

Care Quality Commission

Inspection Evidence Table

Bishop's Close Medical Practice (1-541276531)

Inspection date: 8 January 2019

Date of data download: 03 January 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: N/A	

Safeguarding	Y/N/Partial
N/A	

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 and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence: N/A	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: January 2018	Yes
There was a record of equipment calibration. Date of last calibration: January 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: December 2018	Yes
There was a log of fire drills. Date of last drill: 27 April 2018	Yes
There was a record of fire alarm checks. Date of last check: They were carried out weekly, January 2019	Yes
There was a record of fire training for staff. Date of last training: October 2017 – further planned for January 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: August 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: N/A	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: November 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • A monthly health and safety check of the building is carried out by administration manager. • Every morning staff check the building as they enter to make sure everything is in working order and check in the evening before they leave. There were check lists for this. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: March 2018	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: N/A	

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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: We saw rotas for staff and an example of nurses appointment slots. We saw the nurses rota had been broken down by appointment type. The practice had taken on new staff in the last few years who will be or are trained in multi-functional roles.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
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
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence: The practice carried out a peer review of referrals to secondary care between February and May 2018. This was to look at the appropriateness of the referrals with a view to reducing referrals to secondary care.	

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) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.17	1.15	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	3.8%	5.4%	8.7%	*Variation (positive)

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

Medicines management	Y/N/Partial
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	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 data-bbox="73 781 820 817">Explanation of any answers and additional evidence:</p> <p data-bbox="73 826 1525 898">*The practice had reviewed anti-biotic prescribing and raised awareness of vigilance in prescribing. This has resulted in the numbers reducing below the local CCG average.</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.	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:	18
Number of events that required action:	18
Explanation of any answers and additional evidence: N/A	

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

Event	Specific action taken
Lost hospital referral	A paper referral was sent to the hospital. This was not monitored as it was not electronic. The hospital said it was not received. As a result of this, the process for paper referrals was changed and all queries were chased up by the secretary.
Needlestick injury	A needle stick injury was sustained by a member of staff whilst two nurses were giving double childhood immunisations. Infection control procedures were revisited to ensure this did not happen again. Two sharps boxes made available at all double immunisations

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: There was a good system in place for this. Alerts could be acted upon if urgent on the day. They were an agenda item on the weekly/monthly clinical meetings.	

Effective

Rating: Good

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
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 were in place 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
Explanation of any answers and additional evidence: N/A	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.48	0.69	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. The practice worked closely with the CCG pharmacist who had begun to review the medication of older patients, who had a high risk of falls. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

Findings

This population group was rated outstanding because services for patients were holistic and tailored to meet the needs of individual people. Quality and outcomes were consistently monitored.

- Patients with long-term conditions had 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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice undertook monthly searches for medication monitoring and blood tests. This identified patients who required monitoring.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma and chronic obstructive pulmonary disease (COPD).
- A senior nurse prescriber took the lead for COPD and carried out all reviews, they had received additional training for this recently. The lead respiratory nurse, practice nurses and the health care assistants were trained to perform spirometry. Appointments were coordinated by the lead respiratory nurse. Since carrying this out the review rate for spirometry increased from 75% to 87%. QOF data for this showed 91.8% had received a review in the last year which was higher than the local and national averages, the exception reporting rate was low.
- The practice provided COPD rescue packs which contain medication. The nurse would telephone the patient when these were requested to ensure they were appropriate. The issue of these packs was regularly audited.
- Although the practice QOF figures for the management of blood glucose levels was lower than local and national data, this was explained by personalised care planning being carried out. Personalised targets were set for patients with lifestyle advice. The practice offered insulin starts where appropriate. Patients with the poorest control of diabetes were managed through a joint clinic with a consultant who attended the practice four times a year. An information leaflet tailored to the local population had been designed by the practice to encourage patients to be proactive in managing their diabetes.
- Foot screening was carried out at the practice by a foot technician, health care assistants were trained to perform diabetic foot checks. They were able to visit housebound patients.
- The practice had identified there was a high incidence of stroke and had subsequently actively screened for atrial fibrillation and improved their data in relation to this. In 2007 their prevalence was 1.8%, this has improved to 2.4% in 2018. In those patients with atrial fibrillation with a high risk of stroke the of patients who were currently treated with anti-coagulation drug therapy was 98.8% compared to local average of 92.5% and national average of 90%. Patients received anti-coagulation treatment and monitoring was carried out in house.
- The practice incidence of chronic kidney disease (CKD) was low. A protocol was developed several years ago to manage patients with this disease and they had an identifying code on the practice computer system.

- The practice had recently purchased a computer solution which stores templates to assist clinicians with improved case finding for CKD and heart failure.
- Patients with suspected hypertension were offered blood pressure monitoring by trained health care assistants. Any clinical concern was referred to the nurses. The GP would review any outside the normal range. The identification of patients with high blood pressure, since this system was introduced two years ago, increased from 81% to 84%

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	66.5%	78.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.1% (69)	13.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	78.0%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	9.5% (54)	8.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.6%	79.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	23.6% (134)	13.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.4%	76.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.3% (2)	7.6%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.8%	89.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.4% (7)	9.8%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	83.9%	85.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.5% (37)	3.4%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	98.8%	92.5%	90.0%	Variation (positive)
Exception rate (number of exceptions).	10.4% (19)	5.0%	6.7%	N/A

Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	87	88	98.9%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	80	82	97.6%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) (NHS England)	79	82	96.3%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	80	82	97.6%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

The practice nurses told us they were flexible with appointments for childhood immunisations. Appointments were offered at regular surgery times rather than only during baby clinics.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

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

Cancer Indicators	Practice	CCG	England	England
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		average	average	comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	78.1%	76.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.2%	74.3%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	59.5%	58.4%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	91.3%	64.5%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	65.1%	50.0%	51.9%	No statistical variation

Any additional evidence or comments

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for

physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.

- The practice had an aligned mental health nurse who worked at the practice two days per week. A counsellor was attached to the practice.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.3%	91.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	12.5% (10)	10.5%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	90.5%	94.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.5% (6)	7.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	82.3%	87.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (4)	5.3%	6.6%	N/A

Any additional evidence or comments

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545.0	550.6	537.5
Overall QOF exception reporting (all domains)	5.0%	5.6%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

past two years

- The practice provided us with clinical audit summaries for 2017 and 2018.
- The practice had carried out a two-cycle audit on follicle-stimulating hormone (FSH) levels and the menopause. The audit demonstrated improved care and appropriate management of the menopause. There was improved compliance with NICE guidance.
- Other audits carried out included, minor surgery, high dose opioid use, urinary tract infection (UTI) audit and blood glucose sticks audit.

Any additional evidence or comments

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice were supporting the administration support worker to study for their national vocational qualification (NVQ) in business administration level 3. The practice had an appraisal record sheet which documented all appraisal dates and which member of staff appraised who, this included salaried GPs. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had a traffic light system for palliative patients. It was a fixed agenda item at every practice meeting. Chronic diseases such as renal, COPD and heart failure were also taken into account. • The practice had a bi-monthly gold standard meeting with other health care professionals, such as palliative care nurses. • New cancer cases were discussed to see if there were any learning points from the diagnosis, such as referrals or tests that could have been made earlier. • All deaths were discussed by the practice with a view to learning lessons on how things could have been improved. For example, the practice identified that end of life care plans could be highlighted better to the local ambulance service. 	

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
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: N/A	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.0%	96.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (9)	0.6%	0.8%	N/A

Any additional evidence or comments
N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: N/A	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: N/A	

CQC comments cards	
Total comments cards received.	9
Number of CQC comments received which were positive about the service.	9
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comment cards	The feedback on the comment cards were wholly positive. Patients described the care as excellent, brilliant service and they had nothing but praise for the practice.

National GP National Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8696	278	109	39.2%	1.25%

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 (01/01/2018 to 31/03/2018)	95.0%	89.0%	89.0%	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 (01/01/2018 to 31/03/2018)	93.8%	88.3%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	97.4%	95.8%	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 (01/01/2018 to 31/03/2018)	92.4%	85.5%	83.8%	No statistical variation

Any additional evidence or comments
The GP National Survey results for caring were above the national and local averages.

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

Any additional evidence
The practice used the elephant kiosk in reception (elephant kiosks are a place where patients can leave feedback for the practice), suggestion forms, verbal suggestions, NHS friends and family test and patient participation group feedback to collect feedback on the services they delivered.

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: N/A	

Source	Feedback
Interviews with patients.	We spoke with three patients who were members of the patient participation group (PPG). They told us that they received a good service and care from the practice. The only real problem was getting through on the telephone to make an appointment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	96.9%	94.2%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	256 patients were registered with the practice as carers. This is approximately 3% of the patient population
How the practice supported carers.	Carers were identified on the practice computer system. They were encouraged to register with the local carers organisation. Carers were offered influenza vaccine and an appointment for a general health check if appropriate. Carers information was available in the waiting are in reception.
How the practice supported recently bereaved patients.	Depending on circumstances a call or visit is made to the family. There were information for families in the reception area.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice participated in the Healthier and Wealthier scheme where free benefits and welfare advice was given to patients. The practice received an award from the scheme 'Healthier and Wealthier Awards Winner for 2017-2018'. The practice achieved the greatest gain in annual income from the scheme for patients which was £125,336. • The practice had been referring patients to a wellbeing for life scheme since September 2018. The scheme provided dietary advice, taught people how to cook, provided diet and exercise advice. The mentors for the scheme came to practice weekly, patients could self-refer or be referred by a GP. • The practice provided minor surgery which included joint injections and minor excisions. • They provided contraceptive services which included intrauterine device (IUD) insertion and the removal of the contraceptive implant. • They provided a teledermatology service, obtaining dermatology advice where appropriate. The practice operated an in-house dermoscopy referral service which had improved their early diagnosis of malignant lesions, both services reduced the need for hospital attendance. • They offered an INR clinic for patients on warfarin. INR (International Normalised Ratio) is a blood test which needs to be performed regularly on patients who are taking warfarin to determine their required dose. By being able to come to the clinic, patients did not have to travel to hospital for the test. The practice offered this service to housebound patients. • Appointments at the anti-coagulation clinic could be adjusted to suit patients who work. • The practice offered doppler ultra sound tests which measure blood flow through arteries and veins. • They offered 24-hour electrocardiogram for palpitations with remote specialist reporting. • Ambulatory blood pressure monitoring could be carried out for hypertension diagnosis. • They used Mjog, which is an automated appointment reminder system. 	

Practice Opening Times	
Day	Time
Monday	7.30am to 7pm
Tuesday	8am to 7pm
Wednesday	8am to 7pm
Thursday	8am to 6pm
Friday	8am to 6pm
Appointments available:	
Monday	7.30am to 7pm
Tuesday	8.30am to 7pm
Wednesday	8.30am to 7pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
<p>The practice is closed for lunch between 1 and 2pm.</p> <p>There is a staggered approach during the day to appointments, surgeries usually start at 8.30am with GPs, nurses are available from 8am.</p>	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8696	278	109	39.2%	1.25%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	95.6%	95.3%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice worked with attached community staff employed by the local federation who visited older and vulnerable people.
- The practice was responsive to the needs of older patients, and offered home visits by GPs and practice nurses and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Outstanding

Findings

This population group was rated outstanding because the individual needs were central to the planning and delivery of services for this population group.

- The practice consistently identified the population health needs and tailored care appropriately to a high standard.
- The practice demonstrated a proactive approach to identifying patients with pre-diabetes and patients with cardiovascular disease. The nursing team saw patients and offered lifestyle advice and referral to a structured education programme called 'healthier you'. Searches were carried out monthly on patients with pre-diabetes or a history of high blood glucose levels.
- One of the GPs at the practice designed an inspection leaflet for the local population giving advice on hypoglycaemia, diabetes and insulin titration.

- Appointments at the diabetes clinic could be adjusted to suit patients who work.
- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- The practice ensured that appointments were available outside of school hours.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had a weekly baby clinic where eight-week checks were performed.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Telephone appointments were offered
- The practice offered extended opening hours on Mondays, Tuesdays and Wednesdays to improve access for patients who were working. They offered late evening appointments and weekend and bank holiday appointments as through a shared hub as part of the local federation of GP practices. Appointments for the hub are accessed via 111.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The lead nurse coordinated reviews for patients. The reviews were scheduled for 40 minutes with the lead GP. Home visits were offered for those who had difficulty attending.
- The practice held a military veterans register, patients were offered priority NHS treatment in connection with any condition relevant to their military service.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability, for example those who found it difficult to wait in the surgery.

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

Population group rating: Good

Findings

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

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> For emergency appointments the GP carried out home visits between 9am and 10am and holds a surgery from 10.30 to 1pm. If a family is concerned children are not refused an appointment. 	

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 (01/01/2018 to 31/03/2018)	63.1%	n/a	70.3%	-
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	73.7%	70.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	63.1%	69.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	72.4%	75.8%	74.4%	No statistical variation

Any additional evidence or comments

N/A

Source	Feedback
For example, NHS	N/A

Choices	
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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.	8 verbal and 3 written
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: N/A	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint from a family	A family made a complaint about treatment for their relative. An investigation showed that the practice were unaware of a protocol followed by the local hospital, which contributed to the complaint. The protocol was then made available to all clinicians and discussed in their meeting.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	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: N/A	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had a mission statement which was to provide high quality health care in a responsive, supportive, courteous and cost-effective manner.The practice had a strategy. The short-term strategy was to appoint a salaried doctor. The long-term strategy was to sustain the number of GP partners they had and to support their GP trainer to encourage and support GP registrars.	

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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff we spoke with all said they were proud to work at the practice where there was a very caring approach to patients and good or excellent team work. • The practice paid for the nurse's nursing and midwifery council (NMC) registration and paid for one of the nurses to be registered with the Royal College of Nursing (this ensured they received training and update information which could be shared with other nursing staff). • Four of the staff had worked at the practice for over 25 years, the management at the practice told us resignations are rare and staff turnover low. • The practice staff carried out charity fundraising. They took part in a charity run, coffee morning and supported the local food bank. 	

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

Source	Feedback
Non-clinical staff questionnaires	As part of the inspection process we asked non-clinical staff to complete a confidential questionnaire about working at the practice. All six responses were very positive. Staff indicated that they felt valued and respected and that they had the knowledge, skills, training and equipment to enable them to effectively carry out their roles. They said that they worked together very well as a team and had a good relationship with the patients.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes

There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: The practice had a list of staff responsible for areas of governance, for example, health and safety, information governance, safeguarding and infection control.	

Managing risks, issues and performance

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

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

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: N/A	

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
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice received feedback from patient to say it was difficult to know where the consulting rooms were. The practice responded by signposting the consulting rooms. Staff told us the management at the practice listened to them. They gave feedback that their workstations were uncomfortable, the practice replaced and purchased new chairs and received positive feedback from staff following this. Staff fed back that they did not have enough time to do administrative tasks in the treatment room. Time was then built into the routine appointment schedule or this. As a result of staff feedback the practice began to mentor student nurses at the practice. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> The practice had a patient participation group (PPG) which met quarterly – The practice manager, reception supervisor and one of the GP partners attended. The group consisted of approximately eight members. We spoke with three members of the group. They told us they were consulted about the agenda and could put forward items for discussion. The practice kept them updated with what was happening, staff changes, new services, and the system for ordering prescriptions. The group members told us the practice had changed the parking at the practice and changed the information board in reception as a result of their feedback. The practice had recently designed a questionnaire for patient feedback had had asked the PPG for feedback on it before it was issued. The PPG fed back to the practice that the current voicemail system on the telephone answering system was not suitable and had led to confusion for patients. As a result of this feedback the message was reviewed and changed.

Any additional evidence

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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
Explanation of any answers and additional evidence: N/A	

Examples of continuous learning and improvement

- The practice received an 'Employer Recognition Award' award in 2017 from the apprenticeship provider they used to employ apprentice administration staff.
- The practice encouraged and provided staff with new skills to develop. They trained the health care assistant to assist with chronic disease recall. The practice nurses were trained in chronic disease management.
- The practice is a training practice, which has GP registrars allocated to the practice (fully qualified doctors completing their 3-year postgraduate general practice vocational training programme)
- The practice supports and teaches medical students (first and fifth year)
- The practice supports and teaches student nurses.
- The practice carried out a peer review of referrals to secondary care in 2018.
- There is a fixed agenda item at practice meetings where staff bring to the meeting learning from courses they have attended. Subjects have included contraception and men's health.
- The practice reviewed the processes in reception to see if the work flow was appropriate. As a result, the rotas in reception changed. This included a receptionist working in the reception during lunch closure, this meant more work could be carried out when it was quiet.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.
- 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

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>

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.