

Care Quality Commission

Inspection Evidence Table

Peel Hall Medical Practice (1-526710208)

Inspection date: 5 & 9 August 2022

Date of data download: 01 August 2022

Overall rating: Good

At our previous inspection 29 July 2021, the practice was rated requires improvement because they were unable to demonstrate sufficient actions to address or improvements to their childhood immunisation, cancer screening and patient satisfaction data. At this inspection, the practice is rated good as although data remained low in some areas, there had been improvements in almost all areas. The practice had established comprehensive plans previously and had demonstrated that these were working, although it was on an ongoing project.

Safe

Rating: Good

The practice was rated good for providing safe services because they had comprehensive systems in place that were working effectively and as intended to safeguard patients and staff from abuse and harm. There were areas of prescribing that were higher than target, but the practice provided some unverified data that had begun to mitigate this, continuing to work on other areas to facilitate improvements. Although there had been a surge in demand, the practice was committed to ensuring this continued to reduce in line with established best-practice guidance.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y

Safeguarding	Y/N/Partial
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: Systems and processes to keep patients safe and protected from abuse were in place and continued to be embedded and developed by the practice. We found that all areas we reviewed were managed appropriately and were working as intended. The practice had taken on a number of new staff members, whose training had all been completed and staff we spoke with were knowledgeable about their training and confident that they could ask for help and would be supported.	

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 UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: We reviewed two staff records and found that all appropriate information had been obtained by the practice and that the system for recruitment was well established and effective. Leaders told us that they felt they had a really good workforce that worked well, often under challenging circumstances.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2022	Y
There was a fire procedure. Date of fire risk assessment: March 2022	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice had highly developed internal safety management systems that were effective and gave an accurate picture of risks; any mitigating actions were completed.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control (IPC) audit: August 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	N/A

The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: The IPC audit was scheduled to be repeated later in the month of August 2022 and would be completed by the practice nurse and IPC lead. There were no areas of non-compliance and we found no evidence that this was not accurate.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence: We saw that all new staff had a standard induction, with elements specific to their role. Staff we spoke with were able to articulate what red flag symptoms meant and what actions they would take should they encounter them from patients. The practice was developing a symptoms tool to enable staff to better be able to signpost them to the most appropriate health care professional, but this had not yet been implemented.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results, and this was managed in a timely manner.	Y

There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
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Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation but this was an ongoing project.

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) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	1.12	0.88	0.79	Tending towards variation (negative)
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). (01/04/2021 to 31/03/2022) (NHSBSA)	8.2%	8.5%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	5.93	4.99	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	394.1‰	167.7‰	128.2‰	Variation (negative)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	2.08	0.86	0.60	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	12.0‰	7.7‰	6.8‰	Tending towards variation (negative)

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
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 UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <p>In relation to antibacterial prescription items, the practice provided unverified data from ePACT (electronic Prescribing Analysis and Cost Tool), which allowed practices to view their most recent prescribing data from the source. This data demonstrated that their prescribing of these items was higher than data here suggests at 1.14, but that the ICS average was also higher at 0.96. They were aware of their higher than average prescribing and explained that it was historic prescribing behaviour that patients expected but were attempting to reduce these levels by educating patients and had enacted a policy aimed at reducing this element of prescribing to be more in line with best practice guidance. The practice also provided us with evidence that all GP surgeries in their PCN were performing similarly according to the demands of the local population. The practice prescribing of these items had increased from 0.93 in 2021 to their current levels. The practice explained this increase due to the increased demand following the pandemic.</p> <p>In relation to the prescribing of Pregabalin or Gabapentin per 1,000 patients (pain killers), the practice provided data that showed 281 patients per 1000 patients were prescribed these medicines, rather than the 394 per 1000 displayed here. The raw data they provided showed a decrease of 0.82% in the</p>	

Medicines management	Y/N/Partial
<p>volume of pregabalin prescribed, an increase of 1.5% in the volume of gabapentin prescribed and an overall decrease of 1.72% of pregabalin and gabapentin combined. However, the practice utilised different data to draw this conclusion which was unverified.</p> <p>In relation to the prescribing of hypnotics (sleeping medicines), the practice provided unverified ePACT data showing 0.52 per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) combined with Average Daily Quantities (ADQ). This data may appear to be an improvement from that data displayed here; 2.08, but is not comparable, as it utilises different data. The data we have reported here has reduced from the 2021 data which was 2.11.</p> <p>In relation to the prescribing of psychotropic medicines (describes any medicine that affects behaviour, mood, thoughts, or perception), the practice provided unverified ePACT data that showed 89 patients on these types of medicines. The practice told us that this was 8.9%. The data we reported here is patients per thousand, which is not directly comparable.</p> <p>The practice had an ongoing programme of patient education concerning these areas of prescribing, although our data reported here was correct, we were somewhat assured that the practice was aware of the issues and were dedicated to continuing to reduce prescribing to within good practice levels. The practice pharmacist was responsible for reviewing prescribing and doctors were reminded of prescribing guidelines.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	33
Number of events that required action:	33
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a well-established and effective system for identifying significant events and using them for learning to improve service delivery. Significant events we reviewed had been carefully considered and addressed and discussed in meetings. The practice provided us with an action plan for their SEAs along with a timeline.</p>	

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

Event	Specific action taken
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Abusive patients	In relation to abusive patients, the practice had implemented additional safety measures to ensure staff could go about their work unmolested. The practice also enacted a zero-tolerance policy on violence and abusive behaviour to protect staff and other patients.
Bloods not processed	In relation to a blood sample being left and not processed by district nursing teams, the provider updated their protocol to ensure that all samples would be processed by the sample taker.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We found evidence that most safety alerts were managed appropriately, including historical ones. We found that eight patients of childbearing age had not been informed of the risk of taking a medicine that is used to treat an overactive thyroid. We raised this with the practice who addressed it immediately and demonstrated that all patients were either informed of the risks or alerts had been put on their records to ensure they were informed next time they contacted the practice. The practice had run an audit in April 2021 and November 2021, which demonstrated improvements.</p> <p>The audit stated;</p> <p>The following points were observed on the four safety alerts selected randomly:</p> <ul style="list-style-type: none"> a) The safety alerts were read and acknowledged by everyone (100%) b) The safety alerts were completed before due date (100%) c) Response notes were added where applicable d) None of these alerts needed patient(s) search to be conducted on EMIS <p>In comparison to the first audit cycle, the practice's response rates significantly improved and were maintained consistently at a level of 100% for six months.</p>	

Effective

Rating: Good

At the previous inspection, the practice was rated requires improvement for providing effective services because they were unable to demonstrate sufficient actions had been taken or improvements made in relation to childhood immunisation and cancer screening uptake performance.

At this inspection, the practice is rated good in recognition of improvements that have been made and continue to be made on a positive trend.

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

Effective needs assessment, care and treatment

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

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

Explanation of any answers and additional evidence:

The practice was developing a navigation tool to allow staff to signpost patients to the appropriate professional, best suited to their needs, which would also help in relation to waiting times. Although this had not yet been implemented, staff had been trained to take action on this already and had full clinical support should they need it. All patients were triaged to ensure that they were placed with the correct professional and safety protocols were in place.

Staff we spoke with were articulate and knowledgeable about symptoms that might cause concern and knew who to go to for further advice. Protocols were in place to ensure staff knew when to seek advice.

Effective care for the practice population

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- 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 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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 demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. This was done on a birth month basis. We saw that patients were offered a one stop shop approach to their long-term condition management. Appointments were longer to accommodate these comprehensive reviews. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins. Patients with suspected hypertension were offered ambulatory blood pressure monitoring. Patients with COPD were offered rescue packs. Patients with asthma were offered an asthma management plan.

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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	95	99	96.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	109	120	90.8%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	109	120	90.8%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	110	120	91.7%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	105	138	76.1%	Below 80% uptake

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

Any additional evidence or comments

The practice demonstrated improvements in relation to their childhood immunisations in four of the five indicators, especially in relation to children aged one who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B). The practice was aware that for children aged five who have received immunisation for measles, mumps and rubella (two doses of MMR), their uptake achievement was lower than target. They continued to encourage those to attend and demonstrated that these had been invited, a number

of whom had and continued to decline. This was recorded in the patient's notes and appropriate professionals such as health visitors had been informed.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 31/03/2022) (UK Health and Security Agency)	64.0%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	52.4%	51.5%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	53.9%	54.8%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	45.7%	55.7%	55.4%	No statistical variation

Any additional evidence or comments

The practice was aware of their lower than target cervical screening uptake achievements and had run an audit in October 2020, August 2021 and February 2022 to understand this. The initial audit outlined six short-term recommendations and a long-term recommendation, which had been enacted by the practice (except the long-term, as this was ongoing). They also increased the number of clinics offered, recruited more practice nurses, ensured that all other female clinicians were up to date with their smear training to ensure that more clinical time could be devoted to this. They also opportunistically screened eligible persons when they interacted with the practice for other reasons. Their uptake reported there had already increased by 5.2% from 58.8% in December 2020 from actions taken at that time. The August 2021 audit demonstrated that response rate to invitations sent out to patients had increased from 10% to 18.75%. The February 2022 audit demonstrated that the number of screening tests had increased from 324 (12 months leading to December 2020) to 507 (12 months leading to December 2021). The practice "how I am driving" unverified data, (quality outcome framework (QOF) data) was at 73% for eligible persons aged 25 – 49 and at 72% for eligible persons aged 50 – 64. The practice was confident that their ongoing actions would continue to see an increase in these data sets.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y

The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

There were several areas where the practice had focused its quality improvement activity, these included clinical audit, where a number of examples were shared with us. For example, we saw a medicine used to treat autoimmune diseases had been audited, in April 2021 and again in March 2022, demonstrating positive patient outcomes. We also saw that the practice had begun an audit on those patients in need of protection for their stomach whilst taking a form of oral anti-coagulants, identifying 18 patients who did not have this. This was addressed by the practice but had not yet been re-audited. We also saw that the practice continued to take actions to improve and monitor achievements in cervical screening, immunisations, prescribing and patient satisfaction.

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.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
The practice demonstrated that systems in place to ensure that staff were best placed to perform their roles, by ensuring training and up to date, evidence-based guidance and practice were available and undertaken were working effectively and as intended.	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	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 and tackling obesity.	Y
Explanation of any answers and additional evidence: Patients registered with the practice had access to a social prescriber who aided them in accessing community based and/or charitable support to improve their understanding of and participation in their health promotion and prevention of disease.	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y

Caring

Rating: Good

The practice was rated good for providing caring services because they demonstrated that patient feedback in relation the kindness and caring services they received was in line with local and national averages. They also demonstrated that they took into account the circumstances of their patients in order to provide a more caring service.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was generally 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with were culturally sensitive and were able to tell us how they would help patients who required further assistance or had different needs to the general population. Their knowledge of patients' needs was extensive and their stated willingness to help patients, even in situations where those patients might be displaying aggressive behaviour, demonstrated a caring and attentive staff team.</p>	

Patient feedback	
Source	Feedback
GP patient survey	Of those questions relating to the caring key question in the GP patient survey, the practice scored in line with local and national averages. The data displayed below demonstrated an increase in satisfaction since the last survey. The number of responses from the national survey from January to April 2022 was 108.
Practice patient survey	The practice run their own survey, which mirrored the questions on the GP patient survey and although unverified, indicated higher positive responses than that of the national survey. This also had a larger sample size of 827 responses.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2022 to 30/04/2022)	83.4%	83.6%	84.7%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	79.8%	81.8%	83.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	92.8%	91.9%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	55.7%	71.8%	72.4%	No statistical variation

Any additional evidence or comments

<p>Two areas had improved from the previous survey in 2021;</p> <ul style="list-style-type: none"> 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 had increased from 77%. 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 had increased from 92%.

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

Any additional evidence

The same questions were asked of patients in the practice survey in July 2022 with a larger sample size of the population; The practice sent out over 1000 surveys and received 827 responses. Of those who responded, the results provided were;

Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time? 44% (very good), 35.6% (good), (total 79.6%). The national survey results for this question were 76% (ICS average 84%, national average 83%).

Last time you had a general practice appointment, how good was the healthcare professional at listening to you? 48.6% (very good), 34.7% (good), (total 83.3%). This is in line with the national data reported here.

Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern? 47.5% (very good), 35.3% (good), (total 82.8%). This is higher than the national data reported here.

During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment? 50.9% (yes definitely), 40.3% (yes, to some extent), (total 91.2%). This is higher than the national survey result stated here.

During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to? 64.3% (yes definitely), 28.7% (yes to some extent), (total 93%). This is higher than the national survey result of 92.8%.

Overall, how would you describe your experience of your GP practice? 29.5% (very good), 37.2% (good), (total 66.7%). This is higher than the national survey result of 55.7%.

Involvement in decisions about care and treatment

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

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

Explanation of any answers and additional evidence:

The practice was able to source easy read and large print leaflets and documents for their patients and were particularly sensitive to being able to translate information into the various languages spoken by their population. The practice website had information in the four major languages spoken by their population and had undergone an exercise to determine the ethnicity of their patients in order to offer them a more caring and responsive service.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about	82.8%	88.6%	89.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
their care and treatment (01/01/2022 to 30/04/2022)				

	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
Any additional evidence or comments	
The practice had won a "Pride in Practice" award in 2021 for their work involving their registration process and forms. These were updated to reflect sexuality and gender preferences along with pronouns. The practice was yet unable to provide any impact data on this but had had positive feedback.	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 267 carers, which had increased from 179 carers in July 2021. The practice told us this was due to more carers registering and clearer coding on their system. This constituted approximately 3% of the practice population.
How the practice supported carers (including young carers).	Carers were aided with access to a social prescriber, navigating them to community based and charity support locally. Carers were also offered flu vaccines and health checks.
How the practice supported recently bereaved patients.	The practice supported bereaved patients by sending condolences, offering them an appointment for further support and signposting them to counselling and practical advice locally.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y

Responsive

Rating: Good

At the previous inspection, the practice was rated requires improvement for providing responsive services, because they were unable to provide sufficient evidence that actions taken to address poor patient feedback had been effective. At this inspection, although patient feedback remained lower than average in some areas, the practice demonstrated that they had continued to take actions to address this including undertaking their own survey of patients. Although unverified, the results obtained indicated that improvements were beginning to be effective.

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm (Closed 1pm to 3pm for training)
Thursday	8am - 6.30pm. (Appointments available from 7am & after 6.30pm by advance booking)
Friday	8am – 6.30pm
Weekends	Closed
Appointments available:	
Monday	8am – 6.20pm
Tuesday	8am – 6.20pm
Wednesday	8am – 1pm, 3pm - 6.20pm
Thursday	7am – 8pm
Friday	8am – 6.20pm
weekends	Extended hours available at hub sites, hosted by the primary care network (PCN)

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

- Patients had a named GP who supported them in whatever setting they lived, this did not mean that patients could always see this GP. Patients that wished to see only their named GP would be required to wait for an appointment.
- 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 specialist home visit clinics run by the practice nurse. These included 90 housebound patients and 14 hard to reach patients, such as those who rarely left their homes for other reasons, including mental health. The practice delivered over 300 Covid-19 vaccinations to these patients to ensure they were protected, despite their inability or reticence to attend vaccination centres.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional doctor appointments were available until 8pm on a Thursday for any patients who had been unable to get an appointment at any other time.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a Primary Care Network (PCN). Appointments were available Saturday and Sunday 10am until 1pm through this network.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people. The practice was an accredited homeless friendly practice with a homeless charity, administering to the large population of homeless patients that reside near Manchester Airport.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. The practice knew their learning disabled patients well and had alerts on their records denoting their preferences and limitations, there were options for late or early appointments to avoid crowds and the practice had multiple "quiet" spaces that could be utilised for these patients if necessary.

Access to the service

People were able to access care and treatment in a timely way, although feedback did not always reflect this.

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <p>Whilst many patients did, other patients didn't always feel that they were able to make appointments that met their needs, when surveyed. The practice worked hard to provide a whole range of appointments and appointment types including telephone, face to face and online, as well as early and late appointments and additional clinics for specific clinical areas, such as cervical smears. They also offered patients a range of ways to feedback, including on their website, which was translatable into any language. The practice had made themselves more accessible to the homeless, those from the LGBT+ community and had assessed the ethnicity of their patients in order to offer language support for those who needed it. Facilities the practice offered, courtesy of the health centre they were located from, were modern and accessible for all patients.</p>	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	30.0%	N/A	52.7%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	38.3%	55.7%	56.2%	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 (01/01/2022 to 30/04/2022)	42.4%	56.0%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	53.2%	69.8%	71.9%	Tending towards variation (negative)

Any additional evidence or comments

The practice was aware of their lower than average national survey data, which had declined in some areas since the last survey. The practice told us this was because of the surge of demand following the pandemic and the ending of restrictions. They had conducted their own survey in July 2022, which although unverified, looked at a larger sample size of 827 respondents and indicated that improvements had been made. The practice felt that the actions they had put in place to mitigate their satisfaction scores previously had begun to deliver improvements, but this was a slow process and was complicated by the surge in demand. They showed us plans to invite patients to open forum evenings to ask patients about their experiences and attempt to understand the enduring low satisfaction amongst some patients.

The practice survey revealed;

Generally, how easy is it to get through to someone at your GP practice on the phone? 12.8% (very easy), 34.5% (fairly easy), (total 47.3%), which is higher than the national survey result of 30%.

How satisfied are you with the general practice appointment times that are available to you? 18.9% (very satisfied), 29.6% (fairly satisfied), (total 49.5%), which is higher than the national survey result of 42%.

How often do you see or speak to your preferred GP when you would like to? 9.7% (always or almost always), 10.8% (a lot of the time), (total, 20.5%), which is lower than the national result of 31%.

Were you satisfied with the appointment (or appointments) you were offered? 61.5% (yes), which is higher than the national result of 53%.

Overall, how would you describe your experience of making an appointment? 19.7% (very good), 32.5% (fairly good), (total, 52.3%), which is higher than the national result of 38%.

Source	Feedback
NHS Choices	Of the two comments left on the NHS choices website in the last 12 months, both were negative in relation to access to care and treatment.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice was able to demonstrate a well-established system for receiving and responding to complaints. These were discussed at regular meetings and action plans put in place to address any concerns raised by them. Action plans were then monitored to ensure that these were completed.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Delayed secondary care appointment	In response to complaints relating to delayed hospital appointments, the practice would contact the hospital to confirm appointment status and liaise with the patient to provide reassurances and offer another appointment where necessary.
Access	In response to complaints relating to access to appointments, the practice contacted patients to offer an apology and an appointment time. The practice offered additional appointment times on a Thursday morning and evening and after hours at local hubs operated by the Primary Care Network (PCN).

Well-led

Rating: Good

The practice was rated good for providing well-led services because they were able to demonstrate that governance arrangements were well-established and effective despite the considerable challenges faced by them and their staff team. There was a culture of openness and convivial professionalism even from the newest members of staff and systems in place continued to support improvements and understanding where things went wrong.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The provider demonstrated that succession planning had begun and included developing the interest of salaried GPs.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: Staff we spoke with described a shared vision of compassionate care for their population and more generally as health care professionals, both clinical and non-clinical. They were able to both articulate this and demonstrate it in their body of work.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y

Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
<p>Explanation of any answers and additional evidence: Staff we spoke with told us that they considered the practice to be like a family and were proud to work at the practice and of their contribution, which they told us was acknowledged and valued by the leaders.</p> <p>Patients that displayed aggressive behaviour had their complaints recorded and practice staff attempted to address these concerns and de-escalate the situation in order to bring about resolution. Those patients that persisted with aggressive or even violent behaviour would be subject to the NHS zero tolerance policy and warned by letter or removed from the practice list. This was to protect both staff and other patients.</p> <p>The practice engaged in activities to promote health and wellbeing of their staff including days or evenings out where social interactions were encouraged.</p> <p>Staff we spoke with felt empowered to raise concerns and told us they were confident that these would be addressed and taken seriously.</p>	

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence: Staff we spoke with knew where to find policies and procedures, were knowledgeable about the content of these and knew who to speak to should they be unsure of any aspect of day to day operations. All staff we spoke with knew who the safeguarding lead was and felt they could approach any member of the senior staff for advice, help or to raise concerns.</p>	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: The practice had a comprehensive suite of risk assessments that covered all areas of service delivery. We sampled these areas to ensure that they were effective and found that they were working as intended and well established. Staff we spoke with were clear about their responsibilities in relation to overall safety.	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence:	

The practice remained vigilant in the face of the COVID-19 pandemic and took sensible precautions when dealing with patients and visitors. Cleaning was still a top priority for the provider and isolation areas were still available should they be needed. Hand sanitation stations and hand washing facilities were abundant throughout the practice building.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was aware of their lower than target or lower than average performance data and had taken steps both reactively and proactively to address these. These projects were ongoing but were delivering improvements where it was possible to. The practice told us that there were a number of complicating factors that had impacted on their ability to do this; the demographic, which included a highly diverse and deprived population, low levels of employment and low educational attainment. There was a surge in demand following the pandemic which had added further challenges to the presence of backlogs that the practice was managing. Patient expectation and demand was at an unprecedented level and the practice had diversified their communications with patients in order to manage expectations and educate patients to the limits of primary care.</p> <p>The practice had developed a comprehensive system of audit to ensure that they could accurately understand where improvement had been made and where further improvements needed to be made. They were committed to engaging patients as stakeholders in this process and to become equal partners in the promotion of their own health and well-being.</p>	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

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: Patients were facilitated to feedback in a number of ways including verbally, by letter or telephone, the practice website, through complaints and surveys conducted frequently.	

Continuous improvement and innovation

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

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

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.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.