

# Care Quality Commission

## Inspection Evidence Table

### The Avicenna Medical Practice (1-537609956)

Inspection date: 20 and 21 April 2022

Date of data download: 31 March 2022

**Overall rating: Good**

**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
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
During the inspection the practice provided evidence that systems and processes were in place to keep people safe. This included liaison with other members of the multidisciplinary team, keeping up to date policies and procedures, and staff training and competencies.	

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

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: April 2022 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: All relevant and necessary health and safety checks had been undertaken. This included gas, electrical and legionella checks. Monthly fire risk assessments were undertaken by the team and were complemented by additional in-depth six monthly reviews.	

### **Infection prevention and control**

#### **Appropriate standards of cleanliness and hygiene were met.**

	<b>Y/N/Partial</b>
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: June 2022	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: Actions arising from the Infection Prevention and Control (IPC) audit completed in June 2021 included the replacing of clinical equipment when this was found to be worn. A score of 96% compliance was noted. IPC was a standing agenda item at the monthly staff meetings, and we saw that any issues relating to IPC were discussed. The newly appointed IPC lead was undertaking further IPC training modules at a local university to enhance their knowledge in the area.	

### **Risks to patients**

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

	<b>Y/N/Partial</b>
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes

There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: Clinical protocols to guide staff and sepsis training were in place.	

### Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: Following a recent increase of 800 newly registered patients, due to a neighbouring practice moving locations, the practice were working to ensure that a backlog of 200 patient records were summarised in a timely manner. Staff time was allocated to this and we saw that the immediately necessary information was available to clinicians.	

## 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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.70	0.79	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	2.4%	5.8%	9.2%	Significant Variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	4.57	4.68	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	65.2‰	120.3‰	129.2‰	Tending towards variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.14	0.42	0.62	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	6.3‰	7.2‰	6.8‰	No statistical variation

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

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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>As part of our inspection, the GP specialist advisor (Spa) undertook a number of in-depth searches of the practice clinical system.</p> <p>The searches revealed that a small number of patients would benefit from a review of their use of salbutamol inhalers (used to treat asthma) in line with best practice guidelines. Additionally, it was found that some patients who were noted to have a high blood sugar level, would benefit from being coded as 'pre-diabetic' to enable future reviews, as they were at risk of diabetes. The team responded promptly to our feedback and immediate plans were put in place to review these issues and discuss them further with the team.</p> <p>However, we found that the management of these patients' care was safe.</p> <p>The practice participated in the LAMP project, (Lowering Antimicrobial Prescribing) and received regular reports which showed they were within the top 25% of practices in the Clinical Commissioning Group (CCG), for appropriately low prescribing rates. Advanced clinical practitioners told us their prescribing was audited and discussed with their GP mentors to ensure it was appropriate.</p> <p>Antibiotic prescribing at the practice was consistently positive and below CCG and national averages, and in some cases significantly below. For example: 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 prescribed by the practice per 1,000 patients was 2.4%, compared to the CCG average of 5.8% and the national average of 9.2%.</p>	

## Track record on safety and lessons learned and improvements made

The practice had a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Six
Number of events that required action:	Six
Explanation of any answers and additional evidence: Staff told us they knew how to report a significant event and that actions and outcomes from these were discussed with the staff team at regular monthly meetings. The plan was to resume bi-annual practice training days, which had been paused during the pandemic, where themes and trends would be reviewed.	

Example of a significant event recorded and actions by the practice.

Event	Specific action taken
Wrong medication prescribed.	Noted by pharmacy, reviewed by team. As a result, changes were made as to how prescriptions were issued. Patient not affected but an explanation and apology was given to account for the delay.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: As part of our inspection, the CQC GP specialist advisor undertook searches of the practice clinical system and reviewed the management and response to safety alerts. We saw examples of actions taken on recent alerts. We saw examples of actions taken on alerts for example, regarding the prescribing of sodium valproate (a medicine to treat epilepsy) in women of childbearing age.	

## Effective

## Rating: Good

QOF requirements were modified by NHS England 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes
Explanation of any answers and additional evidence: Patient triage indicated which clinician was best placed to see the individual. Advanced nursing and clinical practitioners (ACPs), were supported in their decision making by clinical protocols and an advanced computer programme called 'GP assist' which gave access to best practice guidelines and support. Each day, a GP was allocated the role of the duty doctor and provided effective support to ACPs and clinical staff at all times. Funding initiatives within the city of Bradford aimed to reduce inequalities for the population in their communities. The team engaged fully with these initiatives and supported and referred patients to access holistic support and healthcare, benefits advice, counselling and social support.	

## Effective care for the practice population

### Findings

- Patients had access to appropriate health assessments, new patient health checks were offered. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could monitor their own weight and blood pressure in the waiting area. We saw this was used several times during our visit and where necessary, staff were available to assist. The results were then printed on a slip to be shared with the practice team.
- The register of patients with a learning disability had been reviewed and all patients were offered an annual health check. Additional staff were trained to undertake the review in a manner to suit the patient. We saw that 96% of this patient cohort had undergone a health check with 4% declining a review. Patients could choose to be reviewed face to face, by a telephone call or a video link. A learning disability lead was identified from within the practice team and offered consistency for patients.
- End of life care was delivered in a proactive, thoughtful and coordinated way which took into account the needs of those whose circumstances may make them vulnerable and their families. A named person was allocated to the family, and staff had worked to gain additional competencies in managing end of life care.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. The team had also supported the COVID-19 vaccination programme.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder. In 2021, the practice register of patients with a severe mental illness increased by 53%. Unverified practice figures showed that by February 2022, 83% of these patients had attended for a review.
- A dementia questionnaire had been developed by the practice. The simple document used pictures to assess the persons mood and included easy to read short sentences for the person or their carer to complete. This person-centred document reviewed what was important to the patient, and enabled the team to review what additional support might be necessary.
- Young people could access services for sexual health and contraception. Sexual health clinics were accessible and additional staff had undertaken training in women's health in response to patient demand.
- Holistic support for men's health and lifestyle advice was available with an advanced clinical practitioner who had an interest and skills in this area.

## Management of people with long term conditions

### 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 was noted to have a high referral rate for patients to the diabetes prevention programme.



- Staff who were responsible for reviews of patients with long-term conditions had received specific training. We saw that a number of staff were working to gain additional competencies to allow them to offer enhanced support to patients. This included respiratory training and additional trained staff to offer diabetes care.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. Rescue packs were available for patients with chronic obstructive pulmonary disease (COPD).
- The practice shared clear and accurate information with relevant professionals when reviewing the care for patients with long-term conditions.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered guidance, support and ambulatory blood pressure monitoring.
- Patients with asthma were offered an asthma management plan and regular reviews.

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) (01/04/2020 to 31/03/2021) (NHS England)	96	122	78.7%	Below 80% uptake
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	125	139	89.9%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	124	139	89.2%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	125	139	89.9%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	136	150	90.7%	Met 90% minimum

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

### Any additional evidence or comments

- Outcomes in relation to childhood immunisation uptake rates were mixed. As above, of the indicators we reviewed; one was above the minimum standard of 90% uptake, in line with the World Health Organisation (WHO) targets, and three of the indicators reviewed were comparable to the minimum uptake rate. One indicator; the percentage of children aged one who had completed a primary course of immunisation was 78.7%, this was below the minimum uptake rate and below the 91.5% uptake rate we noted at the last inspection in 2019.
- Despite these figures, we saw evidence that the practice consistently worked to improve the uptake of childhood immunisations. The practice communicated with school nurses, health visitors and midwives to encourage parents to present their children for immunisations. Additional staff had been trained to offer childhood immunisations.
- For parents who did not present their child for immunisation, the staff would contact them and offer further appointments, send SMS messages and reminder letters. Appointments were available for parents to discuss any issues or concerns they had regarding immunisation. Regular reports were run to identify non-attenders and ensure that child health was prioritised. The team discussed an ongoing reluctance of some of the practice population to engage in the immunisation programme and a transient population with deprivation and social issues.
- Staff had the appropriate skills and training to carry out reviews for this population group. One of the advanced nurse practitioners was also a registered midwife and had completed additional training which allowed the practice to offer co-ordinated services for mother and baby.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 30/09/2021) (Public Health England)	62.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	37.2%	51.6%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	54.0%	59.5%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	60.0%	61.8%	55.4%	No statistical variation

### Any additional evidence or comments

At our last inspection in July 2019, we said that the practice should improve the uptake of cancer screening including breast, bowel and cervical screening. We saw that where persons were eligible for cervical screening this uptake had increased from 57% in 2019 to 62.1%. Unverified data from the practice showed further improvement in this area.

The practice presented an 'Early Cancer Diagnosis Action Plan' which showed that a number of actions had been introduced and were audited to assist with the uptake of cancer screening at the practice. This included monthly audits of attendance, text messaging patients, the identification of a lead staff member who followed up recalls and non-responders, and additional staff training in cancer care and supporting carers. The practice sent over 400 targeted text messages each month to invite patients for cancer screening, the uptake was continually monitored and reviewed.

The practice had continued with work initially commenced during a South Asian Ladies research project. Working with interpreting services they would contact non-English speaking patients regarding bowel cancer and screening. Despite disruption to this service during the pandemic, the uptake of bowel screening had increased from 39.9% in 2019 to 54% at this inspection.

The team had an excellent understanding of the concerns and reluctance of their practice population to undergo screening and took every step available to help mitigate this.

However, the percentage of persons screened for breast cancer had fallen from 55.7% in 2019 to 37.2%. Staff at the practice had contacted the screening service who had offered to spend time in the practice talking to patients regarding breast screening and were looking to offer screening workshops.

The practice monitored their patients referred urgently for suspected cancers to ensure they had been seen in secondary care and followed up.

### Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

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

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

An audit of the use of bisphosphonates (a medicine used to help reduce bone-thinning in patients) identified four patients who had been using them for longer than the recommended time limit. These patients were recalled, scans undertaken and managed appropriately.

A urinary tract infection audit (UTI) audit was done to assist the team to manage large numbers of urine specimens that were being presented daily. Additional staff were trained to carry out urine testing and they informed a clinician when further action was needed.

We saw numerous examples of where the outcomes from audits were discussed by the team and used to review, enhance and promote the care offered to patients.

## Effective staffing

### The practice had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
At the inspection in July 2019 we found that staff training was up to date and reflected the practice policy. At this inspection we found that this had continued, and a comprehensive overview of staff training was maintained. The discussion of staff training and competencies was a standing agenda item in meetings. Regular staff appraisals were taking place and an overall practice development plan included details of individual development plans. This allowed the provider to review the needs of the team and training requirements and ensure that resources were allocated to enable training and development to take place. Staff told us they were given protected time to attend training courses.	

## 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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
We saw that the team worked closely with other stakeholders and members of the multidisciplinary team to provide safe and effective joined-up care that met patient needs. Initiatives to reduce inequalities within Bradford city were in place. The team could evidence how they worked collaboratively with other stakeholders and members of the multidisciplinary team to provide effective, person centred, supportive and shared care for patients.	

The team communicated effectively to support patients who were vulnerable or nearing the end of life. We saw evidence of regular home visits and joint visits that were undertaken with the district nursing team. Referrals to the proactive care team (PACT) for support from professionals such as speech and language therapists (SALT), to aid safe swallowing, were made and responded to within 24 hours in most cases.

Through joint working with the Primary Care Network and local GP Federations, (groups of practices which worked together to offer support to patients), additional support was available for patients with musculoskeletal problems, social issues, multiple co-morbidities and mental health needs.

The RICS service (reducing inequalities support) included the PACT team (proactive care team) which in turn included disciplines such as SALT, mobility support and Goldline who supported care for palliative patients. The CLICS team (community connectors service) aimed to connect vulnerable people and frequent attenders at the practice to their community with holistic support, which included benefits advice, groups, services and centres.

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>End of life care was delivered in a proactive and coordinated way which took into account the needs of those whose circumstances may make them vulnerable and their families. A named person was allocated to the family and staff had worked to gain additional competencies in managing end of life care. Care was shared as necessary with members of the multidisciplinary team and we saw timely and supportive referrals. The practice lead audited end of life care and support with the team, through mortality reviews of each patient death. These were discussed at clinical meetings and if necessary, changes made to improve care.</p> <p>Clinical staff continued to work to develop specialties to enable them to improve patient care with a number of practitioners undertaking additional training at the time of our inspection.</p> <p>Staff were allocated additional responsibilities and lead roles.</p>	

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: Documented discussions regarding DNACPR were thoughtful and kind and reflected the wishes of the patient and their family. Through the use of the ReSPECT process and template within the clinical system, personalised recommendations for the person's clinical care and treatment in a future emergency in which they are unable to make or express choices were completed. Audits of patient DNACPR decisions were undertaken to ensure that reviews were in place or if anything needed to be added. (ReSPECT; Recommended Summary Plan for Emergency Care and Treatment).	

# Caring

**Rating: Good**

## Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
<p>Staff at the practice issued vouchers for a local food bank to eligible patients.</p> <p>Regular fundraising and charitable events took place which had included a recent fundraiser for the people of the Ukraine following the recent Russian invasion of the country.</p> <p>The practice had firm plans to resume community activities such as coffee mornings and their book lending library. At the time of our inspection they were working with the NHS landlord of the building to develop a sustainable community garden, risk assessments were in place.</p> <p>New colour coded doors and corridors orientated patients around the building and to clinicians.</p> <p>Alongside arranging litter picking activity to remove litter and masks from the community, the team were participating in green initiatives.</p> <p>The practice was a 'veteran friendly' practice and the nominated lead had experience in this area. The New Patient Health Check form had been amended to include this question so that veterans could be coded and additional support offered.</p>	

Patient feedback	
Source	Feedback
CQC website: Give feedback on care	Patient 1: stated that staff were kind, helpful, listened and nothing was too much trouble, noted to be very happy with the surgery.
CQC website: Give feedback on care	Patient 2: noted to have been seen regularly throughout the COVID-19 pandemic with access to the surgery and appointments on the same day.
CQC website: Give feedback on care	Patient 3: had an appointment with the nurse, noted English was not their first language but said the nurse was nice, broke things down and went into detail explaining everything. The patient said they were very happy.
CQC website: Give feedback on care	Patient 4: had arranged an appointment for cancer screening as a staff member took time out to talk them through the process and explain it, including why it was necessary. Noted that staff were very helpful and kind and took extra time even though very, very busy.
Comments and compliments to the team.	Several comments had been received by the staff team. The service was described as excellent. Patients noted that children were treated with love and respect and that the triage system was easy to use and get an appointment.

## National GP Patient 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)	75.4%	87.5%	89.4%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	82.4%	87.0%	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)	92.1%	94.7%	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)	66.2%	79.7%	83.0%	Tending towards variation (negative)

### Any additional evidence or comments

Outcomes from the 2021 GP patient survey were generally below Clinical Commissioning Group (CCG) and national averages. However, more recent surveys undertaken by the practice, feedback noted on the NHS website and patient feedback forwarded to CQC as part of the inspection process was more positive. The practice had a rating of 5/5 stars on the NHS website. Three reviews had been published on the site in the last year and all were very positive. Patients commented that staff were helpful and caring, polite and kind and gave excellent care and advice.

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

### Any additional evidence

An Econsult text message was sent to patients following their consultation: - very low level feedback. Evaluated positively.



## Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: Following feedback from patients, staffing rotas had been reviewed to allow the team to spend more time with patients and ensure that their needs were met and questions answered.	

Source	Feedback
Interviews with patients.	As part of the inspection patients were asked to feedback their experience of The Avicenna Medical Practice via the CQC website. Four responses were received, and all were very positive. Patients said staff were kind, helpful and listened.

## National GP Patient 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)	85.4%	91.0%	92.9%	Tending towards variation (negative)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Staff at the practice were able to speak several languages relevant to the practice population. Telephone interpreter services were also available. Throughout the pandemic the service had sent messages and information to patients regarding access, appointments and available services. Leaflets were also available. Information leaflets to support several clinical issues including cancer screening were available in different languages.	

Carers	Narrative
Percentage and number of carers identified.	153 carers, 2% population
How the practice supported carers (including young carers).	All staff had completed carers training. The team also monitored the uptake of flu vaccinations amongst carers. The practice reported that a targeted approach to inviting this group for vaccination had increased uptake from 27% in 2019/2020 to 63% in 2021/2022 (unverified figures).
How the practice supported recently bereaved patients.	The practice had achieved standard 1, 'Competent staff' of the 'Daffodil Standards'. This is an evidence-based, structured approach to help GP practices consistently offer the best end of life care for patients. The practice had ensured that staff undertook additional training and had changed, enhanced and consistently reviewed the care offered to those at the end of life and their families. As a result of this work the practice participated in a local initiative designed to identify the most vulnerable patients and aimed to proactively address those most at risk of inequalities which included end of life care. Bereavement cards which were sent to families, offered contact and support if this had not been established previously. There was a practice protocol in place to manage the death of a patient and reduce the risk of inappropriate contact and post etc.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
The practice had firm plans to re-introduce their 'women only' clinics on Saturday mornings in June 2022. The clinics had been initiated in response to patient feedback and pre-COVID-19 had provided a safe space for women to attend for appointments supported by female only staff.	

# Responsive

**Rating: Good**

**Responding to and meeting people's needs**

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: The practice recognised and sought to meet the complex and multiple needs of their patient population and communication preferences.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7.30am-6.30pm
Tuesday	7.30am-6.30pm
Wednesday	7.30am-6.30pm
Thursday	7.30am-6.30pm
Friday	7.30am-6.30pm
Appointments available:	
Monday	7.30am-12.30pm & 1pm-5.30pm
Tuesday	7.30am-12.30pm & 1pm-5.30pm
Wednesday	7.30am-12.30pm & 1pm-5.30pm
Thursday	7.30am-12.30pm & 1pm-5.30pm
Friday	7.30am-12.30pm & 1pm-5.30pm
Extended Access appointments	6pm-9pm Monday- Friday.

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

- The practice offered a range of services and appointments to meet patient needs this included:
  - An established warfarin review service
  - Level 2 and 3 Diabetes services
  - In-house ECG's, Spirometry, 24-hour BP's
  - Ultrasound, Dermatology and Sexual Health Clinics
  - Weight management and smoking cessation support.
- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, vulnerable patients and those nearing the end of life. Home visits and urgent appointments were offered as necessary.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred. Regular visits were made to those nearing the end of life and when a death was unexpected, every effort was made to meet the families wishes.
- The team worked collaboratively with other stakeholders and members of the multidisciplinary team to provide effective, person centred, supportive and shared care for patients. Patients were referred to a range of services and support which included benefits advice, counselling, musculoskeletal issues and mental health support.
- Additional nurse appointments were available from 7.30am for school age children so that they did not need to miss school and until 4.30pm.
- Patients could access cervical screening, blood tests and reviews for asthma and COPD in evening extended access appointments in a nearby local surgery.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, mental health needs and those who required additional support.

### Access to the service

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

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

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

Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>We saw evidence that the practice responded to patient feedback. Leaflets were available to patients in the waiting area which explained the appointments system and access arrangements.</p> <p>A patient access questionnaire had been undertaken during the COVID-19 pandemic in 2021/2022. Responses were received from 51 patients.</p> <ul style="list-style-type: none"> <li>• 88% of patients said they had been able to access care when they needed to</li> <li>• 90% of patients reported they were happy with the contact and information shared by the practice during the pandemic</li> <li>• 90% of patients said when they needed to see or speak to someone, they found this easy to arrange</li> <li>• 82% of patients said they were aware of additional types of appointments including EConsultations, online access, and telephone consultations.</li> </ul> <p>Following this feedback, the practice had developed a 'Patient Experience Improvement Plan' for 2021/2022. Actions within the plan included managing the rotas to free up more staff time for them to talk to patients, recruiting patient volunteers and increased communication with patients about support and services using several social media channels.</p> <p>Patients had been able to access fully triaged and risk assessed face to face appointments throughout the pandemic, alongside telephone and video consultations. Information was also forwarded to patients regarding the different methods patients could use to get in touch with the practice.</p> <p>The 111 service could book patients into appointments at the practice when they were found to not require the enhanced support that 111 could offer.</p> <p>Patient needs were triaged and met on the day. Flexible ways of working enabled the team to increase capacity. A whole team approach was noted and the team were clear there was no 'roll over' of patients to the next working day. Patients calling for appointments after 12pm would receive an afternoon call back, and support and options for treatment would be given.</p>	

## National GP Patient Survey results

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)	69.1%	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)	69.4%	66.3%	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	71.3%	63.3%	67.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment times (01/01/2021 to 31/03/2021)				
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)	68.8%	80.4%	81.7%	Tending towards variation (negative)

#### Any additional evidence or comments

In response to patient feedback the practice had increased the number of staff who were available to answer the telephones between 8am and 10am.

In the November 2021 patient access questionnaire, patients had also been asked if they felt the practice could improve the service or do things differently. Feedback was generally positive. Some patients asked if they could speak to the same person each time and if more people could answer the phones. Additional feedback from patients also noted they were very happy; the service was very good, and staff were helpful.

Source	Feedback
NHS website	The reviews on the NHS website in the last 12 months were positive.
SMS messages feedback	After each consultation, a message was sent to the patient to ask for their feedback. Only very low level feedback was received but this was positive.
Give Feedback on Care	As part of the inspection we asked patients to share their experience of the practice with us via the CQC website. We received four responses which were positive.

#### 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.	10
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	None

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence	
Verbal complaints were documented by the team and alongside written complaints were discussed at team meetings.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding the care given to a patient when they were taken to the emergency department following an appointment.	The team met with the patient and their relative and explained the diagnosis and issues arising. Discussed in team meeting and all staff were reminded where the resuscitation trolley was kept.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The practice manager was described by staff as a 'supportive enabler' who encouraged staff to succeed and supported an open and honest culture. During the COVID-19 pandemic the practice manager had consistently reviewed information and best practice, summarising the key points for all staff each week. Staff also told us that the clinical team and other team members were consistently supportive and approachable.	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: A staff away-day was held to review team objectives and the business plan in September 2021. We saw an action plan was in place following this and numerous actions were taken to improve staff competence and patient care as a result.	



## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
The team worked closely within the inner city GP federation (a group of GPs working together to improve care for patients) and were nominated by the board as Practice of the Year, 2020 and 2021 and Practice Manager of the Year, 2021. The practice manager had also previously been voted as The Practice Business Manager of the Year by the Practice Managers Association.	
The team were also voted as Primary care team finalists in 2021 and were shortlisted to the final 6, the decision was made by Institute of Healthcare Managers and a medical supplies firm.	

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

Source	Feedback
Staff questionnaires	Staff told us that they felt supported and liked working at the practice. They said the team continually reviewed patient care and went above and beyond to meet patient needs.
2021 staff survey	Of the eleven (out of 19) staff who completed the confidential survey; <ul style="list-style-type: none"> <li>•100% said they were given feedback about changes made in response to reported incidents</li> <li>•100% felt valued and recognised for their work at the practice</li> <li>•100% said they had opportunities to learn and develop further within the workplace</li> <li>•82% of staff felt they put pressure on themselves to attend work when they were not well, and 45% reported feeling some work stress. However, 100% of staff surveyed said the surgery took positive action on health and wellbeing.</li> </ul>

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
A regular meeting structure was in place for all team members. This enabled the review of issues such as infection prevention and control, significant events and complaints.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

**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.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
Explanation of any answers and additional evidence: A protocol was in place to support safe home working for staff.	

### Appropriate and accurate information

### There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
The practice regularly ran reports and reviewed data and information to enable them to target staff resources and meet patient needs and expectations.	

### Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
A member of the team contacted the patient participation group members with news and updates. Meetings had been paused during the pandemic. However, following the patient access questionnaire five new members had been recruited to the group. Staff told us their views were listened to and acted upon.	

### Any additional evidence

The staff away day in September 2021 provided an opportunity for staff to make suggestions and give feedback. A comprehensive action plan was formulated following this and we saw examples of action taken in areas such as improving the uptake of learning disability health assessments.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
The practice was able to evidence a large number of audits undertaken, several of which were two cycle audits and represented a cross section of the patient population. Audits were used to drive improvements and review the care offered to patients. Audits were reviewed against targets and best practice and achievements noted. The practice routinely reviewed patient deaths and those occurring as a result of cancers. The team evaluated the care given and actions taken and discussed if there were any learning points or additional actions that could have been taken to enhance patient care.	

## 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.
- 
- ‰ = per thousand.