

# Care Quality Commission

## Inspection Evidence Table

### Kirkstall Lane Medical Centre (1-552846870)

Inspection date: 15 and 16 June 2022

Date of data download: 26 May 2022

## Overall rating: Good

At the last inspection in March 2016 we rated the practice as outstanding for providing responsive and well-led services.

At this inspection we noted that areas previously regarding as outstanding practice were now embedded within other GP practices. While the provider maintained many of these good practices, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing responsive and well-led services.

## 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.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: Each member of clinical staff had a safeguarding 'passport' which detailed courses and, where applicable, activities undertaken to support safeguarding training to the appropriate level. At the time of our inspection one of the GP partners had recently completed PREVENT training and was in the process of planning how to share this learning with the rest of the team. In addition, the practice	

Safeguarding	Y/N/Partial
<p>manager was in the process of incorporating an e-learning module covering the topic into the mandatory training requirements. PREVENT training provides learning on how to support individuals at risk of being radicalised into terrorist activity before any crime is committed.</p> <p>The safeguarding lead attended a bi-monthly safeguarding peer group meeting which was led by the Leeds North Clinical Commissioning Group (CCG) and took part in annual audits looking at safeguarding processes within the practice. The safeguarding lead gave us examples of safeguarding concerns which had been identified and managed within the practice.</p> <p>The safeguarding register was reviewed regularly in-house at the clinical meeting. In addition, the practice met bi-monthly with the health visitor to review child protection and any children in need. During this meeting the safeguarding registers were corroborated to ensure the practice safeguarding register contained up to date information.</p> <p>We reviewed one patient record and saw that the safeguarding alert was visible for any healthcare professional accessing the record. The practice used a safeguarding node to add free text which was shared with other providers. For example; Leeds Teaching Hospital Trust and the health visitors.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed two staff files (one clinical and one non-clinical) and found that these contained all relevant information including proof of identity and disclosure and barring service checks to the appropriate level.</p> <p>We discussed the process for checking and recording current registration with relevant medical bodies with the practice manager (for example the General Medical Council and Nursing and Midwifery Council) and found that there was no system in place to check this on an ongoing basis. We received assurance from the practice manager that this would be implemented following our inspection.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Yes
There was a fire procedure. Date of fire risk assessment:	Yes
Actions from fire risk assessment were identified and completed.	November 2021
<p>Explanation of any answers and additional evidence:</p> <p>The practice used an external company for all aspects of health and safety. We reviewed a comprehensive suite of risk assessments and supporting documentation including:</p> <p>Fire risk assessments</p>	

Fire safety training

Fire drills

Record keeping

The practice held a workforce fire safety log book which contained documented records of six monthly fire drills undertaken by the practice, the length of time to evacuate the building and comments and learning where this had taken longer than usual. One evacuation took 1min 50 seconds as the fire evacuation list had not been printed off. The practice had noted this as requiring training for the staff member involved.

We reviewed the premises risk assessment which included slips, trips and falls, and unauthorised access. The provider had taken steps to mitigate risks for example for unauthorised access; all doors had suitable security locks in place and were locked when not in use. Access keys were controlled by management; visitors were asked to report to reception and sign in or register their arrival.

## 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.	Yes
Infection prevention and control audits were carried out.	Yes
Date of last infection prevention and control audit:	March 2022
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence:	
When we carried out our site visit, we saw that the practice was in a good state of repair and was clean and tidy.	
The practice had an infection control policy which contained details of other agencies to contact when necessary.	
There were additional policies to support staff within their roles. For example clinical waste protocol, disposable instrument policy; notifiable diseases reporting policy; contagious illness policy, personal protective equipment (PPE), needlestick injury and handwashing.	
We reviewed the Legionella risk assessment and saw that actions had been identified. The practice had a Legionella maintenance logbook which contained records of hot and cold water temperature checks in line with findings from the risk assessment.	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours.	Yes
Explanation of any answers and additional evidence: Clinical and non-clinical staff had undertaken annual basic life support training. Staff we spoke with were aware of the location of the emergency medical equipment and medicines, for example oxygen and the automated external defibrillator (AED). An AED is a medical device used to help people who experience sudden cardiac arrest. The practice had an alarm system built into the clinical system which could be used to alert staff if a patient became unwell whilst at the practice. In addition, there was a panic button located under the reception desk.	

## Information to deliver safe care and treatment

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

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

The practice had systems in place to ensure patient information received was reviewed on a daily basis. This was received by reception staff and assigned to the relevant GP for review.

During our review of the clinical system we looked at test results that required action on the clinical system and found that these had been received that day. There were no historic results to action.

## 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)	0.69	0.82	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)	6.6%	6.7%	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)	3.81	4.70	5.29	Variation (positive)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	52.5‰	111.8‰	128.2‰	Variation (positive)
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)	0.78	0.48	0.60	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	6.9‰	4.9‰	6.8‰	No statistical variation

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.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We ran a number of searches of clinical records of two high risk medicines to ensure the practice was carrying out appropriate monitoring and records were up to date and clear. We found that:</p> <p>Sixteen patients were noted to be prescribed methotrexate (a medicine used to slow down the body's immune system which helps to reduce inflammation). We found some minor issues with three of the records we reviewed. For example one patient had not received appropriate blood tests but was no longer prescribed methotrexate and another patient had a blood test in hospital, but this had not been</p>	

Medicines management	Y/N/Partial
<p>noted on the practice clinical system. We received confirmation from the practice following our inspection that all three patients had been reviewed and action taken.</p> <p>Five patients were noted to have been prescribed spironolactone in the last six months (a medicine used to prevent the body from absorbing too much water and helps to keep potassium levels from getting too low). All five patients were overdue monitoring by between one and five months. We received confirmation from the practice following our inspection that all patients had been reviewed and acted upon. In addition, spironolactone had been added to the monitoring list for the clinical care coordinator to ensure that new patients being started on this medication would be picked up and recalls set up appropriately.</p> <p>We reviewed the emergency drugs and equipment and found that these were fully stocked and in date. The practice had a system to check stock levels and expiry dates on a weekly basis.</p> <p>We looked at the vaccine refrigerators and saw that these were adequately stocked, and the practice held a record of daily temperature and data logger checks. If the temperature was out of range, the refrigerator would be checked again later in the day. Temperature checks were usually only carried out once a day and we found the records did not show the time the checks were undertaken. We received confirmation from the provider following our inspection that the time was now recorded when carrying out the temperature checks. UK Health Security Agency guidance states that temperature checks should be documented at least daily (preferably twice daily) at the same time every day during the working week.</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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	64
Number of events that required action:	63
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a clear system for reporting significant events and feedback from all staff confirmed they would know how to use this. We spoke with the practice manager who told us that significant events were discussed, and learning identified at the weekly clinical meeting and that any staff involved would be invited to attend to share learning and reflect on the incident. However feedback from some staff members indicated that they were not made aware of any learning outcomes as a result of significant events.</p>	

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

Event	Specific action taken
A number of issues identified regarding a temporary member of staff working at the practice.	The partners at the practice identified the theme through the incident reporting system and were able to discuss the issues with the relevant staff. As a result; new supervision processes were implemented
Communication issues and delay when issuing a death certificate.	The practice updated the process to ensure that, upon receipt of notification of death or verification of death information, a task was sent to the GP who last reviewed the patient during a face to face consultation. This would enable a death certificate to be issued promptly.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We spoke with the practice manager who told us that safety alerts were managed centrally by the primary care network (PCN). The PCN carried out appropriate searches and advised the practice what action was required. However the practice did not hold an internal record of relevant safety alerts and action taken.</p> <p>During our inspection we conducted a search of clinical records to assess the practice's procedure for acting on alerts. This was undertaken by the CQC GP Specialist Advisor without visiting the practice. The search was visible to the practice.</p> <p>The search looked at a combination drug safety alert relating to the risk of reduction in effectiveness of Clopidogrel (a medicine used to prevent heart attacks and strokes in persons with heart disease, recent stroke or blood circulation disease) when prescribed with Omeprazole and Esomeprazole (medicines to treat indigestion, heartburn and acid reflux). We undertook a detailed review of three patients who we found to be prescribed both medications and saw no evidence on the record that the patient had been informed of the risks. The practice provided evidence following our inspection that action had been taken to ensure these patients were invited for medication reviews with the pharmacist to rectify this.</p> <p>In addition, the practice also set up a review to ensure that any new patients registering with the practice or being prescribed this medication combination in the future, could be detected and reviewed.</p>	



## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Yes
Explanation of any answers and additional evidence: National Institute for Health and Care Excellence (NICE) guidance and updates were discussed at the weekly clinical meetings. GP registrars at the practice were asked to present new guidance, or findings from any audits, to the rest of the team to share learning. All staff were aware of red flag symptoms and how to respond to these. Patients would either be advised to contact 999 immediately or the practice would contact the emergency services on their behalf. All staff were aware that any concerns should be raised with the GP 'doc of the day'. The 'doc of the day' is a nominated GP that all staff can contact for support or guidance. Sepsis training was identified as mandatory training for all staff. This supported them to spot the signs of sepsis and patient deterioration and give appropriate advice. The practice sent out text messages and links for patients to book their COVID vaccinations. However they provided additional support to clinically vulnerable patients by reviewing their patient list and contacting any such patients by telephone. This was to ensure that they were supported to book a vaccination and gave an opportunity to discuss any concerns.	

## 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. The practice provided services to a residential home for people with a learning disability and worked with the manager to carry out a home visit by the GP, health care assistant to care coordinator to support this group of patients.
- Staff we spoke with were able to give examples of how they would facilitate care to support patients with a learning disability. For example, if the patient liked a particular GP, they would make sure appointments were booked with that GP. If the patient did not like to wait in the practice for follow up information or results, the GP would contact the carer later in the day to discuss.
- The care coordinator had a lead role in supporting patients with a learning disability and used easy read, pictorial tools to ensure they could be involved in decisions about their care.
- 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 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

As part of our inspection we carried out searches of clinical records to review the practice's processes for the management of patients with a long-term condition. Overall, the management of patients with a long-term condition was good.

We highlighted to the practice a small number of patients who had not been followed-up in line with guidance. For example, one patient with hypothyroidism had not had the appropriate blood tests within the previous 18 months. We discussed this with the lead GP during our site visit and they were aware of this patient. We received confirmation following our inspection that a review appointment had been booked with the patient.

We looked at patients with asthma who had two or more courses of rescue steroids in the last 12 months. We found that the practice had documented good reviews at the point of steroid issue. However, we found that two patients required a steroid treatment card. We discussed this with the practice, and they confirmed that steps had been taken to invite the patients for an appointment for an asthma review.

We looked at patients with diabetes and saw that the practice had good interventions and offered appropriate in-house changes to medications or referrals to secondary care specialist diabetic clinic.

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 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.

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)	53	57	93.0%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	50	54	92.6%	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	50	54	92.6%	Met 90% minimum

Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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)	50	54	92.6%	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)	61	74	82.4%	Below 90% minimum

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

### Any additional evidence or comments

We discussed childhood immunisations with the practice manager during our interview. They told us that this was an area of focus and the practice was following up national invitations by running in-house searches. This enabled them to identify non-attenders and contact the parents of children who had fallen behind on the immunisation schedule.

The practice nurses offered appointments from 8am until 5.30pm so that parents could book appointments outside of school hours.

The practice had considered the needs of babies and young children when planning their appointment schedule and had appointments available at the end of each clinic to accommodate any requests from patients regarding an unwell child.

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)	64.1%	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)	58.5%	64.0%	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)	62.4%	65.8%	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)	25.0%	52.2%	55.4%	No statistical variation

Any additional evidence or comments
The practice had an improvement plan in place to address the low cervical screening uptake. This included identifying patients who had received an invitation from the screening service but had not taken up the offer and adopting a personal approach to encourage uptake. The practice used a text messaging service to share a video link which demonstrated the procedure being carried out, followed by a call to arrange an appointment with the practice nurse to discuss any concerns regarding the procedure.

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

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

<p>The practice ran regular searches on the clinical system to monitor performance in specific areas including childhood immunisations and cervical screening.</p> <p>In addition, the practice utilised a live spreadsheet managed by the NHS Leeds Clinical Commissioning Group (CCG) to monitor performance against national averages and how they were performing within the local Primary Care Network. This had enabled them to contact another local practice, who had consistently good uptake of cervical smears and influenza vaccination and were planning to meet with them to understand the process they used and implement that in-house.</p> <p>During the site visit we reviewed improvement plans for a number of areas including referrals to the national diabetes prevention programme, bowel and breast cancer screening and caring for careers.</p> <p>The practice was involved in the 'National Cancer Diagnosis' audit to look at referrals and the referral process and identify learning and quality improvement.</p>
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## 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.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: The practice held a record of training undertaken by each individual staff member which clearly outlined when update training was required. This was monitored by the practice manager and copies of training certificates were held on individual staff files. The practice had comprehensive induction programmes tailored to support specific staff roles. All the staff members we received completed questionnaires from had received an appraisal. We spoke with the lead GP who told us that the clinical and prescribing activities of staff employed in advanced clinical practice roles initially had supervised debrief sessions after every clinic and randomised reviews of clinical practice and prescribing. Ongoing monitoring was then carried out as part of the annual appraisal process.	

## 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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff at the practice were able to explain how they worked with other providers and organisations to ensure coordinated, person-centred care. This included regular meetings with the health visitors, district nurses and palliative care nurses.</p> <p>In addition, the practice provided services for two care homes and carried out regular home visits with a dedicated GP, the care coordinator and health care assistant to enable them to spend time at the home and see patients face to face.</p>	



## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Patients could access appointments with a social prescriber one day a week to support them with issues including unemployment, financial issues or coping with a particular condition or difficulty. This service was provided by the practice in collaboration with the Woodsley Primary Care Network (PCN).</p> <p>The practice website provided information for patients about how to access support services including end of life care, stop smoking, weight management and alcohol and drug services.</p>	

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Clinicians we spoke with understood the requirements of legislation and guidance when considering consent and decision making. The practice promoted the use of the mental capacity template to aid decision making.</p> <p>We reviewed a selection of patient records and found documented discussions and decisions on the do not attempt cardiopulmonary resuscitation (DNACPR) forms. However, none of the DNACPR forms we looked at included review dates.</p>	

# Caring

Rating: Good

## Kindness, respect and compassion

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

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

Patient feedback	
Source	Feedback
Patient survey carried out by practice	Words used included Clear, concise, helpful advice.
Patient survey carried out by practice	Word included Incredible, always friendly, kind and helpful.

## 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)	89.0%	90.4%	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)	90.0%	89.1%	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)	97.7%	96.2%	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)	91.8%	84.6%	83.0%	No statistical variation

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

## Involvement in decisions about care and treatment

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

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

Source	Feedback
Patient survey	A patient reported that the GP they had seen had been helpful in finding the right treatment.

## 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)	97.9%	93.4%	92.9%	Tending towards variation (positive)

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had a number of resources to support patients including information leaflets available in large font and easy read materials containing pictures to support patients with a learning disability.</p> <p>Information on the practice website could be accessed in a variety of languages and had accessibility tools to support patients. For example, larger font, increased spacing and a dyslexia friendly mode.</p>	

Carers	Narrative
Percentage and number of carers identified.	73 (1% of the practice population)
How the practice supported carers (including young carers).	<p>Information was available for patients in the waiting area and the practice referred to the yellow card scheme. A prompt was added to the patient record to make staff within the practice aware of which patients were carers and offer appropriate support. For example, coordinating appointment times with the person they care for where possible.</p> <p>The practice had a dedicated carers champion who identified any patients with a caring responsibility to ensure they were added to the carers register. The carers register was reviewed annually around flu season and all carers were invited for a flu vaccination.</p>
How the practice supported recently bereaved patients.	The practice contacted all recently bereaved patients, in writing or by telephone, and offered support and signposting to support services.

## 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.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	

All staff had completed data security training as part of the mandatory training schedule.

The layout of the reception and waiting area ensured that staff were accessible to patients while also allowing adequate space for private conversations to take place.

## Responsive

## Rating: Good

At the last inspection in March 2016 we rated the practice as outstanding for providing responsive services.

At this inspection we noted that areas previously regarding as outstanding practice were now embedded within other GP practices. While the provider maintained many of these good practices, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing responsive services.

### 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.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am – 6.30pm
Tuesday	8.00am – 6.30pm
Wednesday	8.00am – 6.30pm
Thursday	8.00am – 6.30pm
Friday	8.00am – 6.30pm
The practice provided extended access appointments from 7.00 – 8.00am on Thursday mornings.	
In addition; patients could access prebookable extended access appointments via neighbouring 'hub' practices at the following times:	
Monday	5.00pm – 8.00pm
Tuesday	5.00pm – 8.00pm
Wednesday	5.00pm – 8.00pm
Thursday	5.00pm – 8.00pm
Friday	5.00pm – 8.00pm
Saturday	8.00am – 4.00pm
Sunday	8.00am – 1.00pm

### 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 until 5.30pm on a Monday 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 was open from 7.00am on Thursday mornings. Pre-bookable appointments were also available to all patients at additional locations within the area, as part of local hub arrangements.

The practice held a register of patients living in vulnerable circumstances including homeless people. The practice provided services for a local hostel where they looked after patients who had relocated to Leeds as a result of human rights abuses. Staff within the practice worked with the managers of this facility to discuss best ways to support this group of patients.



## 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	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice proactively monitored the appointment system to ensure feedback from staff and patients was listened to and acted upon.</p> <p>There was a variety of appointments available each day including pre-bookable, follow up appointments which GPs could book directly into, and same day appointments.</p> <p>The practice operated a triage system to discuss options and direct the patient to the most appropriate healthcare professional.</p> <p>Where clinically appropriate, patients could choose to access face to face or telephone appointments.</p> <p>Patients could also contact the practice via the eConsultation system on the practice website. This enabled patients to communicate with the practice for non-urgent issues and have access to services including advice from a GP and requests for repeat medication.</p> <p>All requests for urgent appointments were reviewed by the 'doc of the day' and appropriate follow up actioned.</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 (01/01/2021 to 31/03/2021)	83.4%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	79.5%	71.0%	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)	70.6%	67.4%	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)	89.6%	82.4%	81.7%	No statistical variation

Source	Feedback
NHS Choices	One patient reported that the surgery had gone above and beyond with care and compassion during the pandemic and they had been seen face to face when needed.

## 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.	4
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The practice had a complaints policy in place which clearly outlined the complaints process and the complaints lead. All the staff we received feedback from were aware of how to support patients to make a complaint. Information was available to patients on the practice website and within the practice. The practice recorded all complaints, both informal verbal and formal written complaints, and these were discussed at the weekly clinical meeting.	

## Well-led

## Rating: Good

At the last inspection in March 2016 we rated the practice as outstanding for providing well-led services.

At this inspection we noted that areas previously regarded as outstanding practice were now embedded within other GP practices. While the provider maintained many of these good practices, the threshold to achieve an outstanding rating had not been reached. The practice is therefore now rated good for providing well-led services.

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <p>The practice had undergone a number of changes to the clinical and management team since our last inspection. The new team had a good understanding of local and national challenges to healthcare and had improved and adapted services to ensure the practice provided effective care and treatment to patients. For example, the practice regularly monitored the appointment system to ensure services offered could best meet patient needs.</p> <p>In response to funding being reduced, the practice had made arrangements with other local practices to ensure continuation of extended hours as part of a hub of practices.</p> <p>At the time of our inspection, one of the GP partners was on long term sick and the practice had employed an Advanced Nurse Practitioner (ANP) for a fixed period to help support the remaining partners, alongside regular locum GPs.</p> <p>The practice was committed to supporting development opportunities for existing staff. For example, one member of staff had worked at the practice in a number of roles and been supported and developed to become practice manager. Receptionists at the practice had been supported to undertake roles such as secretary, health care assistant and care coordinator.</p> <p>The practice was a training practice and supported GP registrars and medical students within the practice.</p>	

## 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.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: The practice had a clear vision to 'provide safe, high quality, patient-centred care in collaboration with the Primary Care Network, so that our patients are confident in managing their health and well-being, living happy and healthy lives in the local community.'  This was supported by commitments to providing compassionate, effective, safe, responsive care and learning and improvement for everyone.  When we visited the practice, we saw the vision and commitments was clearly displayed in the staff meeting room.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: - All the staff we spoke with and received feedback from told us that Kirkstall Lane Medical Centre was a good place to work. They told us they felt supported by management and the GP Partners.	

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

Source	Feedback
Staff Interview	Words used by staff included very supported, partners are great, brilliant team.
Staff Interview	Words used by staff included dedication and support, support from whole team.
Staff Questionnaire	'
Staff Questionnaire	Words used by staff included work well as a team, feel really supported by all of the staff.'

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had well established governance arrangements in place including clinical meetings and regular multidisciplinary meetings with other providers such as palliative care nurses, health visitors and district nurses.</p> <p>All the staff we spoke with and received feedback from were clear about their roles and responsibilities and felt support by the manager and clinical team.</p> <p>The practice had policies in place to support staff within their roles and these contained clear information about the designated lead in areas such as safeguarding and infection, prevention and control. All the staff we spoke with and received feedback from were aware of the designated leads in these areas.</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.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

### 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.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>When we visited the practice as part of our inspection, we saw that chairs in the waiting room were well spaced to reduce the risk of infection.</p> <p>At the time of our inspection the manager told us they were in the process of reviewing infection prevention and control arrangements, due to a reduction in requirements for use of personal protective equipment (PPE).</p>	



## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes
Explanation of any answers and additional evidence:	
<p>The practice proactively monitored performance and had a clear understanding of areas for improvement to meet the needs of patient population. Action plans to support these areas were clearly displayed for all staff on the quality board in meeting room.</p> <p>The practice regularly monitor performance using the NHS Leeds Clinical Commissioning Group (CCG) dashboard.</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.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had an active Patient Participation Group (PPG) that had been formed prior to the COVID-19 pandemic. At the time of our inspection the practice was in the process of recruiting additional members to the group to ensure the views of a variety of age groups were represented. They had received interest from an additional 44 patients.</p>	

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence:	
<p>The practice had a commitment to education and training. The practice was a training practice and trained GP registrars and medical students.</p> <p>All the of the staff we spoke with and received feedback from knew how to report a significant event. However, some staff feedback indicated that they were not aware of any learning outcomes.</p> <p>The practice proactively identified areas for improvement and applied the PDSA (plan, do, study, act) model to address these areas.</p>	

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

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

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