

Care Quality Commission

Inspection Evidence Table

The Village Surgery (1-5626948725)

Inspection date: 11 February 2020

Date of data download: 14 January 2020

Overall rating: Requires Improvement

During this inspection we inspected the following key questions: Safe, Effective, Caring, Responsive and Well-led.

The practice is rated requires improvement overall with caring and responsive services rated good, and safe, effective and well led services rated requires improvement.

We rated all population groups as requires improvement overall because of the issues identified in the effective domain.

We rated the provider as requires improvement for being safe because:

- Systems for the appropriate and safe use of medicines and for managing safety alerts needed improvements.

We rated the provider as requires improvement for being effective because:

- Clinical outcomes for some long-term conditions were lower than expected compared to CCG and England averages.

We rated the provider as requires improvement for being well led because:

- Assurance systems related to medicine management, management of safety alerts, effective clinical needs assessment care and treatment needed a review, as only limited performance information was currently available in order to highlight performance issues and deliver positive patient outcomes.

We found the following areas where the provider must improve:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

We found the provider should:

- Act to complete the actions highlighted in the fire risk assessment of 6 February 2020.
- Act to ensure the building plans for the new practice premises are completed as scheduled so the space constraints of the current location are resolved in a timely way.
- Act to achieve the 95% WHO based target for childhood immunisations.
- Act to achieve the cervical cancer screening 80% national programme coverage measure set by Public Health England.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Requires Improvement

Safety systems and processes

The practice had 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 which were accessible to all staff.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
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: Attached staff were invited to the regular practice meetings. Communication with the health visitor was generally by telephone where relevant patients were discussed as and when needed.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	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: 6 June 2019	Y
There was a record of equipment calibration. Date of last calibration: 6 June 2020	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 15 January 2020	Y
There was a log of fire drills. Date of last drill: 5 February 2020	Y
There was a record of fire alarm checks. Date of last check: Weekly every Wednesday	Y
There was a record of fire training for staff. Date of last training: 16 October 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 6 February 2020	Y
Actions from fire risk assessment were identified and completed.	P
<p>Explanation of any answers and additional evidence:</p> <p>Some actions from the fire risk assessment of 6 February 2020 were outstanding. The practice manager told us that this was work in progress and all outstanding actions were due for completion shortly.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 17 July 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 3 October 2019	Y
<p>Explanation of any answers and additional evidence:</p> <p>On the day of our inspection, the practice could not provide evidence of premises/security risk assessments and, health and safety risk assessments. The practice after our inspection sent us records which confirmed these risk assessments had been undertaken.</p>	

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
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 14 July 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
There was a system to notify Public Health England of suspected notifiable diseases.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: On the day of our inspection the infection control policy did not specify the infection control lead for the practice. The practice after our inspection sent us a revised policy that identified the practice infection control lead.	

Risks to patients

There were 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.	P
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
The practice was equipped to deal with medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	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
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: The practice was aware of the need to increase staffing to meet patient needs. Currently At the time of our inspection, the practice had introduced a GP led patient triage system for requests for on the day appointments to ensure appropriate use of available healthcare professionals. In addition, the practice had also recruited a practice nurse and had plans to recruit a further GP partner and a salaried GP.	

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 and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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.	N/A

Appropriate and safe use of medicines

The practice did not have 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) (01/10/2018 to 30/09/2019) <small>(NHS Business Service Authority - NHSBSA)</small>	1.00	0.84	0.87	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). (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	5.4%	9.5%	8.5%	Tending towards variation (positive)
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 (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	5.59	5.87	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2019 to 30/09/2019) <small>(NHSBSA)</small>	2.82	1.60	2.08	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	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

Medicines management	Y/N/Partial
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.	P
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.	Y
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.	N/A
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.	P
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.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Monitoring patients' health in relation to the use of medicines including high risk medicines: The practice had recently completed an audit of patients that required monitoring and had identified several patients who were overdue monitoring tests and/or appointments. They were in the process of completing this monitoring. During our inspection we randomly checked the records of six such patients and found one patient was awaiting this update. The registered manager explained that this was work in progress would be completed by the projected date within weeks of our inspection. Emergency medicines: Our checks on the day of the inspection showed that the practice stocked all but two of the recommended emergency medicines. The registered manager told us that the practice had completed a risk assessment as to why these were not stocked but had not documented the assessments. After our inspection the practice sent us the relevant written risk assessments relating to the above two absent medicines. 	

Track record on safety and lessons learned and improvements made

The practice did not have a system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	4
Number of events that required action:	0

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

Event	Specific action taken
Vaccine administration error	Patient contacted with explanations and correct vaccine offered and administered.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	P
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice did not have an effective information system to assure applicable alerts had been acted upon. Consequently, an overall governance check was not possible. The registered manager told us that applicable alerts were managed by the GPs individually and sometimes in conjunction with the designated pharmacy for the Electronic Prescription Service (EPS), and the outcomes recorded in individual patient records. Staff we spoke with were knowledgeable about how safety alerts were managed within the practice. During the inspection we randomly checks on two recent alerts and found these had been acted upon as per the guidance.</p> <p>The practice had undertaken an audit of patients that received a medicine to treat their epilepsy and related illness, but which could pose a risk for women of child bearing age. We saw that the practice had written to the specialist acute facility where this treatment was initiated for confirmation that the required advice had been followed. The registered manager explained that this was work in progress and was confident that all checks would be completed shortly through a re audit.</p> <p>After the inspection the practice wrote to us and confirmed that they had introduced an electronic information system to manage applicable alerts.</p>	

Effective

Rating: Requires improvement

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by pathways and tools however clinical outcomes for some long-term conditions were lower than expected compared to CCG and England averages.

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) <small>(NHSBSA)</small>	0.76	0.58	0.74	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> There was a GP lead to assess and provide care for older patients who were living with moderate or severe frailty. 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. The practice carried out structured annual medication reviews for older patients. Health checks, including frailty assessments, were offered to patients over 75 years of age. Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions were offered 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. However current monitoring data indicated that the practice performance on long term monitoring for some indicators were lower than expected compared to CCG and England averages. (please see below for details).
- 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 shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Patients with asthma were offered an asthma management plan.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	61.9%	79.6%	79.3%	Variation (negative)
Exception rate (number of exceptions).	1.7% (9)	13.0%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	64.3%	75.9%	78.1%	Tending towards variation (negative)
Exception rate (number of exceptions).	3.0% (16)	10.3%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	63.0%	81.7%	81.3%	Significant Variation (negative)
Exception rate (number of exceptions).	5.4% (29)	11.8%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	37.9%	75.9%	75.9%	Significant Variation (negative)
Exception rate (number of exceptions).	1.1% (5)	5.9%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	44.1%	91.3%	89.6%	Significant Variation (negative)
Exception rate (number of exceptions).	4.7% (5)	10.1%	11.2%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	70.1%	82.6%	83.0%	Significant Variation (negative)
Exception rate (number of exceptions).	1.8% (18)	3.7%	4.0%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.8%	91.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	0.0% (0)	4.9%	5.9%	N/A

Any additional evidence or comments

During the inspection we reviewed current performance against the clinical indicators for which the performance appeared lower than expected when compared with CCG and England averages. Unverified data indicated that performance had not improved. Discussions with the practice manager indicated that the practice's patient record system had recently migrated to a different system (the EMIS system) which had resulted in data migration errors. The inputting of current data had also been affected as the practice staff were not familiarised with the EMIS system. This had affected the quality of available performance data. The practice was aware of this difficulty and had arranged appropriate training for staff.

Families, children and young people

Population group rating: Requires Improvement

Findings

- The practice has met the minimum 90% target for all four childhood immunisation uptake indicators. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all four childhood immunisation uptake indicators.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	92	98	93.9%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	95	104	91.3%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	95	104	91.3%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	94	104	90.4%	Met 90% minimum

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

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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. However, the uptake by eligible women for cervical cancer screening was lower than expected when compared to CCG and England averages.
- 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	68.3%	N/A	80% Target	Below 70% uptake

aged 25 to 49, and within 5.5 years for women aged 50 to 64). (31/03/2019 to 30/06/2019) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	68.7%	69.3%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	55.4%	55.8%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	56.4%	73.5%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	54.2%	51.4%	53.8%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: **Good**

Findings

- Same day appointments and longer appointments were offered when required.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice reviewed patients at local residential home for people with learning disabilities.

People experiencing poor mental health (including people with dementia)

Population group rating: **Requires Improvement**

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. However, the monitoring of some clinical indicators was lower than expected compared to CCG and England averages.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of

dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	56.1%	93.0%	89.4%	Significant Variation (negative)
Exception rate (number of exceptions).	1.5% (1)	7.5%	12.3%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	62.1%	92.3%	90.2%	Significant Variation (negative)
Exception rate (number of exceptions).	1.5% (1)	6.6%	10.1%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.9%	88.7%	83.6%	No statistical variation
Exception rate (number of exceptions).	4.3% (2)	5.2%	6.7%	N/A

Any additional evidence or comments

During the inspection we reviewed current practice performance data. Unverified data indicated that performance had not improved. Discussions with the practice manager indicated that the practice's patient record system had recently migrated to the EMIS system which had resulted in data migration errors. The inputting of current data had also been affected as the practice staff were not familiarised with the EMIS system. This had affected performance data related to QOF monitoring. The practice was aware of this issue and had arranged appropriate training for staff.

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. However, errors in patient data management systems had negatively impacted on performance.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	432.9	543.4	539.2
Overall QOF score (as a percentage of maximum)	77.4%	97.3%	96.7%
Overall QOF exception reporting (all domains)	3.4%	5.2%	5.9%

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

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

- There were regular discussions (clinical peer review) between GPs at the practice of any decision to refer a patient to a hospital doctor. This discussion between the GPs helped make sure that all options for care had been considered before the referral to a hospital doctor.
- There were ongoing monitoring and audits to ensure the safe administration of medicines. For example, the practice regularly participated in the CCG monitoring dashboards for the prescription of antibiotics. These ensured that the practice performance in this area was comparable to CCG and England prescribing patterns.
- The practice had audits in progress to check patients that received medicines that required regular monitoring had received these checks.

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.	N/A
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.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

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 (01/04/2018 to 31/03/2019) ^(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 proactive in helping patients to live healthier lives.

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	89.0%	94.7%	95.0%	Variation (negative)
Exception rate (number of exceptions).	0.8% (14)	0.8%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y
Explanation of any answers and additional evidence: At present the practice did not offer minor surgical procedures.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	2
Number of CQC comments received which were positive about the service.	2
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment card	Staff are wonderful and caring.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8887.0	300.0	109.0	36.3%	1.23%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2019 to 31/03/2019)	96.7%	90.0%	88.9%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2019 to 31/03/2019)	97.8%	88.5%	87.4%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2019 to 31/03/2019)	97.7%	96.3%	95.5%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2019 to 31/03/2019)	93.5%	86.2%	82.9%	Tending towards variation (positive)

Any additional evidence or comments

We spoke with eight patients. They all told us that the staff including the GPs had listened to them and had treated them with respect and care.

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

Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	We spoke with eight patients. They all said that the GPs had helped them to make informed choices about treatments proposed and signposted them as appropriate to relevant support services in the community.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2019 to 31/03/2019)	97.5%	94.4%	93.4%	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager told us that information in other languages and in easy read format could be made available on a bespoke basis. The practice website was accessible in several languages other than English. Translation facilities were accessible when needed through a telephone service. 	

Carers	Narrative
Percentage and number of carers identified.	1.58% of practice population (141 carers identified).
How the practice supported carers (including young carers).	Clinical staff supported carers and referred them to appropriate support services, for example to Carers in Hertfordshire for further advice, information and support. Carers were offered NHS Health checks and had access to appropriate vaccinations.
How the practice supported recently bereaved patients.	The GP usually contacted the family to offer their personal condolences and to offer any support they may need.

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.	P
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Due to space constraints, the practice did not have a dedicated room for discussions if patients were distressed or wanted to discuss sensitive issues at the reception desk. At the time of our inspection, a consultation room (if not in use) was offered. The practice had plans to identify a dedicated space in their business plan for the new build premises.</p>	

If the practice offered online services:

	Y/N/Partial
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	N/A
The practice advised patients on how to protect their online information.	Y

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	P
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The current facilities and premises were very compact with limited facilities. We were advised during our inspection that this was an interim measure, whilst the practice awaited completion of a new purpose-built premises. We were advised the practice hoped to relocate to new premises during the summer of 2021.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	6.30am to 8.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Saturday	10am to 3pm (pre booked appointments only)
Weekend and late evening appointments were available through the St Albans and Harpenden extended access hub.	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8887.0	300.0	109.0	36.3%	1.23%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2019 to 31/03/2019)	95.2%	95.2%	94.5%	No statistical variation

Older people

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. The practice provided effective care coordination to enable older patients to access appropriate services.

People with long-term conditions

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> The practice provided effective care coordination to enable patients with long-term conditions to access appropriate services. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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.
- The practice was open from 6.30am until 8.30pm on a Monday allowing early morning and late evening access for this population group.
- Additional evening and weekend appointments were available to all patients through the St Albans and Harpenden extended access hub.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice provided effective care coordination to enable patients living in vulnerable circumstances to access appropriate services.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: 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.

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 a GP triage system to assess requests for on the day appointments.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2019 to 31/03/2019)	83.9%	N/A	68.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2019 to 31/03/2019)	79.2%	71.6%	67.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2019 to 31/03/2019)	76.5%	66.7%	64.7%	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 (01/01/2019 to 31/03/2019)	83.0%	76.5%	73.6%	No statistical variation

Source	Feedback
Patient feedback	We spoke with eight patients. They all told us that it was possible to get an on the day appointment. They told us that that a GP called them and assessed their need and offered them an on the day appointment if their condition needed one.

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.	17
Number of complaints we examined.	17
Number of complaints we examined that were satisfactorily handled in a timely way.	17
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Disagreement about clinical observations	Through discussions and explanations with the concerned patient the practice was able to resolve the issue satisfactorily. Clinical staff were reminded of the need to be manage expectations in a sympathetic and caring way.
Possible reaction to a medicine	Through a check of clinical records and discussions with the concerned patient the practice was able to resolve the issue satisfactorily. Clinical staff were reminded of the need to check known medicine sensitivities prior to prescribing.

Well-led

Rating: Requires Improvement

Leadership capacity and capability

There was compassionate, inclusive 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 vision and strategy to provide 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:

- There was an open and inclusive leadership style and collaborative teamwork. We were advised that the practice had undergone some disruptions in the past year in that a previous partner had to retire unexpectedly, the sudden termination of the lease in their previous location, the hurried move to the present location and the transition to the EMIS information system. Leaders spoke openly about these challenges and demonstrated a desire to provide high quality evidence-based care with appropriately qualified and trained staff.
- The practice mission statement was to 'To create a happy, effective and safe workforce, capable of delivering services to enable and empower our patients to look after and maintain their own physical and mental wellbeing'.
- The vision was supported by a business plan which highlighted areas for development and improvements. These included completing the building of the new practice premises, improvements to staffing and information technology.
- Staff we spoke with were aware of the developments and planned improvements.

Culture

The practice had a culture which drove quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff had undertaken equality and diversity training as part of their induction. The practice planned to deliver update training shortly.</p>	

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

Source	Feedback
Staff	Staff we spoke with told us that they were supported to carry out their roles. They were encouraged to develop, and they felt respected. They told us that communication through staff meetings, emails and verbal was good and had kept them informed of developments.

Governance arrangements

There were 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff accessed practice specific policies and procedures on the practice intranet system. • There were designated leads for specific governance areas. For example, the nurse was the infection control lead and a GP the safeguarding lead. • There were quality improvement activities to improve outcomes for patients. • There were regular practice meetings which facilitated effective communication of any changes to the practice team. • There was a process to review and act on significant events were discussed, and complaints. 	

Managing risks, issues and performance

There were processes for managing risks, issues and performance. However, these processes needed a review to deliver positive patient outcomes.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	P
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.	P
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: <ul style="list-style-type: none"> • Assurance systems relating to medicines management, management of safety alerts and effective needs assessment, care and treatment needed strengthening. In particular, to ensure they were structured to highlight performance issues and deliver positive patient outcomes. 	

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	P
Performance information was used to hold staff and management to account.	P
Our inspection indicated that information was accurate, valid, reliable and timely.	P
There were effective arrangements for identifying, managing and mitigating risks.	P
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had limited information to review and act on in relation to medicines management, management of safety alerts, effective needs assessment and care and treatment. While recent interventions had shown improvements to medicines management and management of safety alerts, the practice needed to introduce systems to continually monitor clinical data, staffing and staff training so sustained improvements could be demonstrated. Clinical information relating to the QOF, cervical cancer screening and childhood immunisations were lower than expected compared to the CCG and England averages. The practice told us that a change in the electronic patient information system had partially contributed to this apparent lower performance. Lack of staff training and familiarisation with the new system were also given as possible reasons. The practice needed to make improvements, so all staff were familiar with the new patient information system. 	

If the practice offered online services:

	Y/N/Partial
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Any unusual access was identified and followed up.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	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: <ul style="list-style-type: none">• During our inspection we spoke with eight patients. They commented that staff had delivered care in a friendly caring way ensuring their privacy and dignity.• During our inspection we received two comment cards. Comments made indicated that care and treatment provided had been personal, and with dignity and respect.	

Feedback from Patient Participation Group.

Feedback
We spoke with two members of the practice PPG. They told us that the PPG was active with six steering group members and about 400 members on the virtual online group. A GP and the practice manager usually attended PPG meetings with the practice manager managing the online virtual PPG. The PPG had helped the practice with the move from the previous location, published a quarterly newsletter, encouraged patients to attend the annual flu clinics and signposting carers to available support. They said the practice provided an excellent responsive service and there were no problems in obtaining an on the day appointment.

Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

Examples of continuous learning and improvement

<ul style="list-style-type: none">• The practice had successfully moved locations at short notice ensuring minimal disruption to patient services and at the same time retaining most of the previous patient population.• To meet increased demands for on the day appointments and to make effective use of available resources, the practice had set up a GP triage system for requests for on the day appointments.• As part of the CCG enhanced community framework realignment project the practice was responsible for patients living in one nursing home and one home for patients with learning difficulties.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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