

Care Quality Commission

Inspection Evidence Table

Dr Christopher Cole and Partners (1-550899237)

Inspection date: 1 December 2021

Date of data download: 12 November 2021

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: The practice had a policy that all staff, regardless of whether working in a clinical or administrative role, had a DBS check carried out prior to recruitment. The practice identified vulnerable patients and ensured they were highlighted on the clinical system for clinicians to be aware. Clinicians told us they knew their patients well, and also added extra notes on the clinical system where they knew patients were particularly vulnerable, for example, by having a tendency to downplay their symptoms. This ensured appropriate priority could be given by administrative staff when arranging appointments. There was a system for identifying and reporting safeguarding concerns and the practice liaised with health visitors, school nurses and midwives.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was an appropriate recruitment policy in place. We checked recruitment records for three employees. For one employee we found there was an eight-month gap in employment history which had not been explained via the interview process. The provider immediately sought an explanation for this gap and was able to obtain reassurance before the end of the inspection.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 15 June 2021	Y
There was a fire procedure. Date of fire risk assessment: 15 June 2021	Y
Actions from fire risk assessment were identified and completed.	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: December 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had last completed an infection prevention and control (IPC) audit in December 2019. We noted all actions identified as a result of the audit had been completed in January 2020. The practice was aware that an IPC audit had not been carried out in 2020 but had delayed the process due to their extensive involvement in the vaccine programme. Due to COVID-19, IPC procedures were under constant review and the practice had risk assessed the delay and deemed it to be appropriate to their circumstances. The next IPC audit had been planned for January 2022.</p> <p>As part of the inspection we reviewed cleaning schedules and observed the areas we visited to be visually clean.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had appropriate emergency equipment. The practice had already identified, prior to the inspection, that the defibrillator pads had an expiry date of December 2021 and these had been ordered. We noted the practice did not have any paediatric defibrillator pads, contrary to the Resuscitation Council UK guidelines on paediatric resuscitation. The practice placed an immediate order for paediatric defibrillator pads and produced evidence of this.</p> <p>We were told during the inspection that the practice had been experiencing administrative staff shortages, due to the high turnover of staff. This was attributed to the pressure and stress of working in primary care in the current climate and the difficulties meeting the expectations of frustrated patients. Actions had been taken to recruit and there were several new staff scheduled to start over the few weeks following the inspection. The operations manager told us they had flexibility to manage staff sickness at current levels and were also able to call on bank staff when needed.</p> <p>The practice had found it difficult to recruit GPs, in line with the known national problem of a shortage of GPs. The practice had therefore taken mitigating actions, including recruiting advanced nurse practitioners (ANPs) to run the same day care service supported by duty GPs. As a training practice, GP registrars were supported through training with a view to continuing employment with the practice as a GP when qualified. This had resulted in some success.</p> <p>The same day service known by the practice as urgent care centre (UCC) was under extreme pressure on a daily basis, regardless of whether it was a bank holiday or a known busy period. The practice had worked extremely hard to keep this crucial service running for patients so that patients with an acute condition needing same day care had access to timely treatment. Even when appointments were full, patients were offered a call back from the duty doctor. GPs were aware, that due to the rural location, it would be difficult for patients to access same day care anywhere else, and therefore this service was prioritised.</p> <p>The practice were responsible for the care of patients at six local care or nursing homes. All homes had a weekly virtual ward round. There was a weekly face to face ward round for some patients in the nursing home.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y

There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: There was a documented policy regarding the reviewing of test results. GPs worked a 'buddy' system to ensure cover was in place for non-working days. This included a backup system if a 'buddy' was on annual leave.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHS Business Service Authority - NHSBSA)	0.70	0.66	0.69	-
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). (01/07/2020 to 30/06/2021) (NHSBSA)	12.7%	11.4%	10.0%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2021 to 30/06/2021) (NHSBSA)	5.99	5.87	5.38	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	114.5‰	110.6‰	126.1‰	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2020 to 30/06/2021) (NHSBSA)	0.17	0.61	0.65	Significant Variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2021 to 30/06/2021) (NHSBSA)	8.8‰	9.2‰	6.7‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	NA
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y

Medicines management	Y/N/Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice employed a nurse manager and three advanced nurse practitioners who were able to prescribe within their area of competency. Each nurse had a GP mentor and received monthly clinical supervision. This helped the nurses to develop their practice and the practice to be assured about their competency to prescribe appropriately.</p> <p>The practice did not routinely audit the prescribing practice of nurse prescribers and although this was partially mitigated through antimicrobial audits, the practice told us they would ensure that, going forward, separate prescribing audits for nurse prescribers would be carried out.</p> <p>GPs prescribed no more than two months medicine at a time and this was authorised for repeat, no more than six times before a GP review was needed. If there were any concerns regarding a patient request for a medicine, then the request was reviewed by a GP. Patients who repeatedly failed to attend for required blood monitoring tests were flagged to GPs and there was a system in place to reduce the amount of medicines issued to encourage them to attend the practice for the required tests.</p> <p>GPs told us that, due to the current blood bottle shortage they had found it difficult to complete medicines reviews in a timely manner. The practice told us they continued to be unable to purchase blood bottles, even though there have been media announcements that the situation has stabilised.</p> <p>Prescription stationery was safely monitored and stored. Prescriptions were only printed from one printer which was kept locked at all times.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	30
Number of events that required action:	30
Explanation of any answers and additional evidence: Significant events were called learning events. Any member of staff could open a learning event by completing a form and sending it to the appropriate manager for investigation. The investigating officer identified opportunities for learning. and logged on a spreadsheet to identify trends which were discussed at GP and senior management team meetings. The learning event spreadsheet recorded the problem, the root cause, the solution implemented and action to prevent reoccurrence.	

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

Event	Specific action taken
Test results not reviewed for 3 days in the absence of a GP registrar	Actions taken to ensure when a GP registrar is absent, test results are forwarded to their mentor
Diagnosis of cancer not coded on the clinical system.	Corrected coding and reviewed to ensure no others.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Safety alerts were reviewed and shared by the PCN pharmacist. We saw examples of actions taken on recent alerts.	

Effective

Rating: Good

QOF requirements were modified by NHS England for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Partial
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Y
Explanation of any answers and additional evidence: We noted that the practice had not signed up to receive National Institute for Health and Care Excellence (NICE) guidance updates. On the day of the inspection, the practice signed up to receive these updates. The practice told us they ran searches to ensure that patients were receiving care appropriate for their condition. The practice had identified their most frail patients and contacted them during the pandemic to make sure they were safe. Care navigators called those patients individually by telephone to book in COVID-19 vaccinations to ensure even if they were not able to access online appointments through the NHS they had vaccinations.	

Effective care for the practice population

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.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- All patients with a learning disability were offered an annual health check.
- 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 a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- Locums were engaged to hold special clinics to carry out learning disability checks. All patients were individually called to arrange attendance at these clinics.
- The practice's health and wellbeing team developed a mindfulness course to support patients who were struggling with their mental health.
- The practice was working with the clinical commissioning group (CCG) across the primary care network (PCN) to improve access for patients with mental health issues. They had advertised to recruit a mental health practitioner to support this.
- Practices had worked together to align specific care and nursing homes to specific practices. The practice was responsible for providing primary care to six homes. A weekly call was held with each home to carry out a virtual ward round.
- During the first COVID-19 lock down staff from the practice called all elderly, housebound or vulnerable patients to carry out welfare checks.
- The practice had a daily urgent care centre (UCC) to provide care and treatment to all patients requiring same day care.

Management of people with long term conditions

Findings

- Patients with long-term conditions were usually offered a structured annual review to check their health and medicines needs were being met. Specific afternoon clinics were set aside to carry out these reviews.
- The practice had struggled to deliver all aspects of these reviews due to the shortage of blood bottles which meant they were unable to carry out the necessary blood tests and in the absence of being able to complete spirometry testing. The blood bottle issue continued to affect the practice,

even though media were reporting the situation as having stabilised. The COVID-19 pandemic had also caused a delay in some of these reviews.

- The practice had used the University of London (UCL) risk stratification model to RAG (red amber green) rate long term condition patient reviews. This meant the highest risk patients were seen first. Patients were called according to their birth month and received tests and reviews in relation to all their conditions rather than being recalled on multiple occasions.
- Patients were offered an application (app) called MyMHealth which gave patients support and self-help advice on managing their long-term condition.
- During the pandemic New Forest park rangers delivered diabetic monitors to patients to support patients to manage their diabetes at home.
- The practice's health and wellbeing team developed courses that were accessible to local people, such as pre-diabetes, hypertension and obesity.
- 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 COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.
- As part of our inspection, we carried out searches on the practice's clinical system to identify whether patients with long term conditions received appropriate care, monitoring and treatment. We found only a small number of cases where extra work was needed, which the practice addressed immediately.

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) (01/04/2019 to 31/03/2020) (NHS England)	201	210	95.7%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received	194	203	95.6%	Met 95% WHO based target

Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)				
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) (01/04/2019 to 31/03/2020) (NHS England)	196	203	96.6%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	194	203	95.6%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	225	244	92.2%	Met 90% minimum

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

Any additional evidence or comments

The practice had exceeded the world health organisation (WHO) target of 95% for four out of the five indicators. The practice had exceeded the minimum WHO target of 90% for one of the five indicators.

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). (Snapshot date: 31/03/2021) (Public Health England)	70.5%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	72.7%	71.5%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	70.8%	67.5%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	59.5%	52.7%	54.2%	No statistical variation

Any additional evidence or comments

The practice had not achieved the Public Health England target of 80% of eligible women to receive cervical screening. The practice stopped undertaking cervical screening on 23 March 2020 when instructed to by NHS England. These were restarted on 14 May 2020.

Following the lock down the practice focussed on making sure any women who had been cancelled were re-booked and ensured patients who were due to be screened but had not been contacted by the screening service due to lockdown measures were booked in.

Blackfield Health Centre was reopened as a cold site on 3 June 2020 for patients who were vulnerable or did not want to attend Waterside Health Centre which was being used as a Hot Hub.

The practice provided updated unverified data during the inspection that 83% of eligible patients had received cervical screening. This was across both age groups.

Monitoring care and treatment

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

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

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

The practice had completed a two cycle audit reviewing patients at high risk of a lack of bone protection. The outcome showed a reduction from 8 patients to 3 patients (62% improvement) for those at highest risk and across the whole practice (patients of all risk categories) an improvement from 87% to 94%. A further audit showed a reduction of patients on repeat prescriptions for opiates from 120 to 41. The audit also looked at the source of the prescribing, for example, was it initiated in the practice or was it long standing from another provider. Only a small percentage were initiated by the practice.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Records showed that staff had either completed appropriate mandatory training or there was a reason why this was in progress or on hold, for example, the staff member had only recently joined or was on maternity leave. We noted some members of staff had not completed basic life support training since 2019. This was due to the lack of face to face training during the pandemic. The practice manager told us he would arrange online training for any staff member who had not completed basic life support training in the last year. Although staff had completed basic life support training, there was a requirement to repeat this annually.</p> <p>We found that appraisals of administrative staff were up to date and staff we spoke with were able to confirm they had received an appraisal. Six out of 12 appraisals for nursing and health care assistant (HCA) staff had not been completed but all had a date booked in. All nurse prescribers were appointed a GP mentor and received regular supervision.</p> <p>GP appraisals nationally were paused between March 2020 and October 2020 meaning the programme of appraisals was a bit behind. Within the practice, five GPs were behind with their appraisal but two of these had already been booked in.</p> <p>The practice was a training practice, and this included supporting and training GP registrars. We spoke with a GP registrar who told us they received a three-hour tutorial every week, completed seven GP sessions each week and two sessions of directed learning. They said they had felt supported by their mentor and the practice, and had not been put under pressure to increase their workload even when the practice was facing unprecedented demand. They said they had found a weekly debrief meeting really helpful.</p>	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice ensured all necessary information was sent to the out of hours service, for example, in relation to syringe drivers for patients requiring palliative care.</p>	

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.	Partial
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: The programme of reviews for long term conditions such as asthma and diabetes was behind due to pressures caused by the pandemic including the vaccination programme. The practice had a system in place to ensure those with the highest risk received review and monitoring as a priority. Patients on the palliative care register were RAG rated. For patients who were rated amber or red, regular meetings were held with the local hospice. The practice attended a weekly multi-disciplinary team (MDT) meeting to discuss community patients who may be palliative or living with frailty. On behalf of the primary care network (PCN) the practice held health and wellbeing sessions in the practice. These included, for example, mindfulness sessions. The practice had also set up a charity 'Friends of Red and Green' and raised money for a community garden at the back of the practice. About 20 volunteers (increasing in the summer months) supported the garden called 'healthy haven.' The practice supported patients with an application (app) called MyMHealth which provided education, rehabilitation, and self-management for long-term conditions.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection we reviewed three DNACPR decisions for patients at the practice. We found the decisions had been made inline with legislation and were appropriate.</p>	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

	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
<p>Explanation of any answers and additional evidence:</p> <p>Due to the pandemic and changes in the way the practice operated and CQC inspected, it was difficult to obtain evidence of patient feedback. During the inspection all staff we spoke with, displayed empathy and understanding towards patients and wanted to do whatever they could to help them.</p> <p>The practice had scored well in the national GP patient survey (see results below). There had been mixed feedback on NHS Choices with five patients rating the practice as one star, four rating the practice as two star, one three star, one four star and two rated the practice as five stars. This represented 13 patients out of 23,145. Comments were indicative of patients' frustrations with the difficulty in getting appointments in the current climate and of huge pressure on GP practices in general.</p>	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	89.5%	90.6%	89.4%	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 (01/01/2021 to 31/03/2021)	91.2%	89.4%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	95.9%	96.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	84.4%	83.5%	83.0%	No statistical variation

Any additional evidence or comments

The practice manager told us the results of the GP national survey had been reviewed. The practice had performed well and therefore no actions had been identified for improvement.

Question

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

Y/N

Partial

Any additional evidence

The practice manager told us the patient survey had been delayed due to the impact of the pandemic and the time needed to set the practice up as a vaccination hub. There were plans to complete the patient survey in December 2021.

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
Explanation of any answers and additional evidence: Staff were trained in completing learning disability reviews. These were carried out either in patients' own homes or at quiet times at the practice so that patients could be given the time they needed to understand their care.	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	93.9%	94.3%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	N
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice's patient demographic was 97.7% white, which included a small Polish community. Where necessary the practice used language line for interpretation. We did not see any leaflets in Polish in the waiting area.</p> <p>Information about support groups and self-help was comprehensive and extensive on the practice's website. For example, information about social prescribing, pharmacy, long term conditions, eating well, mental health, local support groups, sexual health, support with alcohol and giving up smoking, parenting and wellbeing for children and young adults was included.</p>	

Carers	Narrative
Percentage and number of carers identified.	3.3 % 769 carers
How the practice supported carers (including young carers).	The practice (in line with national guidance) prioritised carers for the COVID-19 vaccination. We were told that a social prescriber played a role in supporting carers.
How the practice supported recently bereaved patients.	Relatives of patients who had recently passed away were contacted personally by their GP.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>All the staff we spoke with, told us they were very much aware of the need for patient confidentiality and ensured this was respected.</p>	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <p>To meet the patient need for same day care, the practice had an urgent care centre (UCC). The UCC was run by advanced nurse practitioners (ANPs) and GPs. When a patient called saying they needed to be seen that day, administrative staff followed an algorithm to determine the most appropriate type of appointment for the patient. Staff also assessed for the risk of COVID-19 and if the patient presented a risk, they were referred to the on-site Hot Hub. For any red flag symptoms patients were asked to dial 999. The UCC provided five-minute appointments 8.30am to 12.30pm and 2.30pm to 6.30pm five days a week. There was high demand for this service and all appointment slots were filled daily. Once filled patients were offered a call back by a GP, an econsult or to call NHS 111. Patients were always offered an option to receive advice or treatment in relation to their condition. The practice also had a wide range of advice available on their website informing patients how to self-care for certain conditions or the most appropriate place to seek help such as a pharmacy in some cases.</p> <p>Patients were also able to book routine appointments, and these were released at varying times; some two weeks in advance, some two days in advance and some on the day. GPs did their best to accommodate all patient need and choice, in response to the excessive patient demand for appointments.</p> <p>The practice had reduced the use of econsult as patients had found it difficult to use and it wasn't refined enough for most conditions. GPs had found it difficult to manage the high numbers and patients had used it inappropriately creating extra work.</p>	

Practice Opening Times Waterside Health Centre	
Day	Time
Opening times:	
Monday	7.30am to 8pm
Tuesday	7.30am to 8pm
Wednesday	7.30am to 1pm 2pm to 8pm
Thursday	7.30am to 8pm
Friday	7.30am to 6.30pm

Note: The closing time had recently changed from 8pm to 6.30pm, for both locations, following the latest Government announcement about accelerating the COVID vaccination program.

Appointments between 6.30pm and 8pm are for routine appointments only

Practice Opening Times Blackfield Health Centre	
Day	Time
Opening times:	
Monday	8am to 1pm 2pm to 6.30pm
Tuesday	8am to 8pm
Wednesday	8am to 6.30pm
Thursday	8am to 8pm
Friday	8am to 6.30pm

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

- 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. Home visits were generally carried out by a paramedic recruited by the PCN. GPs carried out home visits where this was appropriate, for example, palliative care or special need.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- The practice held a register of patients living in vulnerable circumstances.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice was a dementia friendly practice.
- The practice had set up a Hot Hub and a vaccination hub on site to meet the needs of the locality. Due to the rural location of the practice, it was felt that patients may find it difficult to travel to access these services.

Access to the service

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

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

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice, like all practices nationally, had experienced unprecedented demand for appointments. Whilst trying to meet this demand, the practice had also set up and managed a COVID-19 vaccination centre to ensure local people did not have to travel far for their vaccination.</p> <p>The demand was exacerbated by conditions beyond the control of the practice. These included:</p> <ul style="list-style-type: none"> • An increase in requests by secondary care for more conditions to be managed in the community by primary care. • A national shortage of blood bottles meaning necessary blood tests to diagnose and monitor conditions could not always be carried out in a timely way. • A national problem with the clinical system EMIS constantly crashing or operating at a slow speed. This had a big impact on the delivery of care. • A national shortage of GPs, the practice has been unable to recruit GPs for the past two years and in that time some GPs had resigned. • The impact of the pandemic meant that at various times some GPs were shielding or self-isolating. • As demand had risen, patient frustration had risen, leading to verbal abuse of staff. This affected the administrative team where there had been high staff turnover. 	

Despite all this, the practice had worked very hard to ensure patients who needed same day care were seen that day and that, as far as possible, patients were offered choice in the type of appointment they required. The practice reported that GPs were mentally and physically exhausted. Many staff working behind the scenes had worked excessive hours to ensure systems were in place to offer the most appropriate and timely care for patients.

The telephone systems at both sites (Waterside and Blackfield) had been merged and this had helped to make a more effective system for patients. Previously, patients had tried to call both sites, but this had now been reduced to one number and calls were answered in turn. The practice had also moved to a cloud-based call system which had made the system more stable. The practice were not actively monitoring the call data as they did not have capacity to do this. The call data we reviewed during the inspection did not look realistic. By understanding the data and checking for call drop outs and wait times, the practice would be able to improve the call service for patients waiting.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	76.4%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	72.7%	70.3%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	57.1%	65.2%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	79.3%	82.6%	81.7%	No statistical variation

Any additional evidence or comments

The practice offered a range of appointments and appointment times. The practice manager told us he had reviewed the outcomes of the GP patient survey and had found no actionable concerns.

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.	26
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
Explanation of any answers and additional evidence: The practice had a complaints policy, which included a clear complaints handling process. Complaints were logged and acknowledged within three working days and investigated by the operations manager, including feedback from relevant members of staff. Patients received appropriate responses to their complaints, and we saw evidence that the practice exercised their duty of candour.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Staff were rude on the telephone	Staff member apologised verbally and in writing
Error in clinical coding	Error was corrected, system upgraded, and patient received an apology

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: Leaders clearly explained the challenges they faced in continued delivery of quality of care for all patients. They had taken steps to tackle challenges which were within their power to address. The effect on leadership was taken into account when making future plans.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The vision and core values were displayed in the staff room. There was a clear staffing structure in the practice and staff were aware of their role in the delivery of care to patients in line with core values.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff told us there was a positive atmosphere and that managers tried hard to ensure that staff felt like a team. They felt they were able to speak openly to managers, and managers were responsive to their concerns. Several examples were given of managers responding appropriately to feedback, including a requested change of uniform and a change in appointment times, which were under continuous review.</p> <p>The practice had a public interest disclosure policy (sometimes called whistleblowing). The policy directed staff to speak to an appointed speak up guardian at the clinical commissioning group (CCG), (although this person was not named in the policy) or the NHS whistleblowing helpline. Staff were also able to speak to management internally if they felt comfortable to do this.</p> <p>We saw clear evidence during the inspection, that the practice had complied with its duty of candour. Patients were given an apology when things went wrong.</p> <p>The wellbeing of staff was supported by the practice. There was a wellbeing group where staff were able to access activities such as mindfulness. They also had access to the MyMHealth app to support health and wellbeing. There had been activities designed to support physical and mental wellbeing. For example, during lockdown, staff had been challenged to walk from the UK to Samoa. A map was put up with staff being encouraged to add in their exercise each day.</p>	

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

Source	Feedback
Staff feedback	<p>Staff told us they felt under considerable pressure exacerbated by colleagues leaving who were unable to cope with the pressure, however staff we spoke with continued to work well as a team and support each other.</p> <p>'I think we have done well to cope with the amount of patients that need to be seen'</p>

	'We work well as a team and help each other wherever possible to give the best care we can to patients'
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Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was a full range of policies and processes in place, stored centrally and staff knew where to find these. They told us they were notified when there were changes to policies and procedures.</p> <p>The management structure included a business manager, an operations manager, and information technology (IT) manager and a nurse manager. Structured meetings were in place which included senior management meetings (weekly), management and doctors (MAD) meetings (monthly) and finance meetings (monthly). There were also nurse meetings and administrative meetings. Due to the pressures of the pandemic, these had not been as frequent as staff would like.</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 quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice continued to struggle to find enough routine appointments to meet patient need and to catch up with reviews of patients with long term conditions. These appointments were limited by staff availability. Same day care was provided via the UCC for all patients who needed it. The appointments structure was under constant review to try to meet patient need.</p>	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: The practice had, in the past, proactively managed their quality and outcomes framework (QOF). During the pandemic QOF targets were taken away to allow practices to focus on delivery of immediate care needs and the vaccination program.	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence: All patient records were kept and maintained on the clinical system EMIS. Patients were able to use econsult to contact the practice however this was found not to be a useful tool for clinicians and its use had been restricted.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Partial
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: The practice had a small patient participation group (PPG) and a larger virtual PPG. Prior to the pandemic the PPG were meeting face to face very two months. Due to the demographic of the PPG and the risk of meeting face to face the meetings had stopped and by mutual agreement with the practice paused until Spring when a new arrangement could be made including appointing a new chair.	

Feedback from Patient Participation Group.

Feedback
We spoke with the chair of the PPG. He told us the practice manager had attended all the meetings and was fully engaged with the PPG but felt that GPs could be more engaged or attend more often. He would like to see more engagement from GPs when the PPG is restarted in the Spring.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: A new UCC was in the process of being built in the new development of Hythe hospital which was next door to the practice. The UCC was a PCN collaboration and would be staffed by, and provide same day care to, patients of all practices in the PCN. The practice donated money each year to various organisations, last year they had donated to a football team set up for people with mental health problems. They had also been asked to donate to a group set up for bereaved families which involved running Tai chi sessions in the community garden.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- PHE:** Public Health England.
- QOF:** Quality and Outcomes Framework.
- STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
-
- % = per thousand.