

# Care Quality Commission

## Inspection Evidence Table

### MAYBURY SURGERY (H81643)

Inspection date: 16 October 2018

Date of data download: 11 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and 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
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
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
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
<p>Explanation of any answers:</p> <p>We reviewed two staff files for staff that had been employed since the provider registered with CQC. We found recruitment checks were complete except for references for one member of staff. There was only one reference available for this member of staff and it did not meet the practices own policy on recruitment which stated references must cover the last three years of employment. The member of staff had been recently employed and the practice told us that they were following this up and were waiting for a second reference to be returned.</p> <p>We also reviewed one locum file and found that all recruitment checks were complete.</p>	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 15/10/18
There was a record of equipment calibration Date of last calibration:	Yes 26/06/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 06/17
Actions were identified and completed.	Yes
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes 16/06/17
Health and safety risk assessment and actions Date of last assessment:	Yes 16/06/17

Infection control	Y/N
Risk assessment and policy in place Date of last infection control audit: The practice acted on any issues identified	Yes 23/08/18 No issues required action
The arrangements for managing waste and clinical specimens kept people safe?	Yes

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	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
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Partial
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
Explanation of any answers:	
The practice did not have a paediatric pulse oximeter, but described how they could use an adult pulse oximeter for children if required.	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had 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

## Appropriate and safe use of medicines

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.76	0.87	0.95	No comparison available
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). (01/07/2017 to 30/06/2018) (NHSBSA)	4.7%	9.1%	8.7%	No comparison available

Medicines Management	Y/N
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
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management 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, audits for 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 systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	n/a
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	Yes
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Partial
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
<p>Explanation of any answers:</p> <p>On the day of inspection, we noted that the practice did not have a medicine available to treat children experiencing seizures. Since the inspection the practice have provided evidence that this medicine is now available on site.</p>	

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

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Partial
Number of events recorded in last 12 months.	Four
Number of events that required action	Four
<p>Explanation of any answers:</p> <p>There was evidence that some significant events were discussed at regular staff meetings and it was a standing item on the agenda. We noted that in two instances the recording was difficult to follow from the significant event log to where they were discussed in meetings and they were not always clearly recorded in staff meeting minutes.</p>	

Example of significant events recorded and actions by the practice;

Event	Specific action taken
Practice was informed by laboratory that two cervical cytology samples had not been received.	Practice found that the samples had not been taken but electronic request had been sent to laboratory so laboratory were expecting them. This was discussed with all staff who took cervical cytology samples and protocol changed to ensure that request only sent to laboratory once sample had been taken. We saw minutes of the staff meeting where this was discussed with all staff.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Partial
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>The lead GP told us that they received alerts and acted on them where appropriate. The GP described recent alerts and the action that the practice had taken. There was no system for oversight of the alerts received or actions taken.</p> <p>Since the inspection the practice have told us that the practice nurse has also been signed up to receive safety alerts and they have set up a shared folder on the practice computer system to store safety alerts.</p>	

# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.50	0.77	0.83	No comparison available
<p>Additional information</p> <p>The data above was a combination of data collected from the previous provider and from when the new provider was registered with CQC. The new provider demonstrated that they were aware there had been poor performance in some areas of prescribing. They also demonstrated that they were addressing these, through work with the clinical commissioning group medicines team and clinical audit.</p>				

## Monitoring care and treatment

### People with long-term conditions

Long term condition indicators
<p><b>Any additional evidence or comments</b></p> <p>The most recent published data available to CQC was from the period prior to this provider taking over the service. The new provider demonstrated that they were aware of poor performance in some areas of QOF and that they were currently addressing these. For example, the practice had introduced a clear action plan from a UK diabetes charity which showed patients their current results, contained information about diabetes and managing diabetes, and the action plan that the patient had agreed to. The practice had also delivered an educational event about diabetes in partnership with the community link worker.</p>

### Families, children and young people

Child Immunisation
<p><b>Any additional evidence or comments</b></p> <p>The data shown above is from the period prior to this provider taking over the service. The practice told us that they have been working hard with the community to increase the uptake of childhood vaccinations. We saw evidence of information leaflets provided regarding childhood immunisations and</p>

religion.

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
<b>Any additional evidence or comments</b>				
The most recent published data available to CQC was from the period prior to this provider taking over the service. The practice told us that they have been engaging with the community to increase the uptake of cancer screening.				

### Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed	Yes
<b>Any additional evidence or comments</b>	
This was demonstrated through meeting minutes and agendas.	

### Helping patients to live healthier lives

Description of how the practice helps patients to live healthier lives
<p>The practice was aware that diabetes was a concern amongst their patient population and had delivered an open diabetic educational event, which included an Urdu/Hindi speaking dietician and. The dietician gave advice and practical demonstrations about how Asian meals could be adapted to help with diabetic control. This was attended by 40 ladies.</p> <p>The practice hosted a women's chronic pain awareness day which was run in partnership with two other local GP practices and the local hospital. A pain consultant from the hospital attended with other members of the pain management team. This was attended by 35 ladies.</p> <p>A tuberculosis awareness day was also held at the surgery which was attended by 16 ladies.</p>

### Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
<p>The practice was able to monitor that consent was sought for interventions through the patient records. Consent for procedures, such as childhood immunisations and cervical screening was verbally sought and recorded on the patient's clinical record.</p>

# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	39
Number of CQC comments received which were positive about the service	38
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
Patient interviews and comments cards	<p>Patients told us that they felt the service had improved over the last year. They also told us that they never felt rushed in their appointments and that all the staff were professional, kind and friendly.</p> <p>Patients told us that the principal GP was engaging the local community and understood their needs. They told us that the practice has provided educational events at the practice and at the local mosque.</p>
NHS Choices	<p>Since the provider registered with CQC there have been ten comments left about the practice on NHS Choices. Nine of these comments were positive about the GP and the surgery, one was negative about the attitude of the GP.</p>

## 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 has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,299	408	69	16.9%	3.0%

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	88.3%	89.2%	89.0%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
31/03/2018)				
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)	91.8%	86.6%	87.4%	Comparable with other practices
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)	100.0%	95.8%	95.6%	Comparable with other practices
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)	83.9%	83.1%	83.8%	Comparable with other practices

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

Any additional evidence
The practice has an active patient participation group and takes part in the NHS friends and family test.

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients and comment cards	Patients told us that they felt listened to and their issues and concerns heard. They also told us that they were offered appropriate 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 (01/01/2018 to 31/03/2018)	96.4%	94.3%	93.5%	Comparable with other practices

Question	Y/N
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 easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Any additional evidence	
Multiple languages were spoken by practice staff, including the lead GP who was able to consult in Hindi and Urdu in addition to English.	

Carers	Narrative
Percentage and number of carers identified	35 patients were identified as carers (this was approximately 1.5% of the patient population).
How the practice supports carers	There was a folder of information for carers in the waiting area. The practice used carers prescriptions (a social prescribing system) to provide support for carers.
How the practice supports recently bereaved patients	The practice send a bereavement card with a personalised note from the GP. The card was followed up with a visit or telephone call if appropriate.

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>Patients were asked to respect each other's privacy by waiting back from the reception desk.</p> <p>The clinicians completed simple forms with details such as the type of clinician an appointment should be booked with, the reason, the length of time or forms that should be given to the patient, that the patient could hand to reception rather than explain verbally.</p>

Question	Y/N
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

Examples of specific feedback received:

Source	Feedback
Patient interviews	Patients told us that the practice had recently purchased a mobile screen to provide privacy should a patient be unwell in the waiting area.
Comment cards	Patients told us that they were treated with respect when they attended the surgery in person and over the telephone.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	8:30am to 6:30pm
Tuesday	8:30am to 6:30pm
Wednesday	8:30am to 12:30pm
Thursday	8:30am to 6:30pm
Friday	8:30am to 6:30pm

Additional information
<p>The practice did not offer extended hours appointments. However, the practice is part of a federation of GP practices that offer evening appointments until 9pm and weekend appointments 9am until 12pm. These appointments are run from locations in Walton-on-Thames, Ashford, Sunbury-on-Thames and Woking.</p> <p>There were two walk-in clinics with a GP per week, on Tuesday and Thursday mornings.</p>

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
<p>Reception staff book a telephone call for the GP to call back and assess urgency and whether a home visit was necessary. If an urgent request is received the GP is informed immediately. We saw evidence of an example where a request was made for an emergency situation, the GP called an ambulance to the patients address.</p>	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2,299	408	69	16.9%	3.0%

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)	94.0%	94.3%	94.8%	Comparable with other practices

## Timely access to the service

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	73.8%	68.0%	70.3%	Comparable with other practices
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)	73.6%	66.5%	68.6%	Comparable with other practices
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)	77.5%	64.5%	65.9%	Comparable with other practices
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)	80.7%	73.5%	74.4%	Comparable with other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
Comment cards and patient interviews	<p>Patients told us that it was easy to book appointments, online and with the receptionists. Patients also told us they did not have to wait long to get an appointment. They told us they found the telephone appointments recently introduced by the practice and the walk-in clinics convenient.</p> <p>Patients described a new text messaging service where the GP was able to send personalised messages directly to individual patients, for example; to advise that a blood test should be fasting or regarding blood test results.</p>
NHS Choices	<p>Since the provider registered with CQC there have been ten comments left about the practice on NHS Choices. Three of these comments referred to obtaining appointments and two of these three were positive.</p>

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received since CQC registration.	0
Number of complaints we examined	0
Number of complaints we examined that were satisfactorily handled in a timely way	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
No complaints had been received by the service since their registration with CQC. We saw the practice had a protocol to respond to complaints. We could not assess whether it was used appropriately as no complaints had been received.	

# Well-led

## Leadership capacity and capability

### Examples of how leadership, capacity and capability were demonstrated by the practice

The leaders have run the service on behalf of the previous provider and registered as the provider in November 2017. Since they have been running the practice they have made significant improvements. For example; when the principal GP took over the practice she found that prescribing of some high-risk medicines was unsafe and took immediate action to resolve this. The GP asked the clinical commissioning group medicines team to help and between them have made the prescribing of high risk medicines safe.

The practice has reviewed their service and have recruited a nurse practitioner, who will complete their prescribing training under supervision of the principal GP. The practice also has plans to provide further training for a phlebotomist to become a health care assistant.

The practice was aware of the demands of and difficulties faced by their patient population.

## Vision and strategy

### Practice Vision and values

The aim of the practice was to provide the best possible healthcare in a family and community environment. To provide a service that is easy to access, stress free, friendly but above all to help patients to be healthy and happy and know that they are the most important part of our team.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice described how they had been working with the practice community to improve health. The practice has tried to refer patients with diabetes to specialist services and found that they encountered language difficulties. In response to this two clinical staff have now completed training to initiate and monitor insulin so that patients can receive this care at the practice.

The practice showed us evidence that they were introducing new ways of communicating with their patients. For example; the practice showed us they had introduced a text messaging system which enabled the GP to contact individual patients by text message and the message would be saved automatically into the patient record.

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

Source	Feedback
Staff interviews	Staff we spoke with told us that they enjoyed working at the practice. They told us they felt valued and listened to by the principal GP and that they were proud to be part of the practice team that was helping the community to improve their health.

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	On shared drive and printed copies. There were folders containing subsets of policies and protocols relevant to the area of work, for example in reception there were policies and protocols frequently used by reception staff. We reviewed 20 policies and noted that one was not fully personalised to practice.
Other examples	Business continuity plan was comprehensive and available on and off site.
	<b>Y/N</b>
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

## Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Health & safety	The practice had employed an external health and safety company to carry out risk assessments such as Legionella and fire safety.

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

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

### Feedback from Patient Participation Group;

Feedback
<p>The patient participation group (PPG) told us that they felt the practice listened to their ideas and where possible implemented them. For example, the PPG suggested a privacy notice should be placed in reception to protect patient confidentiality when speaking to staff at the reception desk, this had been implemented before our inspection.</p> <p>The PPG also told us that the practice understood their patient group well and were proactive in promoting healthcare within the community, for example, educational talks at a local mosque.</p>

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Blood thinning medicines	Reduced number of patients on an older type of blood thinning medicine and transferred most to a modern medicine. The audit identified that some patients who were not clinically suited to the modern medicine who should have been receiving specialist monitoring were not receiving it. The latest audit showed that all patients who required specialist monitoring were receiving regular specialist monitoring.
Antibiotic prescribing	The initial audit showed that two out of three patients had been prescribed an inappropriate length course of antibiotics. The re-audit showed that all patients had been prescribed an appropriate length course of antibiotics.

Any additional evidence
<p>The practice showed us evidence that they had been working closely with the clinical commissioning group medicines team to improve prescribing within the practice. They also described how they had been working with the community link worker to engage with the patient population.</p>

## 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 comparable, 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 comparable 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	Comparable to other practices	$-2 < Z < 2$
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.

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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk>).
- **RCP:** Royal College of Physicians.
- **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. ( [See NHS Choices for more details](#)).