record with relevant codes. New patients presenting in person at the practice completed a paper clinical questionnaire and were offered a face to face appointment to identify and review their healthcare needs.</p> <p>As part of the inspection process, we carried out a number of remote searches of patients' clinical records. These included reviews of both local and out of area patients. These demonstrated that patients' care was adequately documented, including evidence of patients' medical histories, examination, management plans,</p>	

safety netting, review of test results and follow ups. All test results were reviewed by clinical staff. We looked at the incoming test results and saw none were overdue actioning.

Clinicians conducted peer reviews and provided suitable clinical supervision in accordance with up to date governance policies.

The practice had current high level certification in relation to the data security of the service app.

Appropriate and safe use of medicines

The practice had systems 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)	0.34	0.61	0.86	Significant variation (positive)
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)	9.1%	9.2%	8.1%	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 (01/07/2022 to 31/12/2022) (NHSBSA)	5.52	5.57	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	32.1‰	60.9‰	130.3‰	Significant variation (positive)
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)	0.78	0.55	0.56	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	3.0‰	5.8‰	6.8‰	Variation (positive)

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.	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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective 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 and Improvement 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.	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.	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 UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>We carried out a range of remotes searches of patients' records regarding prescribing and monitoring in relation high risk drugs. We reviewed a couple of issues with staff for clarification. The practice was able to evidence that appropriate care was being provided. We saw that there were effective systems in place to keep patients safe.</p> <p>When new patients registered with the service, their previous medication regimes on their transferred records were reviewed by the practice pharmacy team to ensure it was appropriate.</p> <p>No controlled drugs were kept at the location.</p>	

Track record on safety and lessons learned and improvements made.

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	31
Number of events that required action:	28
Explanation of any answers and additional evidence: The practice had an up to date policy relating to incident reporting. It maintained a log of significant and learning events, with analyses and actions recorded. We saw evidence these were routinely reviewed at clinical meetings, with learning points recorded and shared. In addition, a specific meeting to review events was conducted regularly. Meeting minutes were disseminated on the practice's shared records and management system. We saw 28 of the events had identified learning points, which were distributed to staff.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Medical note summarising error.	Additional training provided to note summarising team and additional resources allocated to the team to cope with the increase in activity.
Management plans for out of area patients not uploaded to service app.	The training module for clinicians updated to better emphasize that management plans for patients need to be submitted even for failed consultations.

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
Explanation of any answers and additional evidence: The practice had a written governance procedure for processing safety alerts, which included a named lead with responsibility for disseminating and actioning alerts appropriately. The practice used the Central Alerting System (CAS) operated by the Medicines and Healthcare products Regulatory Agency (MHRA) and a process	

in the practice's record and management system. Incoming national alerts together with any local alerts issued by the Integrated Care System were checked for relevance and shared with staff, who were required to acknowledge receipt. Records searches were conducted to identify any affected patients, who were contacted with appropriate guidance and information. We were shown two examples relating to advice on pregabalin (a medicine used to treat epilepsy and to help with pain or anxiety) and a recall of products containing pholcodine (a cough suppressant and mild sedative).

During our remote records searches, we looked at examples for alerts relating sodium valproate and pregabalin, medicines primarily used to treat epilepsy, and found that relevant patients had been provided with appropriate counselling, information and guidance.

Effective

Rating: Good

People have good outcomes because they receive effective care and treatment that meets their needs.

Quality and Outcomes Framework (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 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.	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
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had an up to date governance policy regarding implementing and complying good practice guidance, such as that issued by the National Institute for Health and Care Excellence (NICE). NICE guidance was received and processed centrally, and we saw evidence of it being disseminated and saved in the practice's records and management system library. We saw examples being discussed and reviewed at clinical meetings, for example in relation to chronic fatigue syndrome and diabetes and Semaglutide for weight management. In addition, clinicians had access to various other sources of good practice guidance, such as the local Integrated Care Board and organisations providing specialist advice on matters such as sexual health, family planning and diabetes.</p> <p>We were shown evidence of clinical peer reviews being conducted with learning points discussed in supervision meetings and shared with other relevant staff.</p>	

Our remote searches of healthcare records included reviewing a sample of patients prescribed Short-Acting Beta Agonists (SABA) inhalers, used short term in the management of asthma and chronic obstructive pulmonary disease. We identified two patients with apparently poorly controlled symptoms. The practice immediately reviewed the cases and demonstrated suitable care was being provided.

Effective care for the practice population

Findings

- The practice used a clinical tool to stratify frailty in older patients who were living with moderate or severe frailty. Those identified along with were referred to the PCNs community home visiting matron service for a full assessment of their physical, mental and social needs.
- The practice's social prescriber made calls to patients discharged from hospital, and those with new cancer diagnosis to assess their overall wellbeing and liaise with appropriate professionals and social services.
- The practice carried out structured annual medicines reviews for older patients living in care homes; older patients in the community were referred to the PCN's clinical pharmacist for an annual review.
- The practice offered urgent same day appointments and longer appointments to patients with learning disabilities and those experiencing poor mental health. All patients with a learning disability had an annual health check.
- The practice had engaged an experienced mental health pharmacist.
- Patients at risk of dementia were identified opportunistically and offered an assessment to detect possible signs of dementia. Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice registered homeless people both in person and by the service app., using the practice address. It regularly monitored the number of homeless patients registered and effectively liaised with local support organisations.

During our site visit, we conducted an additional detailed records review of 75 randomly chosen out of area patients. We found no evidence to indicate they received inappropriate or unsafe care.

Management of people with long term conditions

Findings

During our remote records searches, we identified two cases of potentially missed diagnosis of diabetes. The practice reviewed the cases immediately and demonstrated both patients were receiving appropriate care.

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For those with the most complex needs, the GP worked with other healthcare professionals to deliver a coordinated package of care. This could be conducted with out of area patients using the service app. and it was found to increase uptake.
- Patients on an LTC register were invited in at least twice for their annual reviews, involving a GP, nurse and pharmacists.
- The practice offered a GP review to patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

- Unplanned hospital admissions were reviewed at clinical meetings.
- Patients with suspected COPD were referred to the PCN spirometry service. When appropriate, patients with COPD were offered rescue packs.
- Patients with suspected hypertension were encouraged to self-monitor and keep a BP chart for review by a clinician. When appropriate they were offered ambulatory blood pressure monitoring.
- The practice had arrangements in place for out of area patients to access retinal screening at locations convenient to them.
- The practice had arrangements in place for out of area patients to access retinal screening at various locations within the North Central London Integrated Care System area (covering the London Boroughs of Islington, Camden, Haringey, Enfield and Barnet). The practice informed potential new patients wishing to register that retinal screening could be booked at those locations, if suitable, and provided the patients with appropriate support to access the screening.

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) ((ie three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	24	28	85.7%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	29	39	74.4%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	28	39	71.8%	Below 80% uptake
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)	28	39	71.8%	Below 80% uptake
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)	26	43	60.5%	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>

Any additional evidence or comments

The cohorts of children eligible for immunisations (all of whom were within area) were small and the figures in the table above were easily affected by a few non-attenders.

It is recognised that patients in more deprived areas, such as that in which the practice operates, are less likely to engage with immunisation programmes. This is possibly due to cultural reasons. The practice actively engaged in outreach projects to highlight the benefits of immunisation and encourage uptake.

Staff told us there were several patients from abroad who refused immunisations or who had different immunisation schedules to those provided in England. When parents were reluctant to have their children immunised, a nurse was tasked to discuss with them the importance of immunisations and health visitors would follow up. A final measure involved one of the GP partners phoning the parents. A member of the administrative staff was tasked weekly to call and recall in relation to immunisations of babies. The practice should continue with work to increase the uptake of immunisations.

The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care.

Patients had direct access to the practice's sexual health specialist nurse, offering specialist family planning to younger patients. It also signposted younger patients between 13 and 20 to a local sexual health clinic for free confidential advice, information and support.

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)	37.9%	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)	47.1%	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). (1/10/2022 to 31/12/2022) (UKHSA)	42.2%	N/A	80.0%	Below 70% uptake
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)	45.5%	55.6%	54.9%	No statistical variation

Any additional evidence or comments

It is recognised that patients in more deprived areas, such as that in which the practice operates, are less likely to engage in screening programmes. Again, this is possibly due to cultural reasons. It is also known that cervical screening take-up rates are low across London as a whole. The practice was aware of the low rates and had undertaken outreach initiatives to provide health education and increase uptake. It had also offered patients

vouchers to cover travelling costs for screening appointments and participated in a local scheme to provide patients with home testing kits.

We saw the results of an ongoing clinical audit relating to cervical screening for the period 1st April 2022 to 31st March 2023. The data showed a total of 1,017 tests had been carried out, of which 555 (54%) had been for out of area patients. The practice had drawn up a four-point action plan to improve overall uptake rates:

- Offering out of hours clinics to accommodate women who live outside the practice area.
- Offer opportunistic screening to women who attend face to face appointments at the practice.
- Increase practice nurse availability for screening appointments in 2023/24.
- Ensure robust call / recall system, by dedicating a member of the administrative staff to work two days a week on screening invitations.

The practice had commenced operating Saturday cervical screening clinics twice a month, following a trial of weekday evening clinics, which it found to be less effective.

In order to provide tests to 5,527 out of area patients, who represent 66% of those eligible for cervical screening, the practice has engaged with a number of community pharmacies to provide satellite screening clinics nearer the patients' homes. The response from the pharmacies was positive, but the proposal is yet to be given approval by service commissioners.

The practice should continue to identify suitable means and work to increase the uptake of cervical screening services.

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.	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
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>We were shown evidence of 11 clinical audits carried out over the past 12 months, including three ongoing multi-cycle audits.</p> <p>There was an ongoing multi-cycle audit relating to Hepatology (the branch of medicine concerned with the study, prevention, diagnosis, and management of diseases that affect the liver, gallbladder, biliary tree, and pancreas). It identified the need for a clinical education session and plans to improve the monitoring and referral of patients at risk of fibrosis and cirrhosis of the liver.</p>	

Any additional evidence or comments

The practice had commenced a teledermatology service, allowing patients a prompt diagnosis of both skin lesions and rashes.

It had developed a real time Quality and Outcomes Framework (QOF) dashboard that allowed weekly monitoring of QOF progress detailing performance achievement and helping to identify areas where improvement might be needed.

The practice participated in PCN network activity and shared learning relating to local drug dependency issues.

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.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice monitored the performance of clinicians, using a variety of indicators including personal ratings left by patients using the service app. In addition, the monitoring included reviews of the following:</p> <ul style="list-style-type: none"> • Complaints. • Referrals management. • Handling of results. • Clear medical record recording. • Documenting clear red flag advice given. • Prescribing, where appropriate. • Concerns raised during peer reviews. 	

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.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: The was evidence that the practice effectively engaged with other services in relation to patient care. This included co-ordinating care for out of area patients with their local service providers. We saw that the practice had successfully engaged with a mental health service provider over its initial refusal to accept a patient's self-referral. This was due to the service provider being unaware of rule changes regarding patients' freedom of choice in relation to accessing mental health care.	

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
Explanation of any answers and additional evidence:	

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 Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence</p> <p>During our inspection visit, we reviewed the notes of five patients for whom a DNACPR decision had been recorded. We saw these were made in line with relevant legislation, were appropriate and where possible the patients views had been sought and respected and that information had been shared with relevant agencies.</p>	

Caring

Rating: Good

People are supported, treated with dignity and respect and are involved as partners in their care.

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
Explanation of any answers and additional evidence:	

Patient feedback	
Source	Feedback
Direct patient feedback via CQC website.	[Named clinician] was very kind and understanding
Direct patient feedback via CQC website.	[Named clinician] showed great care and understanding of the issues
Direct patient feedback via CQC website.	Administration staff are quick to respond and helpful.
Direct patient feedback via CQC website.	Receptionists were lovely and helpful.

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 (01/01/2023 to 01/04/2023)	80.1%	83.6%	85.0%	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 (01/01/2023 to 01/04/2023)	75.7%	81.5%	83.8%	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 (01/01/2023 to 01/04/2023)	84.8%	91.9%	93.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 01/04/2023)	62.5%	68.9%	71.3%	No statistical variation

Any additional evidence or comments

The GP Patient Survey website states the data above was based on responses received from 99 patients.

Although we did not speak with patients directly, we sought feedback via our website as part of the inspection process. We received comments from 32 patients, which was consistently very positive regarding their experience of the service.

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

Any additional evidence

Patient feedback was requested after each consultation using the service app. Any issues were discussed with clinicians at supervision meetings and where appropriate shared with the wider clinical team.

We saw data showing over 2,500 responses had been received by this means, with an average rating of 4.7 out of five.

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
<p>Explanation of any answers and additional evidence:</p> <p>Leaflets were available to patients and carers in the waiting areas and there was information on healthcare issues and guidance for carers on the practice website. This included links to various facilities including lifestyle support and social services.</p> <p>The practice had a range of easy read and pictorial materials on the shared records and management system.</p>	

The practice provided services to a local care home, attending monthly multidisciplinary team meetings. Prior to each meeting, the residents' families were contacted to allow them to be involved in the decisions about patient care.

Source	Feedback
Direct patient feedback via CQC website.	I felt listened to and the care plan I have in place now is effective and sustainable.
Direct patient feedback via CQC website.	I have been with the practice for many years, and I am so very grateful to all the staff and doctors for always treating me with professionalism and kindness, listening to my problems, acting fast, and never rushing me out the door.
Direct patient feedback via CQC website.	The doctors who have treated my parents always put them at ease and took time to ensure they were comfortable in discussing their health issues. It is a wonderful practice.

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 (01/01/2023 to 01/04/2023)	86.4%	88.5%	90.3%	No statistical variation

Any additional evidence or comments

Patients registered to use the service app had full access to their clinical records.

After every remote consultation using the service app, the patients were sent a written management plan, including safety netting advice.

Source	Feedback
Direct patient feedback via CQC website.	An on-going health concern I have was dealt with compassionately and efficiently. I felt listened to and the care plan I have in place now is effective and sustainable.
Direct patient feedback via CQC website.	[Named clinician] called exactly on time and very thoroughly reviewed my symptoms, making lots of useful suggestions and immediately responding with a carefully curated treatment plan. Excellent service.

	Y/N/Partial
Interpreting 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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to LanguageLine to assist patients for whom English is an additional language, and the Sign Language Interpreting Service operated by the local authority. The interpreting service could provide help in phone calls and during online consultations.</p> <p>We saw the practice had a wide range of easy read materials for patients, covering issues such as asthma, blood pressure, cervical smear screening and sepsis. These were available to staff on the shared drive.</p> <p>The service app. integrated with a commercially available accessibility tool which will translate, read aloud, or convert words to pictures to provide easy read information. Information about support groups was also available for patients using the service app.</p>	

Carers	Narrative
Percentage and number of carers identified.	<p>230 carers identified, amounting to 0.94% of the patient list of approximately 24,900. Ho</p> <p>We reviewed the patient list demographics of the practice, which had changed since the introduction of the service app, with patients registering from out of area. These were predominantly people of student or working age (84%) and there were fewer disabled patients than might be expected with a more conventional service. A direct comparison with services which only register in area patients is not appropriate.</p>
How the practice supported carers (including young carers).	<p>The practice had conducted outreach campaigns sending SMS texts to patients, encouraging those with caring responsibilities to contact the patient support team to register to receive suitable support. This message was repeated on the practice website.</p> <p>The practice told us the outreach campaigns to identify patients with caring responsibilities had shown there to be fewer such patients registered.</p> <p>A range of information and guidance was available on the practice website.</p>
How the practice supported recently bereaved patients.	<p>The practice had engaged with Age UK to establish the most appropriate means to support bereaved patients.</p> <p>Patients were contacted and offered a referral to a specialised bereavement service.</p>

	The practice's social prescriber was available to provide appropriate guidance and assistance.
--	--

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.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: Single use modesty covers were offered to patients during examinations.	

Responsive

Rating: Good

People’s needs are met through the ways services are organised and delivered.

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
Explanation of any answers and additional evidence: The practice operated from premises which had originally been a residential property. This had been remodelled frequently to better suit the needs of the practice. Most recently, some administrative staff had been temporarily relocated to a rented business unit allowing their offices to be converted for clinical purpose. There were five clinical rooms in use at the location. There were ongoing discussions with local care commissioners for the practice to relocate to suitable nearby premises. We were told before we completed the inspection that the landlord of the premises in question had agreed to some administrative staff moving.	

Practice Operating Times	
Practice location	
Monday	8:00 am – 6:30 pm
Tuesday	8:00 am – 6:30 pm
Wednesday	8:00 am – 6:30 pm

Thursday	8:00 am – 6:30 pm
Friday	8:00 am – 6:30 pm
Online service, including phone / video consultations and contacting service administration.	
Monday	7:00 am – 11:00 pm
Tuesday	7:00 am – 11:00 pm
Wednesday	7:00 am – 11:00 pm
Thursday	7:00 am – 11:00 pm
Friday	7:00 am – 11:00 pm
Saturday	7:00 am – 11:00 pm
Sunday	7:00 am – 11:00 pm

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

The patient list had increased significantly since our last inspection in 2018. At the time of our inspection, present, 24,869 patients were registered, of whom 17,906 lived outside the local area notionally covered by the practice. This was in accordance with changes made by NHS care commissioners, allowing practices to register patients outside their areas. <https://www.nhs.uk/nhs-services/gps/registering-with-a-gp-outside-your-area/>

The practice told us many of the newly registered patients found accessing the service remotely using the app. particularly convenient. The feedback we received confirmed this. In usual circumstances, the practice would limit new patients to those living within a ten-mile radius or 40 minutes public transport travelling time of the surgery in Islington. However, some patients lived further away. The practice told us that although these patients have a residential address out of area, they predominantly spend most of their time in London for work or study. Data showed 22,551 patients were using the service app. The online service was of particular benefit to students and working age people, who make up 84% of the patient list, and younger people, who move address frequently and can remain registered with the practice.

The practice had adapted its services to meet patients' needs. Face to face appointments were available at the service location from Monday to Friday. Patients registered using the service app. could request online, telephone, video appointments throughout the week, including at weekends. Using the app, patients could request face to face appointment at the service location from Monday to Friday. The app. allowed patients to specify the type of clinician, choose their gender and age and pick an appointment time which was most convenient to them. Patients were offered a choice of laboratory, imaging facility, or hospital when tests or a specialist opinion were needed. The app. could be used to request repeat prescriptions and enabled patients access to their healthcare records.

Patients registered using the service app. could also book appointments with a number of partner pharmacies in relation to minor illnesses. All treatment plans proposed by the pharmacists were reviewed by a practice GP.

- All patients had a named GP and continuity of care was offered and available to patients using the service app. to book appointments.
- People in vulnerable circumstances, including homeless people, were easily able to register with the practice. The practice was working with local support organisations to provide healthcare to this patient group.
- The practice and PCN appointed a social prescriber link worker to assist in providing care and advice to socially isolated patients.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The service app. registration process allowed patients to record their communication and accessibility needs.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- 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 had a practitioner and nurse who specialised in mental health.
- The practice had introduced weekend cervical screening clinics twice a month. It was seeking approval from healthcare commissioners to operate satellite screening clinics at community pharmacies more convenient for out of area patients.

In early 2022, the practice implemented a process to assist with the influx of Ukrainian refugees to the UK. Members of staff met the refugees upon their arrival in London, distributing healthcare information it had

produced in Ukrainian. The practice provided emergency general medical services, including supplies of emergency medicines and support and assistance from its mental health team and social prescriber link worker. It assisted over 100 refugees, with many being safely passed on GP services in the locations where they eventually settled. The practice received very positive feedback over the support it had provided at this time.

Access to the service

People were 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.	Y
The practice offered a range of appointment types to suit different needs (e.g., face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had service monitoring data which indicated patients could access same day clinical appointments (whether face to face, telephone, or online) in 96% of cases, with next-day appointments available in all cases.</p> <p>Patients could book appointments up to two weeks in advance.</p>	

National GP Patient Survey results

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 (01/01/2023 to 01/04/2023)	47.0%	N/A	49.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 01/04/2023)	51.5%	53.5%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 01/04/2023)	50.2%	53.8%	52.8%	No statistical variation

The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 01/04/2023)	64.0%	68.3%	72.0%	No statistical variation
---	-------	-------	-------	--------------------------

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

Complaints		Y/N/Partial
Information about how to complain was readily available.		Y
There was evidence that complaints were used to drive continuous improvement.		Y
Number of complaints received in the last year.		25
Number of complaints we examined.		25
Number of complaints we examined that were satisfactorily handled in a timely way.		25
Number of complaints referred to the Parliamentary and Health Service Ombudsman.		0
Complaint	Specific action taken	
Aftercare following surgery at local hospital.	Patient referred to district nursing service.	
Ear syringing no longer offered by practice.	Service leaflet updated.	

Well-led

Rating: Good

The leadership, governance and culture promote the delivery of high quality person-centred care.

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
Explanation of any answers and additional evidence: The practice had adopted new working practices, including introducing a service app. to allow patients including those living out of area to quickly access healthcare to meet their needs. Staff members' feedback was generally positive regarding leadership at the practice, particularly relating to the support they received from their immediate line managers. However, some mentioned that support from senior leaders might be improved.	

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.	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
Explanation of any answers and additional evidence: Staff members' feedback was positive about the service provided and their involvement in its development.	

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 had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: We received feedback from 10 members of staff which was generally positive, although three mentioned more administrative staff were needed. Lack of space at the location was mentioned as an issue. Leaders were aware of this and were investigating alternative premises to move the service to. For example, before we completed our inspection, agreement was reached with the landlord of a nearby premises for more administrative staff to relocate. We were also told there was an ongoing programme of the recruitment in relation to the administrative team.	

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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: The practice had a range of governance policies and procedure notes, accessible to all staff on the shared computer system.	

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
Explanation of any answers and additional evidence: The practice closely monitored all aspects of service provision using standard performance data and additional metrics sources built into the service app. We saw evidence that performance was reviewed at regular meetings, where improvement opportunities were identified and discussed.	

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
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: Patient feedback was sought following each remote consultation and was used to monitor and assess clinicians' performance, as well as administrative aspects of the service.	

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
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence:	

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 (PPG).	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
Explanation of any answers and additional evidence:	
We saw evidence from PPG meeting minutes that the group was involved in discussions about how the service was provided. This included issues such as the use of the service app. and regarding the practice's planned move to new premises.	

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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement

The practice had identified an opportunity to provide services to people registered out of area, catering to all patients, particularly to students and working age people. It had been proactive and innovative in its involvement in designing and implementing the service app., which was compliant with NHS requirements, and in setting up a business model to allow patients living out of area to register with the service. It provided all patients who used to app. with online services and remote consultations over long operating hours, seven days a week. All patients who used the service app could directly book face to face appointments at the practice location from Monday to Friday. The app. contained a suite of management and monitoring tools allowing the practice to identify and implement improvements moving forward.

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.