



Care Quality Commission

Inspection Evidence Table

Kimbolton Medical Centre

(1-552353474)

Inspection Date: 19 October 2023

Date of data download: 13/10/2023

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.	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
<ul style="list-style-type: none">The provider had overall safeguarding adult and children leads. All policies and procedures were overseen by the leads for the safe management of cases. We saw evidence of shared learning and communication between other health and social care professionals.The practice also employed a safeguarding administrator to coordinate monthly communication meetings.	

- Staff were able to demonstrate they were trained in child protection and showed clear oversight of the processes. All staff were able to indicate how the practice's internal system would highlight a vulnerable patient. We saw the provider kept their safeguarding registers up to date.

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
<ul style="list-style-type: none"> • All clinical staff had appropriate indemnity insurance in place. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Yes
Date of last assessment: 3 July 2023	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 15 May 2023	Yes
Actions from fire risk assessment were identified and completed.	Yes
<ul style="list-style-type: none"> • We saw from the practice's record-keeping that there was clear oversight to manage all checks related to health and safety, including fire safety. We saw evidence of regular fire drills completed. • We found risk assessments had been completed and reviewed on a structured basis or when required. • There was evidence to show management of legionella, risk assessments and water testing completed to the appropriate time scales. • Calibration of equipment, such as electrical testing was completed in the correct time scales and by an external contractor. • There was clear evidence of regular servicing checks of clinical equipment to ensure completion, including up to date actions plan and read receipts of reports. 	

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: 5 September 2023	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

- We found clear oversight among the management team for infection prevention and control. The practice had an infection control lead and completed regular audits, including decontamination audits. This demonstrated strong processes for cleaning of equipment and other quality checks.

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
<ul style="list-style-type: none"> • The provider and staff told us they were able to manage staff absences and took a proactive approach to provide services should any staff absence occur. • We saw evidence that staff had access to information easily to signpost patients to extended hours services to provide appointments 	

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
<ul style="list-style-type: none"> • Review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. For example, all patients who required a test, (-for example, blood test or blood pressure) relating to prescribing dosage had all received appropriate monitoring prior to medicine being prescribed. 	

Appropriate and safe use of medicines

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

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.90	0.95	0.91	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). (01/07/2022 to 30/06/2023) (NHSBSA)	11.2%	9.9%	7.8%	Tending towards variation (negative)
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 (01/01/2023 to 30/06/2023) (NHSBSA)	4.90	5.14	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	76.1‰	121.6‰	129.5‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	0.30	0.54	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	4.4‰	5.8‰	6.8‰	No statistical variation
<ul style="list-style-type: none"> The provider was aware of the increased data for patients who were being prescribed antibacterial medicines that had been commenced by a hospital clinic and the GP was asked to continue to prescribe them. At the time of our inspection, the GPs were working with their clinical pharmacist and hospital consultants to discuss if there were alternatives for patients to avoid overuse of antibiotics. 				

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 effective 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 medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England 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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
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
<ul style="list-style-type: none"> We found there was a clear process for completing structured medicines reviews. For example, there were no overdue medicines reviews seen and within the last 3 months, 287 patients had received a medicines review. The practice had a strong recall and follow-up process for completing medicines reviews and we were shown appointments of patients booked in for appointments. Our inspection comprised using a suite of clinical searches for the management of high-risk medicines prescribed. We saw 33 patients who were prescribed a disease-modifying anti-rheumatic drug (DMARD) and all patients were monitored appropriately with 1 overdue review by 2 weeks. The practice told us they had identified this patient as requiring monitoring and had contacted the patient, to arrange a blood test appointment. Out of 15 patients prescribed an immunosuppressant medicine, 4 patients were overdue monitoring by 2 weeks. The practice was aware of these patients and had booked medicine reviews. All patients prescribed a short-acting inhaler for symptoms experienced in exertion had received the appropriate monitoring. All patients prescribed long-acting inhalers to keep airways open had all received the appropriate monitoring. We saw all patients prescribed Metformin for diabetes had all received applicable monitoring. There were 20 patients prescribed a diuretic medicine and we saw 1 patient was overdue monitoring by a few weeks and had been given an appointment to attend a medicine review. All patients prescribed a gabapentoid medicine (for nerve pain or epilepsy) had received the appropriate monitoring. 	

- The provider told us they had reviewed all patients' recalls for medicines and had created a systematic and methodical approach to ensure all monitoring was within the timeframes required in current national guidance.

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Where the Electronic Prescription Service is not used for dispensary prescriptions, prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	Yes
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Yes
<ul style="list-style-type: none"> • We saw strong systems and processes within the dispensary. Staff were able to demonstrate knowledge of their patients, when to query a change in medicines, and evidenced how to learn from significant events and near misses. • Stock was managed well at the dispensary. To ensure stock was not wasted, the provider utilised an approach of stocking medicines efficiently. For example, we were shown how medicines were stored and if there were 2 similar strengths of the same medicine, they were stored on different shelves to minimise the risk of errors. • We saw a positive culture in the practice for reporting and learning from dispensary incidents and near misses. Incidents and near misses were logged efficiently and reviewed promptly. Staff completed regular audits on near misses. This helped to identify improvements which can be made to their processes to minimise the chance of similar errors occurring again. • Prescriptions requiring signing would be completed by the named clinician a minimum of twice daily. The dispensary had a tray for GPs in a separate room at the back of the dispensary. This system ensures medicines would not be at risk of being dispensed without a GP signature. The clinician would advise staff when they had signed each prescription to then be processed. • Staff would prioritise medicines required urgently, for example, antibiotics. • Patients told us, their mental health and wellbeing was always checked when collecting medicines by staff. If a patient requested further support, staff would escalate to a GP or social prescriber. 	

- Opportunistic approaches to identify vulnerable patients and encourage patients to register as carers would be taken when collecting 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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	19
Number of events that required action:	19
<ul style="list-style-type: none"> • The practice showed clear and strong processes to identify, report, and share learning from significant events however minor, with staff and external professionals. • Staff used an electronic method to report incidents and staff told us how to access and the policy and procedure in place. They told us there was an open, honest, and supportive culture to report any issues they may have been involved in or, experienced within their work. • Learning from all events was shared and documented in staff meetings. Changes to processes were made and shared both internally and externally. 	

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

Event	Specific action taken
Data breach with patient data mixed up in the electronic records system.	Data breach awareness staff training revisited and introduction of no-patient results was shared with all staff.
The dispensary fridge door was found open.	The lock had broken on the door and was replaced. Processes for checking fridge temperatures and stock were checked and replacement medicines were sourced where required.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
We saw staff had a structured approach for managing safety alerts. The provider was aware of an alert relating to a medicine prescribed to women of childbearing age that could result in a child born with birth defects. Any	

patient of childbearing age prescribed this medicine had been contacted to discuss birth control options to avoid the risk of harm to a potential fetus.

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.	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
The practice prioritised care for their most clinically vulnerable patients.	Yes

Effective care for the practice population

Findings
<ul style="list-style-type: none">• 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 were 476 patients eligible and 102 had been completed in the past 3 months.• All patients with a learning disability were offered an annual health check. There were 11 eligible patients and 7 completed assessments at the time of our inspection. Out of the remaining 4 patients, 1 patient had declined and 3 appointments had been booked.

- Patients prescribed 10 or more medicines had all received appropriate medicine reviews.
- 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 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 an effective 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 with patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Our clinical searches showed 906 patients were diagnosed with asthma and out of these 45 patients had not been reviewed following 2 or more courses of steroids prescribed. During our onsite inspection we found all these patients had been contacted with appointments booked, and all patients had been issued steroid cards. The lead GP for asthma had completed an audit action plan to ensure patient recalls were not missed.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- There were no patients who had a potentially missed diagnosis of chronic kidney disease (CKD) stages 3 to 5.
- There were 4 out of 320 patients who required blood monitoring for CKD. The practice told us 2 patients had been booked in for review and 1 patient was awaiting review by the local hospital. The last patient was under the care of the local renal team who had advised although not diagnosed with CKD, to keep the clinical code for an annual recall to be triggered. This allowed the practice to monitor the patient effectively whilst liaising with secondary care.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	32	33	97.0%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	43	44	97.7%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	43	44	97.7%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	43	44	97.7%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	42	42	100.0%	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>

Any additional evidence or comments

- The practice was responsive to childhood immunisations. There was a strong focus on recalling patients and if appointments were missed, the clinical team would contact the parent and keep them on an immunisation list.
- If a child continued to not attend an appointment, the practice would escalate to the practice safeguarding lead and health visitors.
- The practice told us they had also worked with families of veterans at the practice in order to obtain immunisation data and would reflect this within the patient records.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	71.1%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	79.7%	N/A	70.3%	N/A
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). (3/31/2023 to 3/31/2023) (UKHSA)	81.1%	N/A	80.0%	Met 80% target

Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	55.0%	61.8%	54.9%	No statistical variation
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Any additional evidence or comments
<ul style="list-style-type: none"> • The practice was above the expected targets for cancer screening. Staff encouraged patients to undertake cervical screening and discussed barriers with patients. They had a ‘don’t fear the smear’ campaign to address patient concerns about upcoming appointments and to provide education for patients who had not experienced this procedure before. • For working patients, the local GP federation offered out of hours appointments for cervical screening to be completed.

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
<ul style="list-style-type: none">The practice showed us within the past 2 years, there had been 28 initiatives to improve quality within the practice, that ranged from clinical to non-clinical. An example of these was introducing new ways of working, for example, introducing a clinical pharmacist to support patients with medicines dispensing more efficiently and providing clinical support to the GP's.	
Any additional evidence or comments	
<ul style="list-style-type: none">We saw examples of clinical audits such as auditing patients prescribed hormone replacement therapy (HRT) being prescribed progesterone cover to prevent the risk of long-term risks cancer development.The practice had also completed a 2 cycle audit of patients who were prescribed medicine to support bone strength and ensure patients were confident in self-administering this medicine correctly at home according to the schedule and timings required.	

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
<ul style="list-style-type: none">The provider and the practice showed clear oversight of the training and development of staff. We found training the practice deemed mandatory was completed, appropriately managed with staff were given information when training was due.	

Coordinating care and treatment

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

	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

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
<ul style="list-style-type: none"> The practice employed a social prescriber and patients were able to book appointments and discuss issues such as health improvement issues or finances. Patient feedback to the practice was positive to the introduction of the social prescriber. 	

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.	Yes

- Our clinical review of notes where a DNACPR decision had been recorded identified patient views had been sought and respected. We saw this information had been shared with relevant agencies and out-of-hours services and reviewed in appropriate time frames.

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
<ul style="list-style-type: none"> Patients were given as much time as required in an appointment and patients could discuss all ailments with their clinician. Where possible, a patient would see their named or preferred GP for continuity of care. The practice supported patients who were vulnerable to a frailty team which comprised multiple clinicians and social prescribers to support them emotionally and practically with their care needs. Patients were supported to have care plans and reviews of treatment options would be completed in the prevention of recurrent hospital admissions. 	

Patient feedback	
Source	Feedback
Patient Feedback	CQC received 57 positive patient feedback reviews and patients told us that staff would go 'above and beyond' and were also a 'wonderful surgery'. We were told reception staff was always 'cheerful and helpful'. Doctors at the practice were described as 'wonderful'.
NHS Website	In the past year, there were 4 reviews stating the staff was 'incredible and caring' and a negative review reported they were inefficient.
Practice Feedback	The practice shared feedback from patients with us who had commented on the caring nature of staff who say 'thank you' to patients as they leave the practice.
Friends and Family test	Patient feedback was positive and suggestions such as introducing music in the waiting room would alleviate patient anxiety.
Patient Participation Group	Feedback was positive and suggestions to have a paper version of the practice newsletter posted to patients was seen as a caring approach to keeping patients informed of what is happening within the practice and keeping patients informed of staff changes.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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	99.4%	84.3%	85.0%	Significant variation (positive)

professional was good or very good at listening to them (01/01/2023 to 30/04/2023)				
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 (01/01/2023 to 30/04/2023)	96.5%	82.8%	83.8%	Variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	97.1%	92.2%	93.0%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	89.9%	68.8%	71.3%	Tending towards variation (positive)

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

Any additional evidence
<ul style="list-style-type: none"> The practice completed its own friends and family test annually. The practice and patient participation group (PPG) used opportunistic methods to capture patient feedback about their experience and possible service developments and ideas for improvement.

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
<ul style="list-style-type: none"> Easy read and pictorial materials were available. The practice employed a health and well-being coach along with a social prescriber to provide support to patients. Clinical and non-clinical staff had been trained to recognise signs of patients who may require referral to these services and would do so when the need arose. There was a dementia advisor from the Alzheimer's Society who held clinics bi-monthly at the practice. The practice held educational sessions for patients called 'Gym and Tonic'. The aim of this was designed for patient exercise sessions where they could adapt Pilates, chair exercises, muscle tone, hip and knee classes, weight management, diabetes awareness, and mental health well-being coaching. The practice was also a Parkrun-accredited practice and patients were encouraged to participate. The practice also supported the local parish council with medicine deliveries to vulnerable patients. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	98.9%	89.5%	90.3%	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

Carers	Narrative
Percentage and number of carers identified.	There were 168 carers identified (2.3%) of the practice population. The practice aimed to identify carers through varied methods such as posters, campaigns and social media platforms. Additionally, the dispensary would ask patients who were collecting prescriptions for other patients if they had caring responsibilities and encourage them to register.
How the practice supported carers (including young carers).	There were 2 young carers registered at the practice. A local young carers support centre and the practice offered on-the-day appointments and regular reviews to ensure these carers had all appropriate support required, for example, health education on the family member cared for to understand how to identify signs of patient deterioration and how to summon help.
How the practice supported recently bereaved patients.	The practice had an in-depth bereavement policy in which staff were supported to support a patient's family member. This included religious beliefs, where to signpost for bereavement and seek financial support advice for the families. The patient's relative was also invited to the practice for a well-being check that included a mental health assessment.

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

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.	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
<ul style="list-style-type: none"> The practice had recruited extra doctors to create more same-day and urgent appointments in response to the rise of requests for face-to-face and remote consultations. The building premises had been subjected to foliage damage within the past year and there was a detailed plan with structural engineers for commencement of repair work of damaged exterior walls. The practice told us of the plans for redecoration that included internal redecoration at the same time. The plans were designed to ensure patient care would be minimally impacted. The local integrated care board (ICB) had been approached by the provider to undertake an infection control support visit in a proactive approach to ensure patient care was not at risk due to the structural damage caused and there were no risks to patients identified. Patients with complex needs, learning disabilities and vulnerable patients were encouraged to attend the practice at quieter times to accommodate their needs. There was a 'highwayman community car' project the practice was affiliated with the drive patients who could not access transport to attend appointments. This was run by volunteers and patients would call a central number to request services daily and a volunteer driver was assigned. The local community area was rural and the practice had recognised where there was reduced public transport, it should not impact patients. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8-am – 1-pm 2-pm – 6-pm
Tuesday	8-am – 1-pm 2-pm – 6-pm
Wednesday	8-am – 1-pm 2-pm – 6-pm

Thursday	8-am – 1-pm 2-pm – 6-pm
Friday	8-am – 1-pm 2-pm – 6-pm
<p>Extended Access:</p> <p>Patients could arrange appointments with a local GP federation to access extended hours. Appointments could be made 2 weeks in advance for the following hours:</p> <p>Monday to Friday 6.30-pm to 8.45-pm Saturday 8.30-am to 5pm Sunday 8.30-am to 1-pm.</p> <p>Patients requiring appointments outside of extended hours were advised to contact NHS 111.</p>	

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 worked with extended access to deliver services outside of normal working hours.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Additional nurse and GP appointments were available in extended hours by a local GP federation comprising 6 GP practices. Patients could be booked 2 weeks in advance.
- All parents or guardians calling with concerns about a child were offered a same-day appointment when necessary.
- Patients could call the practice for appointments from 8am on a Monday to Friday. Pre-bookable appointments were also available to all patients to book 4 weeks in advance via telephone or online.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers 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 and Travellers.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise 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 (including those who might be digitally excluded).	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
<ul style="list-style-type: none"> The practice used an electronic consult system for patients to access advice and care. Trained staff reviewed the information sent by the patient regularly during the working day. These staff were part of the duty team (consisting of clinical and non-clinical) throughout the day. Patients were directed to the most appropriate clinician or person for the care for example patients requesting an appointment were managed by clinical staff and patients requesting a follow-up such as form completion were directed to administration teams. Patients commented that they had received a fast response to their request and that they were happy with the service. The practice listened to patients, had amended access requirements where possible to improve access. The use of volunteers to support travel to appointments had a positive impact on the patients. There were positive comments on how listening and responding to patients had improved communication. Access was managed by the leadership team in a strong priority of practice culture. Patients feeling heard was making the difference to access as they felt understood. We were told patients would decline routine appointments at extended hours to wait to see their own GP because of how positive their experience was. There was a patient culture of trust and faith in the practice staff. Working patients who could access appointments around their working patterns had found the pre-bookable options to be a positive approach to understanding younger patient access needs. The practice also employed an in-house physiotherapist to enable quicker access to patients requiring physiotherapy services. The provider had bought wheelchairs to keep at the front entrance for frail patients to use. The practice kept stocks of hearing aid batteries in case a patients hearing aid failed whilst attending an appointment. 	

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	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 (01/01/2023 to 30/04/2023)	90.1%	N/A	49.6%	Significant variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	87.3%	53.6%	54.4%	Variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	79.6%	51.0%	52.8%	Variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or	88.3%	73.0%	72.0%	Variation (positive)

appointments) they were offered (01/01/2023 to 30/04/2023)				
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Any additional evidence or comments

The provider had reviewed patient survey feedback both nationally and in their own questionnaires and had changed access requirements for patients to feel supported to access health services at the practice.

Source	Feedback
NHS.uk website (formerly NHS Choices)	We saw 6 responses of feedback, which was positive and described the dispensary on-site and parking availability as a positive experience. Another review had described the approach to addressing access as 'proactive to patient needs'. We saw 1 less positive review due to pre-booked appointments. The provider had responded to explain at the time of this request, all internal systems were being upgraded and this was temporarily unavailable on the day of request.
Patient Feedback sent to CQC	We received 63 patient response feedback after announcing our inspection which all patients described access to the practice as positive and spoke of ease of appointment availability and options.
Patient Interviews	Patients told us the practice was responsive to their feedback and they felt listened to and saw changes following their feedback. For example, new phone lines were implemented to include a queuing system.
Staff Interviews	Staff told us the implementation of the new telephone system allowed them to be alerted to high call volumes and this allowed them to monitor trends of busy periods and rota staff. Patient hold times had decreased and the impact on patients was positive as they had reduced waiting times to book appointments.
Patient Feedback sent to practice	The practice received letters, cards and emails from patients that complimented access to services. The practice kept these in a folder available for all staff to read and feedback was shared at staff meetings.

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.	11
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

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

Example(s) of learning from complaints.

Complaint	Specific action taken
Lack of communication from secondary care to the practice and delayed discharge letters.	The practice educated patients on secondary care processes and to avoid delays to medicine changes on discharge from secondary care, proactively asked patients to obtain a copy of their discharge letter. This allowed changes to be made to medicines and ensured no missed doses if no correspondence was received by the practice before the 7 days worth of medicines sent home from the hospital would run out.
Out of area patients requesting to be patients at the practice.	Out-of-area patients wanted to register at the practice. The provider responded by explaining practice boundary guidelines and why registrations for patients could be rejected. Patients were appreciative of the practice taking the time to explain the process. Staff offered help with registration at an alternative GP service if required. Additionally, the practice used this feedback to teach all staff how to maintain consistent responses.

Well-led

Rating: Outstanding

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels that they had the capacity and skills to deliver high quality sustainable care.

	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
<ul style="list-style-type: none">• The practice had effective succession planning in place with 4 GP partners and 3 salaried GP's in post.• The leaders were confident to provide a sustainable service and meet any challenges.• Leaders and staff were passionate and demonstrated their ability to provide the highest quality of continuity in care to patients. We interviewed clinicians and non-clinicians. Everyone we spoke with described the leadership positively.• We were told the leadership team led by example and placed staff and patients at the forefront by ensuring staff wellbeing was monitored.• The provider had designed the organisation structure to holistically adapt to the needs of the patients.	

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

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
<ul style="list-style-type: none"> The practice staff consistently described the working culture as positive, reflective, welcoming, and supportive. Staff told us that if they raised concerns, the leadership team would be supportive and use as a learning and development opportunity. There were regular clinical meetings and the clinicians on site met daily to discuss complex or challenging cases and provide peer support. We saw a positive culture of open and honesty whereby staff felt encouraged to speak up or be open with patients. 	

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

Source	Feedback
Staff Interviews	Staff told us the leadership team had created a positive working environment. They described the practice as 'Kimbolton family' and how this positively impacted the patients.

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
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Yes

- The partnership maintained clinical risk register monitoring at a senior level. The leaders used flexible resources and had over-recruited doctors to manage potential clinical risks. The practice had a consistent locum covering maternity leave to ensure that local systems and processes were understood to reduce the risk to patient care.

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
<ul style="list-style-type: none"> • Audits, feedback, and performance were reviewed monthly and trends or themes would be identified in order to improve service delivery. • There was a business continuity plan in place and all staff knew the escalation plans should an emergency close the practice operation. For example, a nearby surgery had facilities for the practice telephone system be transferred via telecommunications link should the building the practice used become non-operational. 	

Appropriate and accurate information

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

	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

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
Staff are supported to work remotely where applicable.	Yes
<ul style="list-style-type: none"> The practice offered appointments based on patient preference. Flexibility to consider health needs, for example, a volunteer car scheme to pick up patients isolated from lack of public transport to attend appointments. Patients were asked to provide feedback and the feedback was supportive to the staff. The practice told us patients would decline extended access and wait to see their named clinician for non-urgent appointments due to the trust the GPs had built with their patients. Non-clinical staff also told us the leadership team's support in understanding all staff roles was invaluable as it enabled them to signpost patients with more knowledge and ease as they had been given supportive training to upskill their roles. 	

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

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> There were 8 members of the patient participation group (PPG) told us they felt heard. There was opportunities to become involved in community projects, meetings and events to benefit patients.

Any additional evidence
<ul style="list-style-type: none"> Members of the patient participation group had worked with the practice to support patients isolated for appointments by the reduction of local transport. As well as a volunteer car scheme, members of the

PPG would volunteer their time to drive patients to local hospital appointments to ensure care and treatment were not postponed.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
<ul style="list-style-type: none"> There was a focus on learning, evaluation and impact and a willingness to try new ideas for the benefit of patients. Leadership encouraged staff to learn and develop. For example, healthcare assistants completed courses such as wound dressing and phlebotomy. One clinician had previously completed her medical placement at the practice. Post doctorate, the practice had welcomed this GP to become part of the team, which then progressed to them becoming one of the current GP partners. This experience gave staff confidence to learn and improve and see visible success of upskilling and re-training. 	

Examples of continuous learning and improvement

- The provider looked for ways to improve services for patients and recognised there were veterans registered at the practice that may require further support. The practice worked with local organisations to refer patients in order to make improvements to the care of veterans. Recognising where a patient population group may require further support was then shared with the team in order to provide signposting should a veteran contact the practice.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤ -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 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 those aged 25 to 49, and within 5.5 years for those 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.