

# Care Quality Commission

## Inspection Evidence Table

### RIVINGTON WAY SURGERY (Y02274)

Inspection date: 10 April 2019

## Overall rating: Good

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

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>Staff had access to safeguarding e-learning modules and all clinical staff members had completed safeguarding training to the appropriate level for their role.</li></ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 5 April 2019	Yes
There was a record of equipment calibration. Date of last calibration: 5 April 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: May 2018	Yes
There was a log of fire drills. Date of last drill: 8 January 2019	Yes
There was a record of fire alarm checks. Date of last check: Weekly	Yes
There was a record of fire training for staff. Date of last training: 1 April 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: Rivington Way Surgery: 21 August 2018 Claire House: 21 August 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: 4 February 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 4 February 2019	Yes

Explanation of any answers and additional evidence:

- The buildings management company undertook legionella testing and COSHH assessment.

### Infection prevention and control

**Appropriate standards of cleanliness and hygiene were met.**

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: Rivington Way: 9 January 2019 Claire House: 9 January 2019	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>All the staff we spoke with demonstrated an awareness of appropriate infection prevention and control (IPC) standards.</li> <li>There were cleaning schedules in place that were monitored by the practice.</li> </ul>	

### Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes

There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had reviewed guidance for the management of sepsis and its ability to appropriately assess all patients, including children, with suspected sepsis.</li> <li>We saw evidence that non-clinical staff had received sepsis awareness training.</li> </ul>	

### Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes

### 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
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>NHS Business Service Authority - NHSBSA)</small>	1.01	1.00	0.91

Indicator	Practice	CCG average	England average
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). (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	8.5%	8.5%	8.7%
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 (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	5.64	6.07	5.60
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) <small>(NHSBSA)</small>	1.57	3.44	2.13

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes

<b>Medicines management</b>	<b>Y/N/Partial</b>
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice continually reviewed their systems and processes for the administration and supply of medicines, and regular reviews for repeat prescribing, for the benefit of the patient population.</li> </ul>	

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

#### The practice learned and made improvements when things went wrong.

<b>Significant events</b>	<b>Y/N/Partial</b>
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	14
Number of events that required action:	14

Example of significant events recorded and actions by the practice.

<b>Event</b>	<b>Specific action taken</b>
Summarising Backlog when new provider took over the practice	Action plan agreed with the team to ensure backlog could be completed in line with summarising policy and procedure. Weekly checks were put in place to monitor backlog and to provide updates to the CCG. Staff received updates on procedures and backlog cleared within an acceptable timeframe.

<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Yes

Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>The practice had a clear and timely process in place to ensure safety alerts were reviewed and a record was maintained of the action taken in response to alerts where appropriate. Safety alerts were circulated to the GPs. They decided if action was required and ensured that any actions were cascaded to the appropriate staff member.</li></ul>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Practice staff were aware of the benefits of social prescribing and had links to community groups and support networks.</li> <li>The practice worked with the community link worker (CLW). The CLW took referrals for patients who need extra help, but not necessarily medical help. It varied from advice on benefits to social issues such as loneliness and not knowing which services were available and how they could be accessed. This service worked in co-operation with Age UK so that patients over 65 would be linked to the services available through them. We saw examples of how this had benefitted patients by signposting them to the appropriate service.</li> </ul>	

Prescribing	Practice	CCG average	England average
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.24	0.89	0.79

## Older people

## Population group rating: Good

### Findings

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and



over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- 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.

## 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Diabetes Indicators	Practice	CCG average	England average
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>	83.7%	80.8%	78.8%
Exception rate (number of exceptions).	25.5% (42)	15.1%	13.2%
We current unverified exception report data and this figure had significantly reduced since the new provider had taken over the practice.			
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>	87.1%	81.2%	77.7%
Exception rate (number of exceptions).	10.9% (18)	8.5%	9.8%

	Practice	CCG average	England average
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>	86.6%	79.6%	80.1%
Exception rate (number of exceptions).	18.8% (31)	13.8%	13.5%

Other long-term conditions	Practice	CCG average	England average
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	72.4%	76.8%	76.0%
Exception rate (number of exceptions).	2.3% (6)	9.7%	7.7%
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.2%	91.8%	89.7%
Exception rate (number of exceptions).	1.6% (1)	10.1%	11.5%

Indicator	Practice	CCG average	England average
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>	85.8%	84.7%	82.6%
Exception rate (number of exceptions).	3.7% (11)	4.2%	4.2%
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>	89.5%	90.3%	90.0%
Exception rate (number of exceptions).	9.5% (2)	5.0%	6.7%

## Families, children and young people

Population group rating: **Good**

### Findings

- Childhood immunisation uptake rates were generally below with the World Health Organisation

(WHO) targets for the most recently published date. We reviewed current unverified data which indicated these figures had improved and met the 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) (to) <small>(NHS England) England</small>	47	51	92.2%	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) (to) <small>(NHS England) England</small>	49	56	87.5%	Below 90% minimum (variation negative)
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) (to) <small>(NHS England) England</small>	48	56	85.7%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (to) <small>(NHS England)</small>	48	56	85.7%	Below 90% minimum (variation negative)

### Working age people (including those recently retired and students)

Population group rating: Good

#### Findings

- The practice's uptake for cervical screening for 2017/18 was 69%, which was below the 80% coverage target for the national screening programme but comparable to the CCG and national averages. However, recent unverified data indicated that the uptake for 2018/19 had improved to 80%. The practice's uptake for breast and bowel cancer screening was below with the CCG and national averages. However, the practice actively followed up on patients who did not attend their appointment and we reviewed current data which indicated an improvement on this.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Cancer Indicators	Practice	CCG average	England 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) (01/04/2017 to 31/03/2018) (Public Health England)	69.4%	74.7%	71.7%
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (PHE)	61.6%	71.2%	70.3%
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(PHE)	42.9%	57.8%	54.5%
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. (PHE)	44.4%	73.1%	71.2%
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)	50.0%	42.8%	51.9%

### 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. One GP was responsible for the care homes looked after by the practice and provided continuity of care and consistency.
- The practice held an "Important patient" register which included vulnerable patients, carers, drug monitoring, learning disabilities, military veterans, deprivation of liberty safeguards (DOLs), cancer, gold standard framework (GSF), childhood asthma and those patients who were housebound.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

### 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.
- The practice offered annual health checks to patients with a learning disability.

Mental Health Indicators	Practice	CCG average	England average
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>	95.9%	91.0%	89.5%
Exception rate (number of exceptions).	0 (0)	15.7%	12.7%
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>	91.8%	92.8%	90.0%
Exception rate (number of exceptions).	0 (0)	12.2%	10.5%
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>	90.0%	84.3%	83.0%
Exception rate (number of exceptions).	0 (0)	8.1%	6.6%

### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559	556.5	537.5
Overall QOF exception reporting	11.8%	10.6%	10.1%
The most recent unverified data from the new provider indicated that exception reporting had been reduced to 10.2%.			

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

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

<ul style="list-style-type: none"> <li>• The practice routinely reviewed the effectiveness and appropriateness of the care provided. The practice used information about care and treatment to make improvements.</li> <li>• The practice had a programme of quality improvement which included audits and searches, both clinical and non-clinical. There was a member of the SSP medicine management team who supported the practice. They regularly attended the surgery and kept them up to date with any alerts or the monitoring of certain medicines if necessary.</li> <li>• The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The practice worked within the Greater Manchester Primary Care Standards and we saw evidence their performance had demonstrated compliance with these standards. The practice regularly submitted a data return for the Wigan Borough quality and engagement scheme to support these standards.</li> </ul>
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## Effective staffing

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

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

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
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## Coordinating care and treatment

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

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

## Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average
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	91.6%	96.1%	95.1%



smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>			
Exception rate (number of exceptions).	0.3%	(2)	0.8%

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• We saw evidence that staff had undertaken Mental Capacity Act (MCA) and consent training.</li> <li>• The practice did not undertake any surgical procedures that routinely required written consent.</li> </ul>	



# Caring

**Rating: Good**

## Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>During our inspection we observed that staff members displayed a kind and caring approach towards patients.</li> </ul>	

CQC comments cards	
Total comments cards received.	11
Number of CQC comments received which were positive about the service.	11
Number of comments cards received which were mixed about the service.	Nil
Number of CQC comments received which were negative about the service.	Nil

Source	Feedback
CQC Comment Cards	Patients commented that they found staff to be friendly and helpful

## 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
3650	414	106	25.6%	3%

Indicator	Practice	CCG average	England average
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) <small>(GPPS)</small>	84.8%	89.7%	89.0%
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) <small>(GPPS)</small>	89.0%	88.0%	87.4%
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) <small>(GPPS)</small>	92.6%	96.3%	95.6%
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) <small>(GPPS)</small>	77.8%	87.7%	83.8%

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

Any additional evidence
<ul style="list-style-type: none"> <li>We saw that the practice had reviewed the results of its national GP survey results and discussed these and the areas where improvement could be made with its staff. As a result of this they identified a private area of the practice so patients could speak about confidentially to staff.</li> </ul>

### Involvement in decisions about care and treatment

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

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

Explanation of any answers and additional evidence:

- The practice displayed information about local services and available support.

## National GP Survey results

Indicator	Practice	CCG average	England average
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) (GPPS)	94.4%	93.2%	93.5%

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

Carers	Narrative
Percentage and number of carers identified.	46 (Less than 2% of the patient population). However, this number was an increase since the new provider took over the practice.
How the practice supported carers.	The practice's computer system alerted staff if a patient was also a carer. The practice had carers information in the patient waiting area and a member of staff acted as a carers' champion. Staff worked with local organisations and provided information about services offering support to carers.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement a GP contacted them and arranged a visit or discussed the services available to support them. They also sent a bereavement card and attended funerals subject to the wishes of the family.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes

A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• Staff we spoke with told us they followed the practice's confidentiality policy when discussing patients' treatments. This was to ensure that confidential information was kept private, for example, patient information was never on view.</li> <li>• The chairs in the reception area were situated away from the reception desk.</li> </ul>	

Examples of specific feedback received:

Source	Feedback
NHS Choices comments	The practice had received both positive and negative comments on the NHS Choices webpage. The positive comments were about the great service they received from the GPs and Nurse. The negative comments were about access to appointments and continuity of care. The practice had responded to every positive and negative comment and invited the person commenting to contact the practice to discuss the matter further if they wished to. At the time of inspection nobody had contacted the practice.

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

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

Practice Opening Times		
Day	Time	
Opening times:		
	Claire House	Rivington Way
Monday	8am – 6-30pm	8am – 2pm
Tuesday	8am – 6-30pm	8am – 2pm
Wednesday	8am – 6-30pm	8am – 2pm
Thursday	8am – 6-30pm	8am – 2pm
Friday	8am – 6-30pm	8am – 2pm
Appointments available:		
	Claire House	Rivington Way
Monday	8am – 6-30pm	8am – 2pm
Tuesday	8am – 6-30pm	8am – 2pm
Wednesday	8am – 6-30pm	8am – 2pm
Thursday	8am – 6-30pm	8am – 2pm
Friday	8am – 6-30pm	8am – 2pm
Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally, patients could access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough.		

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3650	414	106	25.6%	3%

Indicator	Practice	CCG average	England average
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) <small>(GPPS)</small>	94.0%	96.0%	94.8%

### Older people

Population group rating: **Good**

#### Findings

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nursing team also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients provided by a local pharmacy.

### People with long-term conditions

Population group rating: **Good**

#### Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### 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 parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had an early year fact sheet for all new parents in the practice, providing information around vaccination schedules, breast feeding, cervical cytology screening and other health related information. This was also sent with a congratulations letter to all new parents.

- The practice introduced an initiative to support parents, guardians and expectant parents. This was to provide professional advice and to empower them to deal with minor ailments and emergency situations.

## 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. For example, extended opening hours.
- Patients requiring a GP outside of normal working hours were advised to contact the surgery and they would be directed to the local out of hours service which was provided by Bridgewater NHS Foundation Trust –through NHS 111. Additionally, patients could access GP services in the evening and on Saturdays and Sundays through the Wigan GP access alliance at locations across Wigan Borough

## People whose circumstances make them vulnerable

Population group rating: **Outstanding**

### Findings

- The practice held an “Important patient” register which focused on vulnerable patients. The register included patients who were carers, had learning disabilities, were military veterans, the subject of deprivation of liberty safeguards (DOLs), had cancer, had childhood asthma and those patients who were housebound. The register ensured an ongoing focus on their vulnerable circumstances, and an effective response to their changing needs.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- When patients wanted to discuss sensitive issues or appeared distressed, reception staff offered them a private room to discuss their needs.
- The practice were proactive in working with the local women’s refuge and provided a single and immediate point of contact to primary health care for all the people who resided there. The practice offered a same day registration service so the residents could access primary care treatment and support networks. This also included immediate access to services when required. This included getting residents necessary prescribed medication as soon as possible and liaison with other local health care providers when necessary. They also supported the refuge by providing donations such as clothing, baby items and toiletries. Staff also bought presents for the children of the residents at Christmas out of their own money. The refuge had provided emergency accommodation to women and children fleeing domestic abuse and had provided positive feedback on the service, both clinical and non-clinical, provided by the practice. This timely service had a positive impact for the residents and supported their health and wellbeing. We saw feedback from the refuge commenting on the positive impact on the residents of the responsive service provided.

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

**Population group rating: Good**

**Findings**

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held a mental health register. All patients on this register had been offered a mental health care plan and face to face review. There was a proactive recall system in place to ensure all our patients were reviewed annually.

**Timely access to the service**

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• All home visit requests would be triaged by the GP to decide if a home visit was necessary. If a GP was not available then visits could be undertaken by the SSP funded Acute Visiting Service (AVS).</li> </ul>	

Indicator	Practice	CCG average	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 (to) <small>(GPPS)</small>	61.9%	N/A	70.3%
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018) <small>(GPPS)</small>	63.7%	74.0%	68.6%
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	58.5%	72.5%	65.9%



Indicator	Practice	CCG average	England average
31/03/2018) (GPPS)			
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) (GPPS)	64.0%	78.5%	74.4%
We saw evidence that the practice had reviewed the results of the national GP survey results which were when the previous provider was in place and discussed these and the areas where improvement could be made with its staff.			

## 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.	Five
Number of complaints we examined.	Five
Number of complaints we examined that were satisfactorily handled in a timely way.	Five
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Nil

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice had a complaints policy, which was accessible to staff, written in line with recognised guidance. The practice recorded and discussed verbal complaints and comments posted on NHS Choices. We observed that the practice investigated complaints in a timely manner.</li> <li>The practice offered apologies to patients, lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care.</li> </ul>	

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.</p> <ul style="list-style-type: none"> <li>• The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This aligned with the overarching values of the provider, SSP Health Primary Care Limited.</li> <li>• The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.</li> <li>• The practice was proactively engaged with the local Clinical Commissioning Group (CCG) by having attendance at meetings and forums to ensure services met the local population needs.</li> <li>• All the staff we spoke with told us that the GPs were approachable. Staff members told us that senior staff from the wider SSP network were visible and approachable.</li> </ul>	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• To provide the highest quality NHS medical services available under the NHS.</li> <li>• To ensure that patients are seen by the most appropriate healthcare professional as quickly as possible as dependent upon their presenting complaint.</li> </ul>	

- To focus on prevention of disease by promoting good health and prophylactic medicine.
- To provide patients with an experience and environment that is comfortable, friendly, professional and relaxing and covers all aspects of health and safety requirements.
- To understand and meet the needs of our patients, involve them in decisions about their care and encourage them to participate fully.
- To involve other professionals in the care of our patients where this is in the patient's best interests; for example, referral for specialist care and advice.
- To ensure that all members of our team have the right skills and training to carry out their duties competently.
- To continuously improve the lines of communication to patients using the latest technologies as appropriate.
- To develop new ways to educate and inform patients in order to encourage patients to be proactive in their health and wellbeing.

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
<p>There was clinical and management oversight of the service quality and performance. Quality improvement initiatives were evident.</p> <p>The practice also had:</p> <ul style="list-style-type: none"> <li>• An embedded culture of caring for patients and staff.</li> <li>• All staff demonstrated an awareness of health values.</li> <li>• Clinical staff were skilled to meet clinical needs.</li> <li>• Policies, procedures and training were in place to support the vision and strategy.</li> <li>• The practice worked collaboratively with other practices and the wider health community.</li> </ul>	

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

Source	Feedback
Staff interviews	All the staff we spoke with told us that there was a good relationship with staff and managers and they could raise concerns and report when things went wrong.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• The practice had established policies, procedures and activities to ensure safety. There was a system in place to monitor and review policies according to guidance, legislation and practice needs.</li> <li>• Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.</li> <li>• There was a system in place for reporting and recording significant events.</li> <li>• Staff confirmed, and we saw evidence, that findings were discussed at meetings (or sooner if required). The practice carried out an annual analysis of the significant events to identify themes or trends.</li> <li>• The practice acted on and learned from external safety events as well as patient and medicine safety alerts.</li> <li>• The practice had benefitted from being part of the wider federated organisation, SSP Health. They had been able to call upon the wide-ranging support available when required to ensure continuity of care. This included both clinical and administrative support and offered access to shared learning, training, mentoring and personal development. We saw examples of how this federated model had reduced isolation for the practice by sharing good practice.</li> </ul>	

## Managing risks, issues and performance

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

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

sustainability was assessed.	
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>• Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.</li> <li>• The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.</li> <li>• Reception staff had access to policies in relation to patient medical emergencies.</li> <li>• Staff were trained to recognise the symptoms of Sepsis and to act on them.</li> <li>• A range of health and safety risk assessments were undertaken and regularly reviewed. Actions were taken where needed.</li> </ul>	

### Appropriate and accurate information

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

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

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
Representatives from the Patient Participation Group (PPG) met with the practice regularly and the practice had involved them in any future plans.

### Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. SSP had recognised that recruitment of GPs was a major challenge. They adopted this shared style of working and portfolio career options for GPs to provide continuity of treatment and care, positive health outcomes and high levels of patient satisfaction. The survey information we reviewed was aligned with these views.</li> <li>The practice identified that the need to promote lesbian, gay, bisexual, and transgender (LGBT) information and services for those patients. The practice staff had received training and there was a LGBT notice board in the waiting area that promoted LGBT patient inclusion in the practice, had information on LGBT matters and signposted them to appropriate available services. LGBT patients commented on how they considered the new patient process for them to be welcoming and inclusive. This work had been accredited by the LGBT foundation, a charity based in Manchester, and the practice received their Gold award for this.</li> </ul>	

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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

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

- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

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

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

**Glossary of terms used in the data.**

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