

Care Quality Commission

Inspection Evidence Table

Monkseaton Medical Centre (1-546042403)

Inspection date: 12 February 2019

Date of data download: 06 February 2019

Overall rating: Good

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

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Partial
Staff who acted as chaperones were trained for their role.	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:	

Safeguarding	Y/N/Partial
Nursing and health care staff usually carried out chaperone duties when required and this group of staff had received chaperone training and undertaken a DBS check. However, on occasion a member of the non-clinical staffing team would act as a chaperone. Although these members of staff had undertaken chaperone training none of them had a DBS check. The practice manager told us that they had sought advice regarding this from their local authority safeguarding board who had informed them that a DBS check was not required unless the member of staff was likely to have one to one contact with a vulnerable adult or child. Whilst this is the case in general for non-clinical staff we would still expect staff who acted as a chaperone to undertake a DBS check. A risk assessment was in place detailing the rationale for not carrying out DBS checks on non-clinical members of staff when carrying out their normal administration and reception duties.	

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 and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y Sept 2018
There was a record of equipment calibration. Date of last calibration:	Y April 2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/a
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y Nov 18
There was a log of fire drills. Date of last drill:	Y 5.12.18
There was a record of fire alarm checks. Date of last check:	Y 12.2.19
There was a record of fire training for staff. Date of last training:	Y Various
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 21.9.18

Actions from fire risk assessment were identified and completed.	Y
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Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y June 2016
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y June 2016

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	1.2.2019
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

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y

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
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
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
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.	Y

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.00	1.06	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.8%	8.3%	8.7%	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 (01/04/2018 to 30/09/2018) (NHSBSA)	4.89	5.00	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic	1.51	2.92	2.22	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)				

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).	Partial
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.	Y
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.	N/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Partial
Explanation of any answers and additional evidence:	

Medicines management	Y/N/Partial
<p>During the inspection we asked a healthcare assistant to show us a patient specific direction (PSD) that gave them authority to administer vitamin B12 injections. The PSD we were shown was dated 25 January 2017 and the expiry date was 25 January 2018 yet the latest B12 injection administered for that patient had been on the morning of the inspection. The practice immediately audited their PSDs and implemented a process to ensure that expiry dates were regularly reviewed.</p>	
<p>During the inspection we noted that the practice had two refrigerators used to store medicines that required refrigeration, such as vaccines. A system was in place to check and record the maximum and minimum temperature of the larger fridge on a twice daily basis in line with recommended guidance. The temperature of the smaller fridge was checked once per day and the actual temperature recorded. Several staff members we spoke to during the inspection were unable to explain why a different process was in operation for each fridge. However, the practice manager contacted us post inspection to explain that the smaller fridge is not used to store vaccines overnight. It was used to temporarily store childhood immunisations and flu vaccines to ensure the cold chain was maintained whilst clinics were running. Following our inspection, the practice took steps to ensure clinical staff were reminded that the smaller fridge was not to be used to store vaccines for prolonged periods and must be returned to the larger fridge when clinics were finished.</p>	
<p>The practice had a comprehensive policy in place to monitor the prescribing of high-risk medicines. The lead GP had designed a letter to send to all non-cancer patients taking high dose opioids informing them of potential side effects to encourage dose reduction.</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 during 2018	13 (11 internal; 2 external)
Number of events that required action:	11

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

Event	Specific action taken
A patient experiencing the bereavement of a close family member had not received any contact from the practice.	The practice had reviewed and updated their bereavement policy and implemented a flow chart for staff. This prompted them to inform clinicians of bereavements, send a condolence

	card to the family and to ensure tasks relating to deaths were actioned to avoid further correspondence being sent to the deceased.
Concerns raised by a patient regarding prescribing of a steroid	A discussion took place at a significant event meeting to determine the frequency of monitoring that was required when a steroid dose changed. The practice was in the process of considering whether reviews and monitoring should be managed by the pharmacist attached to the practice. A decision was taken to audit steroid prescribing regularly during 2019. A new protocol governing steroid prescribing and monitoring was to be developed.

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 actioned by the practice pharmacist. A monitoring system was in operation to ensure all alerts requiring action had been completed. Medicines and health products regulatory agency (MHRA) were reviewed at regular prescribing meetings.	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	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 were in place 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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.32	0.69	0.81	Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice employed a pharmacist and pharmacy technician whose roles included carrying out annual medication reviews of housebound patient and nursing home residents.
- The practice had a good system in place to ensure older people were offered a flu immunisation. Eighty nine of their 121 housebound patients (75.5%) had received a flu immunisation to date during 2018/19.

People with long-term conditions

Population group rating: **Good**

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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.
- The practice offered group consultations for patients displaying pre-symptomatic long-term conditions such as diabetes, heart attack or stroke.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Over 85% of patients with long term conditions including chronic obstructive pulmonary disease, dementia, ischaemic heart disease and stroke had received and flu immunisation during 2018/19.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.7%	81.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	10.5% (46)	14.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.3%	79.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	15.1% (66)	11.5%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.4%	82.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	20.6% (90)	15.9%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.8%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	7.1% (40)	10.5%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.0%	90.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.1% (6)	14.0%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.0%	84.7%	82.6%	No statistical variation
Exception rate (number of exceptions).	5.4% (68)	4.8%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.0%	87.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.4% (8)	7.7%	6.7%	N/A

Findings

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

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	68	72	94.4%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	88	96	91.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	88	96	91.7%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	88	96	91.7%	Met 90% minimum (no variation)

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	75.4%	76.4%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	83.3%	72.8%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	65.8%	57.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	53.5%	70.7%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	63.3%	54.0%	51.9%	No statistical variation

Any additional evidence or comments

The results above relate to the period 1 April 2017 to 31 March 2018. The practice manager informed us that their current cervical screening uptake rate was 82.3% which is above the national target rate of 80%. They had encouraged uptake by sending personalised letters to patients with an information leaflet advising them of the benefits of cervical screening and what the process entailed.

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those

whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to ‘stop smoking’ services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.6%	91.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	6.9% (2)	13.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	81.5%	92.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.9% (2)	11.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	76.6%	83.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.3% (1)	6.3%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	545.2	547.6	537.5
Overall QOF exception reporting (all domains)	5.1%	6.3%	5.8%

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

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

<p>Audit on B12 prescribing and patient specific directions (PSDs) – February and July 2016</p> <ul style="list-style-type: none"> The aim of the audit was to ensure that patient specific directions were in place to enable healthcare assistants to administer vitamin B12 injections and that prescriptions were correct. During the 1st cycle of the audit (February 2016) none of the 29 patients prescribed B12 had a PSD in place; six prescription doses stated 'as directed'; 22/29 (76%) had been prescribed correctly; none of the two HCAs administering B12 had their competency checked. The 2nd cycle of the audit (July 2016) showed an improvement. All the 77 patients prescribed B12 (100%) had the correct prescription; 73/77 (95%) had a PSD. <p>Audit on housebound diabetics – October 2016 and October 2017</p> <ul style="list-style-type: none"> The aim of the audit was to ensure housebound diabetic patients were receiving an annual review. The 1st cycle (October 2016) revealed that of the 11 diabetic housebound patients identified, 33% had received an annual review; 10/11 patients (91%) had not had a foot check; 4/11 (36%) had not had retinal screening. The 2nd cycle (October 2017) showed an improvement. Of the 27 housebound diabetic patients identified 15 (56%) had received an annual review; 14 (52%) had received a foot check; 18 (67%) had eye screening. <p>Novel oral anticoagulant (NOAC) audit – January and February 2019</p> <ul style="list-style-type: none"> The aim of the audit was to ensure patients prescribed a NOAC were being appropriately monitored.
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- The first cycle (January 19) showed that 140 patients were prescribed a NOAC. There was a monitoring screen message in place for 123 (88%) of these patients and a monitoring diary date for 90 (64%).
- The second cycle (February 2019) showed that 100% of patients prescribed a NOAC had a monitoring screen message and diary date.
- The practice had prepared a PowerPoint presentation for staff to highlight the importance of regular NOAC monitoring.

Other audits included:

- A review of patients prescribed tamoxifen (a medicine to prevent breast cancer) and fluoxetine (an antidepressant) without having had a discussion about the risks of taking both – single cycle audit, December 2017.
- An audit looking at antibiotic prescribing in exacerbation of bronchiectasis – two cycle audit, February 2017 & February 2018.
- Audit of high dose opioid users – two cycle audit, April 2018 & November 2018.

Any additional evidence or comments

We saw evidence of topics for clinical audit being selected for relevant reasons. For example, as a result of significant events, complaints, case reviews and new or revised best practice guidance.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
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	Y

their performance was poor or variable.	
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Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.3%	96.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (14)	1.0%	0.8%	N/A

Consent to care and treatment

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

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

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
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>Members of staff had been appointed as practice champions to support and provide advice to various groups of patients. This included carers, frail elderly patients, young mothers, victims of domestic violence and patients with cancer, a learning disability, dementia or mental health issues.</p>	

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	5
Number of CQC comments received which were negative about the service.	1

Source	Feedback
CQC comment cards	Two of the 32 comment cards we received expressed dissatisfaction at the way patients were spoken to by reception staff. Other patients stated that staff were friendly, caring, understanding, helpful, professional and informative.
Interviews with patients	We spoke with six patients during the inspection. None expressed any dissatisfaction in relation to being treated with dignity and respect.
NHS Choices website	There are 23 reviews of the surgery on the NHS choices website dating from October 2017 to December 2018 resulting in an overall rating of 3.5/5 stars. Fourteen of the reviews were positive and nine negative. Some of the reviews relate to poor customer service, and rude, unhelpful staff.

National GP Survey results

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

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9138	230	109	47.4%	1.19%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	88.8%	92.0%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	93.3%	90.6%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	98.1%	96.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	83.7%	87.0%	83.8%	No statistical variation

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

Any additional evidence

The practice had carried out their own patient survey during 2018 involving 40 patients. Actions developed as a result of the survey included:

- Increasing the number of telephone appointments available
- Updating the phone lines (October 2018)
- Looking at staff rotas to ensure there is adequate cover to answer phones during busy periods
- Looking at offering early morning appointments

- Considering ways to be able to offer patients the ability to see their GP of choice.

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:	
<p>The practice had devised separate mental health information and resource sheets for adults and children and young people. This gave them useful advice on where to find help for issues such as low mood, anxiety, insomnia and other mental health issues. The leaflets included contact information for support organisations and websites and details of useful self-help guides, books and mobile phone apps.</p>	

Source	Feedback
Interviews with patients.	Of the six patients we spoke to during the inspection none expressed any concerns regarding their involvement in decisions about their care or treatment.
CQC comment cards	None of the 32 patients who completed comment cards expressed any concerns regarding their involvement in decisions about their care or 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)	94.7%	95.7%	93.5%	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.	Y
Information about support groups was available on the practice website.	Y

Carers	Narrative
Percentage and number of carers identified.	192 – approximately 2% of the practice patient population.
How the practice supported carers.	Carers were offered an annual health check and flu immunisation. They were also offered the first appointment of the day, so they were not away from their caring responsibilities for too long. The practice had identified a member of staff to act as a carers champion.
How the practice supported recently bereaved patients.	The practice had recently reviewed their bereavement policy to ensure patients experiencing a bereavement were sent a condolence card and did not receive any further practice correspondence addressed to the bereaved.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: A glass wall separated the waiting room from the reception desk so confidentiality at the reception desk was not an issue.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm
	8am – 6pm
An arrangement was in place to ensure that calls to the surgery received between 6pm and 6.30pm were responded to by the local out of hours service (Vocare).	
Appointments available:	
Monday	Appointments with a GP were available from 8.30am to 4.55pm and with a nurse from 8.15am to 5.30pm on a Monday to Friday.
Tuesday	
Wednesday	
Thursday	
Friday	
Patients registered with the practice were also able to access pre-bookable appointments with a GP at any of the four local extended access hubs which operated from 4pm to 8 pm on a Monday to Friday; 8.30am to 12 noon on a Saturday; 9am to 1pm on a Sunday and during bank holidays.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9138	230	109	47.4%	1.19%

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)	97.4%	95.6%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice had appointed a nurse practitioner in November 2018 whose role included the care of the frail and elderly in their own homes. This ensured that comprehensive emergency health care plans were in place for older people.
- The practice hosted coffee morning for their elderly patients to help combat social isolation.

People with long-term conditions

Population group rating: Good

Findings

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

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. All requests for report for child protection conferences and reviews were dealt with within 24 hours of receipt.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice offered contraception services, including long acting reversible contraceptives.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients registered with the practice were also able to access pre-bookable appointments with a GP at any of the four local extended access hubs which operated from 4pm to 8 pm on a Monday to Friday; 8.30am to 12 noon on a Saturday; 9am to 1pm on a Sunday and during bank holidays.
- The practice offered telephone consultation and had recently increased the number available.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- The practice had devised separate mental health information and resource sheets for adults and children and young people. This gave them useful advice on where to find help for issues such as low mood, anxiety, insomnia and other mental health issues. The leaflets included contact information for support organisations and websites and details of useful self-help guides, books and mobile phone apps.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice operated an effective care navigation system to help reception staff identify who a patient needed to see (i.e. GP, nurse or pharmacist) and within what timeframe. Pre-bookable telephone appointments with a pharmacist were available as well as telephone consultations with a GP.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	63.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	64.3%	71.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	54.3%	67.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	69.3%	76.0%	74.4%	No statistical variation

Source	Feedback
Comment cards	Three of the 32 comment cards we received expressed dissatisfaction with being able to get an appointment within a reasonable timescale.
Interviews with patients	Three of the six patients we spoke with during the inspection said it was sometimes hard to get an appointment.
NHS Choices website	There are 23 reviews of the surgery on the NHS choices website dating from October 2017 to December 2018 resulting in an overall rating of 3.5/5 stars. Fourteen of the reviews were positive and nine negative. Negative reviews include dissatisfaction in being able to get an appointment.
Healthwatch North Tyneside website	There are five reviews of the practice on the Healthwatch North Tyneside website dating from August 2016 to September 2018 resulting in a rating of 3/5 stars. Three of the reviews were positive and two negative. Negative reviews were in relation to appointments running late and dissatisfaction with consultation/treatment.

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 from 1 April 2018 to date of inspection.	6
Number of complaints we examined.	6

Number of complaints we examined that were satisfactorily handled in a timely way.	6
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	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example of learning from complaints.

Complaint	Specific action taken
A patient was left feeling anxious following a telephone consultation with a GP	The call recording was reviewed and although no concerns were identified a letter of apology was sent to the patient. The GP agreed to reflect on their telephone manner during their appraisal.

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

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: The practice mission statement was: 'Helping you to better health. Working with patients to enable good health. Delivering accessible care. Continually developing to meet new challenges.' Their mission statement document included details of how they planned to be a supportive team, work in partnership with patients and promote good health as well as how they would respond to the future of primary care.	

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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
Explanation of any answers and additional evidence:	
<p>Staff were encouraged to suggest ideas for improvement. Suggestions to date had included:</p> <ul style="list-style-type: none"> • Making changes to the appointment system. • Hosting a coffee morning for elderly socially isolated patients • Increasing the number of telephone appointments • Merging back office functions for both provider practices and rotating staff between the two practices and duties. • Having a dedicated administration lead for the nursing team. 	

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

Source	Feedback
Non-clinical staff questionnaires	Seventeen non-clinical members of staff completed CQC questionnaires about working at the practice in advance of the inspection. All of the responses were very positive. Staff indicated they felt well supported and had the training, skills and equipment necessary to be able to perform their roles well.
Feedback from attached staff	We spoke with a community midwife and district nurse who were not directly employed by the practice but worked closely with them. Both indicated they had no concerns and felt relationships with practice staff and information sharing was good. They both also confirmed that regular minuted family and palliative care meetings were held.

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

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y*
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<p>The practice did not have a major incident plan but risks associated with major incidents were documented in the practice business continuity plan.</p> <p>The practice also had a business plan which detailed their aims and objectives in relation to promoting good health, patient partnership, the future of primary care and supporting staff.</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 adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

The practice involved 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
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 encouraged suggestions from staff. Suggestions had included hosting a coffee morning for vulnerable patients over the age of 85 to combat social isolation.	

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the patient participation group during the inspection. They told us that there were three core members of the group who met on a monthly basis. Both stated that they felt they were consulted about and involved in the running of the practice. They regularly reviewed patient survey information as well as anonymised complaint and significant event data. As problems had been experienced with parents using the practice car park and ambulance bay when dropping children at school one of the PPG members had met with the school headmaster to try and resolve the issue. As a result, the practice had embarked on a health partnership with the school. This resulted in food from the school harvest festival being distributed to the practices vulnerable patients and a plan for the school choir to attend practice coffee mornings in the future. Practice staff were also planning on attending school assemblies to promote health and wellbeing.

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

Examples of continuous learning and improvement

The practice had been approached by their local clinical commissioning group and NHS England to take over the contract for a poorly performing practice in April 2016 (Bridge Medical). With their intervention they had made improvements to ensure the practice, which had been placed in special measures by the CQC, was rated as being good six months later. Partners told us that they were proud of their achievement and the fact that they had continued to provide good quality and effective clinical management and care to over 14,000 patients despite the changes.

The practice had consulted staff and carried out a staff satisfaction survey over plans to merge the back-office functions for Monkseaton Medical Centre and Bridge Medical and rotate staff between the two

locations. They had commenced a six-month pilot and were monitoring staff feedback which had been positive to date.

The practice was committed to staff retention and recruitment into primary care services through apprentices, office juniors, work experience placements and by being a teaching and training practice.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

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

Glossary of terms used in the data.

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