

Care Quality Commission

Inspection Evidence Table

Inspection date: [REDACTED]

Date of data download: [REDACTED]

Overall rating: Outstanding

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

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

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) (01/07/2018 to 30/06/2019) <small>(NHSBSA)</small>	0.42	0.81	0.75	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and medicines were updated to reflect any extra or changed needs.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and needs were met and medicines reviewed. For patients with the most complex needs, the GP worked with other health 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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) <small>(QOF)</small>	84.6%	80.5%	78.8%	No statistical variation
Exception rate (number of exceptions).	29.0% (223)	15.6%	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) <small>(QOF)</small>	89.6%	74.3%	77.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	16.6% (128)	11.8%	9.8%	N/A
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>	82.3%	79.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	17.0% (131)	15.4%	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>	85.0%	76.2%	76.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	2.3% (18)	8.0%	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>	95.5%	90.7%	89.7%	Tending towards variation (positive)
Exception rate (number of exceptions).	11.1% (25)	13.2%	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) <small>(QOF)</small>	82.7%	82.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	10.7% (221)	4.7%	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) <small>(QOF)</small>	87.2%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	7.6%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were below the World Health Organisation (WHO) target of 95%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice were aware of a larger than average proportion of babies born in the population group. Approximately 450 babies were born each year which equated to 10% of Peterborough's population of new born babies. Therefore, the practice ensured adequate clinics were held to support the intake of new babies.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	326	369	88.3%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	290	375	77.3%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	292	375	77.9%	Below 80% uptake
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	283	375	75.5%	Below 80% uptake

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

Any additional evidence or comments

The practice acknowledged that childhood immunisation rates were lower than World Health Organisation target rates. The practice told us due to the diverse population, there was a hesitance amongst patients to attend for immunisations. In addition to this, the practice told us children were likely to have been vaccinated in their country of origin. Where children had been vaccinated in their home country and the practice recorded these vaccinations as being completed elsewhere, the above figures were not improved as the vaccination did not take place in England and therefore were not included as part of Public Health England's data. However, the practice had reviewed their uptake data and documented action plans to try and drive improvement where possible.

The practice told us they had undertaken a number of actions to try and drive improvement:

- The practice were working with Public Health England and had attempted to form two focus groups of patients to help understand the decline in childhood immunisation uptake rates both locally and nationally.
- The practice had a dedicated recall system for childhood immunisations and invited patients by calling and sending text messages. The practice would also send letters to update contact details for patients who they were unable to contact due to phone contact details being incorrect.
- The practice used system alerts to notify staff of outstanding immunisations so that patients could be opportunistically vaccinated when attending for other appointments.
- The practice had recruited four paediatric nurses since the previous CQC inspection in 2016. This team operated monitored immunisations on a daily basis and facilitated drop in clinics for immunisations. The nurses contacted parents when a child is not brought in for immunisations and tried to offer another appointment.
- The practice regularly audited attendance for immunisations and this included communicating with patients in their own language and offering parents evening and weekend clinics. The practice had a system in place for distributing the lists of patients who have outstanding immunisations to staff who speaks the same language as the parents.
- In the year 2018-2019, the practice had contacted parents of all 304 children who were eligible for child immunisations but did not attend by several means of contact including; text messages, calls, letters sent. In total the practice made over 560 contacts with non-responders.

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. The practice completed an annual audit of health checks to ensure patients were offered a health check where appropriate. If a patient had not received a health check, the practice followed this up to ascertain the reasons why. In the previous 12 months, the practice had complete 483 health checks.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	66.4%	70.9%	71.7%	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	52.8%	73.4%	69.9%	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)	36.5%	57.0%	54.4%	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)	56.0%	63.0%	70.2%	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)	56.8%	60.6%	51.9%	No statistical variation

Any additional evidence or comments

The practice acknowledged that screening rates were lower than target rates and Clinical Commissioning Group (CCG) and England averages. The practice told us due to the diverse population, there was a hesitance amongst patients to attend for screening. However, the practice had reviewed their screening data and documented action plans to improve.

The practice were aware that their cervical screening uptake for 2017/2018 was lower than the 80% target rate. The practice told us following their review of this data, they put in place additional resources to encourage uptake, such as; text campaigns, increased recall programmes and additional clinics at alternative times.

The practice shared with us submitted but unverified data for 2018/2019 which evidenced the uptake rate for cervical screening was 82%.

In addition to this, the practice acknowledged that their bowel cancer screening was lower than the CCG and England averages. The practice worked with the CCG clinical lead to develop an approach to increase this uptake.

The practice shared with us submitted but unverified data for 2018/2019 which evidenced the uptake rate had increased to 45%.

In order to continue to develop and improve the screening uptake of patients, the practice had held a number of talks in their Muslim community, to help them understand which screening programmes were available, what they were for and the importance of them.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check. The practice completed an annual audit of health checks to ensure patients were offered a health check where appropriate. If a patient had not received a health check, the practice followed this up to ascertain the reasons why.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had identified 250 of its patients with the highest level of need who were most likely to require urgent medical assistance or have an unplanned hospital admission. The practice confirmed that they had developed personalised care plans to improve the quality and co-ordination of care for these patients.
- 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.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term 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.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.0%	91.1%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	6.5% (7)	13.3%	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) <small>(QOF)</small>	93.1%	89.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.6% (6)	11.8%	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) <small>(QOF)</small>	87.0%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	11.5% (6)	6.6%	6.6%	N/A

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)	559.0	543.0	537.5
Overall QOF score (as a percentage of maximum)	100.0%	97.1%	96.2%
Overall QOF exception reporting (all domains)	8.8%	6.5%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Any additional evidence or comments

The practice quality improvement programme had been developed over a number of years. The practice encouraged the use of audit to drive and evidence quality improvement. We reviewed the practice's audit program which contained 30 audits which were completed, active or planned. These included audits relating to prescribing, infection control, summarising of medical records, exception reporting, health checks, emergency admissions, high-risk drug monitoring and the care of long-term conditions.

The practice was often used by the Clinical Commissioning Group and other external stakeholders to test quality improvement pilots. For example, the practice worked with the Clinical Commissioning Group to train cohorts of 'super Health Care Assistants'. The practice have been involved in two cycles of this training with a further planned for February 2020.

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.	Y
The learning and development needs of staff were assessed.	Y ¹
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y ²
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y ³
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – We saw evidence that members of staff were encouraged to develop and the practice supported health care assistants to undertaken additional training to qualify as a nurse. In addition to this, the practice had supported a clinical member of staff to complete a degree in diagnostics and independent prescribing.</p> <p>2 – The practice had an appraisal system in place and could evidence all staff had received an appraisal within the last 12 months. In the most recent staff survey, 75% of staff said the appraisal system was useful and contributed to developing them in their role.</p> <p>3 – At the time of the inspection the practice did not employ any non-medical prescribers. However, the practice were funding and supporting a clinical member of staff to complete a degree in diagnostics and independent prescribing.</p>	

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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

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)	95.0%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	3.1% (94)	0.9%	0.8%	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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards

Total comments cards received.	23
Number of CQC comments received which were positive about the service.	23
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
Comment cards	We received 23 comment cards which were wholly positive in relation to the practice. A number of the comment cards contained specific references to the kindness and caring nature of staff.
NHS Choices	The practice had received five reviews on NHS Choices, three of these were rated five stars and one was rated one star. An additional rating of one star was given for the endoscopy service but this was separate to the GP practice. Only one of the reviews was from within the last 12 months and this gave the practice a rating of five stars and involved a positive comment in relation to the kindness and caring nature of staff.
Patient consultations	We spoke with 12 patients on the day of the inspection who were wholly positive about the kindness and caring nature of staff. All of the patients we spoke with told us they were happy to be registered at the practice and felt the staff would always go the extra mile to support them.

National GP 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
26269	476	86	18.09%	0.33%

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 (01/01/2019 to 31/03/2019)	90.8%	90.0%	88.9%	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 (01/01/2019 to 31/03/2019)	82.7%	88.0%	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 (01/01/2019 to 31/03/2019)	91.6%	95.8%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	81.9%	84.4%	82.9%	No statistical variation

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

Any additional evidence

The practice completed an annual patient survey which asked questions that mirrored the National GP Patient Survey but differed in that it was offered in a range of community languages relevant to the practice population. This survey was completed by approximately 120 patients across the diverse patient population. The survey was distributed in Polish, Czech, Lithuanian, Russian and English. The average scores were then reviewed against results published by the National GP Patient Survey.

The practice provided the following breakdown of results:

Question asked	Polish & Czech	Lithuanian & Russian	English
Receptionist helpfulness	95%	98%	97%
Clinician good at listening	98%	98%	97%
Clinician explained test/treatments	98%	98%	97%
Patient felt involved in decisions	98%	98%	97%
Patient felt treated with care and concern	100%	95%	95%
Confidence in the clinician	100%	95%	95%
Overall experience	100%	95%	92%
Recommend the surgery	100%	98%	92%
Usefulness of HCAs	98%	86%	97%

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Comment cards	We received 23 comment cards which were wholly positive in relation to the practice. A number of the comment cards contained specific references to how they felt involved in decisions about care and treatment.
NHS Choices	The practice had received five reviews on NHS Choices, three of these were rated five stars and one was rated one star. An additional rating of one star was given for the endoscopy service but this was separate to the GP practice. Only one of the reviews was from within the last 12 months and this gave the practice a rating of five stars.
Patient consultations	We spoke with 12 patients on the day of the inspection who were wholly positive about the kindness and caring nature of staff. All of the patients we spoke with told us they were happy to be registered at the practice and felt involved in decisions about care and treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	89.9%	93.9%	93.4%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y ¹
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y ²
Information leaflets were available in other languages and in easy read format.	Y ²
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – Many of the staff were multi-lingual, reflecting the languages used by many of the practice's patients. The practice had a team of 26 health care assistants who could speak a range of Eastern European languages including Polish, Russian, Latvian, Romanian, Czech, Slovakian and Lithuanian. Health care assistants were an integral means of communication for patients and the practice and considerable effort went into matching patients with a GP or health care assistant who spoke the same language.</p> <p>2 – There was a multi-lingual electronic booking in system and information leaflets about the practice could be downloaded from its website in multiple languages.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified and supported 270 carers, approximately 1% of population.
How the practice supported carers (including young carers).	The practice had a carers protocol to inform staff of the importance of identifying and supporting carers. The practice used their screens in the waiting room to provide literature and offered flu jabs and health checks.
How the practice supported recently bereaved patients.	The practice told us and we saw evidence that they would send a condolences card to bereaved patients. In addition to this, the practice would offer an appointment if required and signpost to relevant support services.

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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y ¹
There were arrangements to ensure confidentiality at the reception desk.	Y ¹
Explanation of any answers and additional evidence: 1 – There were two sound proofed rooms available in which staff could receive and make telephone calls. These rooms were separate from the main reception area, allowing staff to contact patients in privacy and without distraction. The practice had a separate registration room, where patients could be assisted to complete registration forms in private. The practice also offered patients a multi- faith prayer room and a room where mothers could breast-feed their babies in private.	

Responsive

Rating: Outstanding

At this inspection, the practice was rated as outstanding for providing responsive services because:

- Patient's individual needs and preferences were central to the delivery of tailored services. The practice had developed services in response to their patient population and could evidence positive outcomes resulting in those services.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met those needs, which was accessible and promoted equality.
- The practice provided innovative approaches to providing integrated person-centred care which ensured all patients, including those most vulnerable, received good quality care in a timely manner.
- Feedback from patients through comment cards, reviews on NHS Choices, the GP National Patient Survey and patient consultations on the day of the inspection were highly positive in relation to the services offered by the practice and the ease of accessing those services.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y ^{1&2}
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y ¹
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: 1 – The practice were aware of a significantly diverse patient population and aspects of the service had been specifically designed to meet the needs of those patients. The practice told us approximately 80% of consultations were conducted in a language other than English. Many of the staff were multi-lingual, reflecting the languages used by many of the practice's patients. The practice had a team of 26 health care assistants who could speak a range of Eastern European languages including Polish, Russian, Latvian, Romanian, Czech, Slovakian and Lithuanian. Each GP worked with a team of health care assistants who were an integral means of communication for patients and the practice. The patient saw a health care assistant and GP who worked together to translate and treat the patient. Considerable effort went into matching patients with a GP and health care assistant who spoke the same language. There was a multi-lingual electronic booking in system and information leaflets about the practice could be downloaded from its website in multiple languages. 2 – The practice were aware that Eastern European patients had a higher prevalence of cardiovascular disease (per 100,000 of the male population) and had reviewed services to ensure the practice was able to respond and meet those needs. For example, the practice employed and trained clinical staff to specialise in the areas of cardiovascular disease.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
Appointments available:	
Monday - Friday	<p>GP-led appointments: 9.30am to 10.30am (open access) 11.30am to 12.30pm (review appointments) 3.30pm to 5.30pm (pre-bookable appointments, except Thursdays which are used as surgical procedures)</p> <p>Nurse appointments: 9am to 12pm (pre-bookable appointments) 12pm to 2pm (pre-bookable appointments)</p> <p>Phlebotomy: 8am – 3pm (pre-bookable appointments)</p>
Extended hours	<p>7am – 8am on Monday to Friday (pre-bookable appointments) 8am – 10am on Saturday (pre-bookable appointments)</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
26269	476	86	18.09%	0.33%

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 (01/01/2019 to 31/03/2019)	90.0%	94.0%	94.5%	No statistical variation

Older people

Population group rating: Outstanding

Findings

The areas of outstanding practice identified in responsive affected all patients including this population group, in addition to this, there were some other areas of good practice such as:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice provided effective care coordination to enable older patients to access appropriate services.
- The practice offered home visits to frail or vulnerable older patients.
- 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

The areas of outstanding practice identified in responsive affected all patients including this population group, in addition to this, there were some other areas of good practice such as:

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- The practice offered home visits to frail or vulnerable patients with a long-term condition.
- The practice provided clinics on Saturday mornings for patients to have a review of their long-term conditions.

Families, children and young people

Population group rating: Outstanding

Findings

The areas of outstanding practice identified in responsive affected all patients including this population group, in addition to this, there were some other areas of good practice such as:

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

Working age people (including those recently retired and students)

Population group rating: Outstanding

Findings

The areas of outstanding practice identified in responsive affected all patients including this population group, in addition to this, there were some other areas of good practice such as:

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 7am to 8am Monday to Friday and between 8am and 10am every Saturday.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation.

People whose circumstances make them vulnerable

Population group rating: Outstanding

Findings

The areas of outstanding practice identified in responsive affected all patients including this population group, in addition to this, there were some other areas of good practice such as:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.
- The practice had its own wheelchairs on the premises for patients to use if needed.
- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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

Population group rating: Outstanding

Findings

The areas of outstanding practice identified in responsive affected all patients including this population group, in addition to this, there were some other areas of good practice such as:

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Medical records reviewed showed evidence that the practice's system for the population was effective and had contributed to a better outcomes for patients. For example, we found one medical record where a patient did not speak any English and had been experiencing poor mental health. With the support of the HCA translator the GP was able to support and engage them alongside the specialist community mental health team.
- 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	81.6%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	81.5%	72.7%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	81.3%	67.0%	64.7%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2019 to 31/03/2019)	83.0%	78.3%	73.6%	No statistical variation

Any additional evidence or comments

The practice were aware of higher than CCG and England average patient satisfaction in relation to accessing services. The practice believed this was due to the flexible approach to appointments offered by the practice, ensuring all patients would be seen on the day of their request.

The practice and patients both gave a number of examples where they had responded to a patient's request at short notice which prevented the need for the patient to access other services such as urgent or emergency care. The practice evidenced examples of where patients had attempted to access urgent or emergency care services but were unable to access the treatment desired due to language difficulties. The practice had then contacted the patient and arranged an appointment to follow-up on the concerns.

The practice's non-elective emergency admission rate was 80.24 per 1,000 patients compared to Peterborough's average of 92.05. In addition, the practice had one of the lowest rates of ambulatory care conditions at 76.58 compared to Peterborough's average of 100.42. This was despite being located one mile from Peterborough City Hospital and looking after a generally deprived population with a higher proportion of patients who smoke, have a BMI over 30 and a prevalence of long-term conditions.

Source	Feedback
Comment cards	We received 23 comment cards which were wholly positive in relation to the practice. A number of the comment cards contained specific reference to the ease of accessing services at the practice.
NHS Choices	The practice had received five reviews on NHS Choices, three of these were rated five stars and one was rated one star. An additional rating of one star was given for the endoscopy service but this was separate to the GP practice. Only one of the reviews was from within the last 12 months and this gave the practice a rating of five stars and involved a positive comment in relation to the ease of accessing appointments and prescriptions.
Patient consultations	Patients we spoke with on the day of the inspection were wholly positive about accessing the practice. All of the patients we spoke with told us they found accessing the practice easy and provided a number of examples where they were able to access services at short notice.

Any additional evidence

The practice completed an annual patient survey which asked questions that mirrored the National GP Patient Survey but differed in that it was offered in a range of community languages relevant to the practice population. This survey was completed by approximately 120 patients across the diverse patient population. The survey was distributed in Polish, Czech, Lithuanian, Russian and English. The average scores were then reviewed against results published by the National GP Patient Survey.

The practice provided the following breakdown of results:

Question asked	Polish & Czech	Lithuanian & Russian	English
Could get an appointment?	100%	95%	100%
Was this convenient?	97%	92%	92%
Enough time with clinician?	100%	95%	97%

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.	19
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Examples of learning from complaints.

Complaint	Specific action taken
Patient dissatisfied following an appointment at how their long-term condition was managed.	The practice contacted the patient to apologise for their experience. The clinician had a one-to-one debrief with the clinical lead and further training was arranged for the member of staff.
A community clinician waited an excessive amount of time for paperwork at reception.	The practice contacted the community team to apologise and gave their details for any future point of contact. Further training was arranged for the reception team and a discussion held during clinical and non-clinical meetings about the expectations.

Well-led

Rating: Outstanding

At this inspection, the practice was rated as outstanding for providing well-led services because:

- The practice demonstrated strong leadership with clear roles, responsibilities and values. Staff we spoke with commented on how the strong leadership team provided clear direction and guidance and this was reflective of the most recent staff survey.
- The practice had a strong culture of learning and development and encouraged staff to undertake further learning and training to increase the skill mix within the practice and provide enhanced services to patients.
- The practice leadership team continually assessed and responded to patients' needs within their population group and had developed a system of care which met the needs of the population.
- The practice were involved in a number of initiatives and projects both locally and nationally, supporting the standard of care provided to patients and sharing best practice. In addition to being nominated for national awards recognising the quality of care provided.

Leadership capacity and capability

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

	Y/N/Partial	
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y ¹	
They had identified the actions necessary to address these challenges.	Y	
Staff reported that leaders were visible and approachable.	Y ²	
There was a leadership development programme, including a succession plan.	Y ³	
Explanation of any answers and additional evidence: 1 – The practice leadership team had identified challenges to quality and sustainability through the practice's diverse population group and had acted by forming a model of care using health care assistants which supported patients to access services in a safe and timely manner. 2 – Members of staff we spoke with on the day of the inspection told us leaders were both visible and approachable. In the most recent staff survey, 93% of staff said they were able to make suggestions about their work to the leadership team. 3 – The practice leadership team had developed a 'three year plan' which focussed on the following business areas: <ul style="list-style-type: none">• Strategy/Management• Service model• Financial• Patient population• Premises• Information technology• Staffing• Education and training		

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y ¹
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice told us their mission was: “To continue to be ‘the Practice of the future’”.</p> <p>The practice told us their aims and ethos were:</p> <ul style="list-style-type: none"> • The develop and provide a full range of primary health care services to our registered population and to be ‘the Practice of the future’. • Giving patients the highest quality of care possible. • Providing continuity of care to our patients. • Promoting equality of access to healthcare for our registered population. • Promoting preventative activities such as smoking cessation, exercise and diet modification. • Making every contact with a patient count and look beyond the reason the patient presents with. • Fostering an innovative approach to primary care supported by clinical teaching. • Creating a positive environment for staff and patients. • Ensuring vulnerable groups are protected. • Adapting and innovating with help of information technology. • Having a sustainable service whilst achieving these goals. • To be part of the solution to the challenges the NHS faces and providing support to the wider NHS. 	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y ¹
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: 1 – Staff we spoke with on the day of the inspection told us the practice supported their well-being. Due to the diverse staff population, occasionally members of staff were required to take emergency leave at short notice to return to their country of birth, staff told us the practice supported them to do so. In addition to this, the practice had commissioned a staff area which was designed to improve well-being and support the practice to hold staff events.	

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

Source	Feedback
Staff consultations	All of the staff we spoke with during our inspection told us they were happy working at the practice. The staff told us they felt the leaders and management team were all approachable and leading the practice well. In addition to this, the staff told us they believed the practice provides a very good quality of care to the patient population.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y ¹
Staff were clear about their roles and responsibilities.	Y ²
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 – The practice had strong governance structures and systems in place which were regularly reviewed. The practice had reviewed how they functioned and ensured staff had the skills and knowledge to ensure those systems worked effectively. For example, the practice had the lowest antibiotic prescribing rate in the Clinical Commissioning Group (CCG) area at 5.3% compared to the CCG average of 11.9% and the England average of 8.7%. This was achieved through a combination of education, promotion of self-care and through this work the practice were nominated as a finalist for Health Service Journal for work on self-care</p> <p>2 – Staff we spoke with on the day of the inspection told us they were clear on their roles and responsibilities and how to access support if they required it. In the most recent staff survey, 93% of staff said they knew what to do in their work. The other 7% of staff responded with a neutral, rather than negative, response.</p>	

Managing risks, issues and performance

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

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

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.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y ¹
The practice had an active Patient Participation Group.	Y ¹
Staff views were reflected in the planning and delivery of services.	Y ²
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y ³

Explanation of any answers and additional evidence:

1 – The practice had several methods of engaging with patients:

- The practice undertook an annual survey, and themes taken to include further improvements.
- The practice reviewed feedback from the GP National Patient Survey, and themes taken to include further improvements.
- The practice undertook a monthly review of the Friends and Family test responses from patients, and themes taken to include further improvements.
- The practice had an engaged Patient Participation Group, who met regularly with the practice leadership team.
- The practice operated an open door policy and encouraged feedback from patients.
- The practice regularly reviewed and analysed complaints and significant events, and themes taken to include further improvements.

2 – The practice had several methods of engaging with their staff:

- The practice undertook an annual survey, and themes taken to include further improvements.
- The practice operated an open door policy and encouraged feedback from staff.
- The practice had an appraisal system in place and could evidence all staff had received an appraisal within the last 12 months. In the most recent staff survey, 75% of staff said the appraisal system was useful and contributed to developing them in their role.
- The practice had a number of clinical and non-clinical team meetings. In the most recent staff survey, 93% of staff said they were involved in regular team meetings.

3 – The practice were involved in a number of initiatives and pilot schemes with stakeholders:

- The practice worked with the Clinical Commissioning Group to train cohorts of 'super Health Care Assistants'. The practice have been involved in two cycles of this training with a further planned for February 2020.
- The practice was part of a national working group for medical assistants and had presented their model to the national workforce group as well as being involved in the British Medical Association workforce conference.

Feedback from Patient Participation Group.

Feedback

We spoke with the practice's Patient Participation Group (PPG). The PPG was highly positive about the working relationship between the PPG and the practice and felt that they were valued in their position and were able to impact positive change in the practice.

We found the PPG was a reflective cohort of patients in comparison to the practice's population and the PPG provided a number of examples of high-quality care provided by the practice.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y ¹
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>1 - There was a fully embedded and systematic approach to improvement in the practice which was detailed and documented. Staff reported that development was actively encouraged, and training was available to them. For example:</p> <ul style="list-style-type: none"> We saw evidence that members of staff were encouraged to develop and the practice supported health care assistants to undertaken additional training to qualify as a nurse. In addition to this, the practice had supported a clinical member of staff to complete a degree in diagnostics and independent prescribing. The practice held weekly clinical and community practitioners' meetings which included standing agenda items as well as regular dedicated education sessions. The practice was a registered teaching and training practice since 2011 and in the previous three years had supported 22 trainees. The practice was recognised for its achievements on a national scale and nominated as a finalist for Health Service Journal for work on self-care and as "General Practice Team of The Year". 	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- 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.

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.