

Care Quality Commission

Inspection Evidence Table

The Gamston Medical Centre (1-9158504891)

Inspection date: 24 May 2022

Date of data download: 22 May 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice demonstrated an effective and thorough process of ensuring safeguarding was a key part of patient care. Staff demonstrated clear awareness of their responsibilities around reporting incidents if they suspected a concern.The practice had policies and processes to support staff in this area and staff were clear on how they accessed these policies.Staff had completed safeguarding training relevant to their role,Staff files reviewed demonstrated that Disclosure and Barring Service (DBS) checks were in place for staff as part of pre employment checks. This included enhanced and standard DBS checks based on the role and responsibilities of the job. DBS checks identify whether a person has a	

Safeguarding	Y/N/Partial
<p>criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.</p> <ul style="list-style-type: none"> The practice had taken a multi-disciplinary approach to ensure they could create accurate and up to date registers of vulnerable patients. This included working with health visitors and other relevant community teams. A random sample of records viewed during the inspection confirmed they had effective registers in place that were monitored regularly. 	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We looked at a range of clinical and non-clinical recruitment files and found recruitment checks in place. As part of the wider network of GP practices, the practice had access to a HR department and updates were being carried out to ensure systems and processes were effective and maintained appropriately. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Various	Y
There was a fire procedure.	Y
Date of fire risk assessment: October 2021 Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Evidence provided by the practice showed equipment was regularly calibrated and electrical items were PAT tested. Fire safety policies were in place and evidence was provided of a completed fire risk assessment. Actions identified by the fire risk assessment had been completed. For example: Emergency planning was discussed with staff as part of their training programme. The practice had carried out a range of health and safety risk assessments. These included slips, trips and falls, waste disposal and lone working. An annual risk assessment plan was in place to ensure the mitigation of risk. This was monitored on a regular basis by the leadership team. All staff had completed fire safety training. Fire marshals had undertaken additional training for the role. Systems were in place for the regular checks of fire alarms, extinguishers and fire evacuation procedures. The practice had completed assessments in place for the control of hazardous substances. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: September 2021	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All staff completed the relevant infection control training for their role through the online training system in place. The practice had an action plan in place to address concerns identified during the infection control audit. For example: all clinical rooms to have wipeable vinyl chairs. This had been acted on the chairs had been replaced. To ensure the safety of both staff and patients during the COVID-19 pandemic, clinical staff were given time between seeing each patient to clean their consulting rooms. Due to the COVID-19 pandemic, the practice had increased the frequency of cleaning, ensured there was adequate personal protective equipment available. Policies, procedures and audit templates were in place for infection prevention and control and accessible for all staff. We observed the general environment to be clean and tidy with the layout and facilities of the premises changed in line with COVID-19 guidance for infection prevention and control. 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
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: <ul style="list-style-type: none"> Staff had the appropriate equipment to deal with medical emergencies and evidence provided demonstrated that staff had completed sepsis awareness training relevant to their role. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a system in place to ensure all test results and information relating to patients received was acted on appropriately and in a timely manner.• The practice had a system in place for the management of referrals under the two week wait process. Monitoring processes were in place to identify patients who were referred via the two week pathway and to ensure the pathway was used appropriately.• During the remote access of the clinical system we reviewed a random sample of patients records and found referrals and test results had been acted on promptly and in accordance with best practice guidance.	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.62	0.80	0.79	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). (01/04/2021 to 31/03/2022) (NHSBSA)	7.3%	8.1%	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)	4.85	4.61	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	70.5‰	130.0‰	128.2‰	No statistical variation
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)	0.28	0.52	0.60	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	3.0‰	6.3‰	6.8‰	Variation (positive)

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

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

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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.	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.	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.	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> <ul style="list-style-type: none"> • The practice was part of a primary care network that had employed a team of pharmacists and pharmacy technicians who supported the clinical team with the management of patient's medicines, including regular reviews to ensure appropriate prescribing. On reviewing a random sample of five patients' records we found that there was no evidence to demonstrate that the required monitoring had been completed before medicines had been prescribed. The practice assured us that monitoring was in place, but hadn't been recorded. A plan was in place to ensure that all reviews were recorded appropriately. • All Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) were stored on the communication programme used by the practice. We reviewed a random sample of PGDs and found they had been signed appropriately. • There was clinical oversight for all requests for medicine changes and a clear process was in place to demonstrate what actions had been taken. • We carried out random searches of patients prescribed high risk medicines and on reviewing a sample of patients' records we found prescribing was in line with guidelines and regular reviews were in place. • Emergency medicines and vaccines were appropriately stored and there were clear monitoring processes in place. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> Medicine fridges were monitored to ensure they were maintained at the correct temperatures for storing vaccines and other relevant medicines. 	

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:	Four
Number of events that required action:	Four
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had developed a process of recording, acting and sharing information and learning outcomes as a team. There was an open culture in which all safety concerns raised were valued and integral to learning and improvement. All staff were encouraged to report incidents, and we found that staff were committed to reporting concerns. All incidents were looked at and discussed within the staff teams to ensure staff had the confidence to report within a no blame culture. We found learning from incidents was used as an education tool. Learning from incidents was based on analysis and investigation. The practice had a system in place to ensure learning from incidents was shared through various communication channels. These included protected learning time events and team meetings. 	

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

Event	Specific action taken
Patient letter given to wrong patient	<ul style="list-style-type: none"> Following an investigation, it was found that a bulk load of letters had been printed off for signing which had caused the error to occur. The event was discussed with the secretarial team and actions were put in place to ensure all letters were laid out individually for signing and checked before being placed in envelopes to be sent out.
Wrong vaccine administered	<ul style="list-style-type: none"> An investigation was carried out and the pharmacist and manufacturer were contacted for advice and what actions were required. Vaccines were in clearly marked trays in different tiers of the trolley, but before administering the vaccine the age of the patient had not been recorded.

	<ul style="list-style-type: none"> • An audit was carried out to ensure no other patients were affected. • Action plan was put in place to ensure that each patient confirmed their age to ensure they were given the appropriate age related vaccine. • Discussion at clinical meeting was held to share learning.
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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> <ul style="list-style-type: none"> • Alerts received by the practice were reviewed by the clinical team. Searches of the clinical system were carried out for all relevant alerts to identify patients that required a review. • We looked at a range of safety alerts and found they had been actioned appropriately. This included searches carried out to identify patients that were on a combination of medicines . Five patients were identified as being on this specific combination and on reviewing each patient we all had been informed of the risks. 	

Effective

Rating: Good

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 was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
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:	
<ul style="list-style-type: none">• Searches of the clinical system showed the appropriate monitoring was in place for patients with long term conditions. For example: We carried out a remote search of the clinical system to identify patients with asthma who have had two or more courses of rescue steroids in the past 12 months. The search identified a total of 25 patients. We reviewed a random sample of five patients and found reviews had been carried out before the prescription had been issued and we found overall annual asthma reviews were well documented.• We saw care plans to drive forward patient care in areas such as learning disability reviews were in place.• The practice used a range of clinical templates to support the management of patients' conditions, which linked in with the latest clinical guidance.	

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, severe 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. 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 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)	69	69	100.0%	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)	61	64	95.3%	Met 95% WHO based target
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)	61	64	95.3%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	61	64	95.3%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	85	89	95.5%	Met 95% WHO based target

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>

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: 31/12/2021) (UK Health and Security Agency)	81.8%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	68.6%	64.5%	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)	76.0%	67.7%	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)	48.0%	55.7%	55.4%	No statistical variation

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

<p>The practice had carried out an audit on the prescribing of anti-depressants for 18 to 30 year old patients. The audit focused on what follow up and provision of information was provided when a new prescription for anti-depressants was issued. This included a follow up review after one week, clear discussion and provision of written information about side effects which included the potential for increased suicidal thoughts and safety netting regarding suicidal ideation.</p> <p>The audit identified 23 patients. Further review found that 61% of patients had the appropriate read code on their clinical record to identify the diagnosis, 13% of patients had received a review after one week and 70% of patients had been provided with information on suicidal ideation.</p>
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Following the audit, a clinical discussion was held to review the results. An action plan was implemented which included the creation of a patient information leaflet, templates to enable sharing of information with patients, introduction of a practice policy on the management of depression. The practice planned to re-audit in six months.

Any additional evidence or comments

The practice regularly reviewed their performance against the quality and outcome framework (QOF) targets. Evidence provided showed that a review had been carried out in April 2022. The review showed that four patients had not received a cancer care review within three months of diagnosis. The clinical team had discussed this at the management and clinical meeting and implemented a monthly search of the clinical system to identify patients and ensure they were provided with the appropriate reviews.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A system was in place to monitor and review staff training and we saw high levels of completion rates for training specified as mandatory by the provider for the majority of staff. This included level three training for all clinical staff in safeguarding. • Discussion with clinical and non-clinical staff demonstrated awareness and understanding in areas such as safeguarding and responding to an emergency. • There was evidence of staff appraisals and staff reported they were encouraged and given opportunities to develop. All staff received an annual review. • Clinical leads carried out regular reviews of consultations and prescribing to ensure they were clear, appropriate and contained the relevant information. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The clinical team had regular meetings with community teams and other organisations to ensure patients received co-ordinated care. These included palliative care and safeguarding. 	

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:	
<ul style="list-style-type: none"> The practice had a programme of quality improvement to ensure clinical registers were up to date and patients received the appropriate reviews and monitoring. The practice had access to social prescribers through the primary care network. The social prescribers helped patients by offering support and signposting to local support groups. As part of the primary care network the practice was able to refer patients to the care home team. Patients who needed support within their homes were provided with personalized clinical care. 	

Consent to care and treatment

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

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

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

Patient feedback	
Source	Feedback
NHS UK	The practice had two reviews. Both reviews were positive. Comments included excellent service, staff were approachable and friendly.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	86.3%	89.2%	89.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	85.9%	88.6%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	95.6%	95.5%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	87.3%	83.7%	83.0%	No statistical variation

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

Any additional evidence
The practice told us that a survey had not been carried out during 2021/2022. However, as part of the primary care network surveys had been completed for other services provided through the primary care network. These included social prescribers and care home team.

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 one patient during the inspection process. They told us they were well cared for, listened too and all the staff explained everything clearly.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	92.2%	93.6%	92.9%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	The practice had 148 carers which represented 2.38% of the practice population.
How the practice supported carers (including young carers).	Carers were offered flu vaccinations and one of the GPs was a carers champion who provided support within the practice. The practice worked closely with the social prescribing team to ensure carers received information on local support groups.
How the practice supported recently bereaved patients.	The practice sent out a condolence card and information on services available to support bereavement. The social prescribing team had set up a bereavement group that met on a regular basis to offer support to families.

Privacy and dignity

The practice respected respect 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

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice utilised the text messaging service and social media to raise awareness of events and patient education. Due to the impact of COVID-19 the practice had adjusted the delivery of appointments, with telephone triage being implemented for clinicians to assess whether a patient needed a face to face appointment. The practice was taking part in a direct enhanced service for the refugee and asylum seeker programme. They provided extra time at appointments to support patients and organized translation services where required. The practice currently had a number of refugees and had translated practice documentation into their native language to provide them with information on the services available. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9am to 1pm / 3pm to 6pm
Tuesday	9am to 1pm / 3pm to 6pm
Wednesday	9am to 1pm / 3pm to 6pm
Thursday	9am to 1pm / 3pm to 6pm
Friday	9am to 1pm / 3pm to 6pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse appointments were available in the afternoon for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had access to extended hours hubs as part of the primary care network on a Monday to Friday 6.30pm to 8pm and Saturday and Sunday from 8.30am to 12.30pm.
- 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 adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England 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

Explanation of any answers and additional evidence:

- NHS 111 had direct access to the practice clinical appointment system and could book appointments for patients that required to see a GP urgently.
- The practice had carried out an audit to review the number of face to face appointments that were being offered following the pandemic. The audit showed on average each clinician had increased their appointments by 25%.
- As part of the primary care network, the practice had access to first contact physiotherapists, social prescribers and a community pharmacy to provide patients with a range of services to meet their needs.
- Patients were able to book GP appointments online. Each morning these became available from 6 a.m. for patients who had online access. Patients were able to book telephone appointments each morning. The practice had a duty doctor each morning and afternoon who supported the reception staff with urgent requests.
- During the COVID-19 pandemic the social prescribing team had contacted all patients on the vulnerable list to provide advice and support.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	87.7%	N/A	67.6%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	82.4%	73.1%	70.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	77.1%	70.0%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	82.5%	82.9%	81.7%	No statistical variation

Source	Feedback
NHS UK	No difficulties in getting through on the phone, able to make appointments.
Patient	Choice of appointments available, online and telephone. No difficulties in getting appointments.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	Five
Number of complaints we examined.	Five
Number of complaints we examined that were satisfactorily handled in a timely way.	Five
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	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: <ul style="list-style-type: none"> • The practice had a system in place to record complaints. Evidence provided showed five complaints had been received in the past 12 months. • A complaints policy was in place and an annual review was completed. A yearly review was held to ensure complaints have been captured and discussed and any learning implemented accordingly. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient not satisfied with GP consultation	<ul style="list-style-type: none"> • An investigation was carried out and the practice found there had been some confusion about specific blood tests that were available. • This was discussed with the clinician involved and shared at the clinical meeting for learning.
Potential delay in referral caused hospital admission	<ul style="list-style-type: none"> • A review of the patients clinical record was carried out by the clinical team • The findings of the review were discussed at a clinical meeting as part of a significant event analysis. • Learning was shared to strengthen communication skills with patients and ensure appropriate assessments were completed following clinical indicators.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The management team were aware of the challenges and as a new provider they had endeavoured to manage the change to the previous leadership without impacting on patient care. The practice had a realistic strategy and supporting objectives to respond to challenges as well as maintaining quality and sustainability. Due to the increase in housing and nursing home accommodation being built, the practice had submitted plans for the current premises to be extended to be able to meet demand. Staff we spoke with explained that the leadership team were visible and approachable. Staff described the practice team as supportive. The leadership team demonstrated a genuine passion to tackle health inequalities and there was a systematic approach with strong governance arrangements when working with stakeholders to improve care outcomes. To ensure a team approach and to distribute operational responsibilities, the GP practice was part of Partners Health. The Partners Health team supported the practice in new developments and acted as the overarching governance framework bringing local practices together. This supported the practice to monitor quality and performance. Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences. Staff met regularly to discuss any issues or complex cases and to offer and receive peer support. A range of meetings were in place to discuss issues and share updates with staff. 	

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
<p>Explanation of any answers and additional evidence:</p>	

- There was a mutual vision among the leadership team and staff to provide safe, high quality care and integrated care in the community.
- As the practice was part of Partners Health, they had a joint vision with the practices in their network. The vision was to be stronger together and to create an environment which makes it easy to do “the right thing” for the benefit of patients. On speaking with staff they was a whole team approach to ensuring this vision was implemented and sustained.
- Staff we spoke with demonstrated clear understanding of the practice vision, value and strategy and applied this in their role.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had implemented a range of options for staff to feedback. These included a staff suggestion box and a staff council. The staff council had a representative from both the clinical and non-clinical team and met with other representatives from practices within the PCN. Updates from suggestions and discussions at the staff council were shared with staff through their team meetings. • Quality standards along with other information such as incidents and complaints were discussed at staff meetings. • There was a strong emphasis on the safety and well-being of staff. One of the key objectives was to focus on being a positive place to work. This was delivered through the development of staff and a team approach to ensuring all staff were involved in decisions. • Staff were very positive about working at the practice. Staff told us they had received constant support from the GPs, managers and team. There was a positive attitude throughout the entire workforce which enabled the smooth running of the practice. • Staff had clear roles and responsibilities and staff wellbeing was discussed as part of the appraisal process. • The practice encouraged staff to report incidents and share learning. Staff told us they had no concerns in raising issues and felt well supported when reporting incidents. 	

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

Source	Feedback
Staff	<ul style="list-style-type: none"> We spoke with a range of staff during the inspection. The staff that had been with the practice before the new provider had joined, told us the transition to a new leadership team and model of working had gone smoothly and the team had been kept up to date of changes. Staff told us that they were well supported, the leadership team were approachable and everyone worked together as a team.

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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The practice had systems in place to ensure all staff were clear on their roles and responsibilities. Induction plans for new staff were tailored to the individual and there was a clear structure and accountability process in place. Communication was effective and organised through structured, minuted meetings. Governance and performance management arrangements were proactively reviewed and reflected best practice. All clinicians met regularly to discuss work prioritisation and vulnerable patients as well as difficult cases and current events. There was a good relationship with community teams to ensure patients received effective co-ordinated care. The practice had a range of systems in place to ensure the practice was efficient. The practice was part of a larger network of local practices and the management team ensured processes were co-ordinated and any changes were implemented through a team approach. 	

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:	
<ul style="list-style-type: none"> • The leadership team regularly reviewed their systems and processes to ensure quality and sustainability were embedded across the whole practice. • The practice had a programme of quality improvement in place. Audits were carried out in a range of areas to monitor the services provided. • The provider had undertaken several risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned. • Regular meetings were held with all managers across the group of practices to share information and ensure information was shared across the teams. Staff meetings were held on a regular basis. • There was an open culture and clear learning culture within the practice. The practice encouraged the reporting of incidents, to identify ways in which the practice could continually improve. 	

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:	
<ul style="list-style-type: none"> • The leadership team told us that they had continued services throughout the COVID-19 pandemic and had been able to manage staff absences. 	

- All patients who requested to see a GP were first given a telephone appointment. Following the telephone review, the GP would make a clinical decision if a face to face appointment was required.
- Face masks were available if patients arrived without one and hand sanitisers were in place throughout the building.
- Patients who were considered vulnerable had alerts on their clinical records to identify them.
- Infection control processes had been strengthened and extra cleaning schedules had been implemented to ensure cleaning was carried out at frequent intervals. Clinical staff were given extra time between patients to clean their consultation rooms.

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice used clinical data to drive performance and demonstrate improved outcomes for patients. This included the implementation of a range of clinics to support patients with long term conditions. The dedicated clinics gave the clinical team time to assess and monitor the care and management of patients with these conditions to ensure they were receiving the appropriate reviews. • A range of safety mechanisms had been implemented to ensure risks were mitigated. This included regular reviews of all information to ensure to was accurate and timely and a comprehensive range of risk assessments to ensure patient safety. 	

Governance and oversight of remote services

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

Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There were policies in place to support staff with utilising digital services securely and effectively. This included the process and procedures for telephone, email and video consultations. • Online consultations took place in consultation rooms with the doors closed to protect the patients' privacy. 	

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"> • The patient participation group (PPG) had adapted how they met due to the COVID-19 pandemic and continued to support the practice through virtual meetings that were held every three months. • The PPG chair attended meetings with five other practices PPG chairs, in the locality to discuss healthcare and current concerns. The outcome of these meetings were shared with the practice leadership team. • The PPG had been involved in the proof reading and reviewing the new practice website to ensure it was patient friendly and contained relevant information to support patients. • Staff feedback highlighted a strong supportive team was in place, with a positive supporting ethos. Staff said the leadership team proactively asked for their feedback and suggestions. There was a staff suggestion box in place which was reviewed on a monthly basis. • There were high levels of constructive engagement with staff. Everything was a team effort and staff told us everyone was treated as an equal and their opinions and ideas were valued. 	

Feedback from Patient Participation Group.

Feedback

We spoke with the Chair of the PPG during the inspection. They told us the practice were very responsive to their suggestions, they were involved in the development of areas to improve the patient experience and the Lead GP and managers regularly attended PPG meetings.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • An effective process was in place to ensure all staff were up to date with the practice’s mandatory training. Staff told us they were given the opportunity to develop and learn. • Continuous monitoring of training and development was carried out by the management team and learning from events, complaints and compliments was shared to enable lessons to be learnt and improvements to services were acted on. The practice continued to develop and implement processes for learning from incidents and reviews of patients with complex care needs to ensure patients were receiving appropriate care and treatment and risks were minimised. • The leadership team organised monthly protected learning time events for clinical staff in a variety of subjects. Staff who were not attending the protected learning time event were given inhouse training modules to complete. 	

Examples of continuous learning and improvement

- The practice had identified paper based process for the authorization of patient specific directions needed improvement. The practice had created a new template on the clinical system to allow electronic authorization by a prescriber. This had led to a paper free process which was more streamlined and ensured the appropriate checks had been made before any vaccinations were administered.
- The practice had implemented a range of templates that could be sent out to patients prior to an appointment to gather information. This supported the clinical staff in identifying specific areas they needed to follow up on. The templates included diabetes review, pill checks and blood pressure monitoring.
- During the pandemic the practice had staff working remotely. With the implementation of telephone consultations and video calling the Lead GP had created videos that were shared with the clinical team to support them in how to use the new software and technology to ensure the appropriate information was captured during home working and remote assessment of patients.

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.