

Care Quality Commission

Inspection Evidence Table

Drybrook Surgery (1-9960352007)

Inspection date: 13 May 2022

Date of data download: 12 April 2022

Overall rating: Requires Improvement

We carried out an announced focused inspection at Drybrook Surgery on 13 May 2022. The overall rating for the practice was Requires Improvement.

At our last inspection in June 2016 the practice was rated good overall and good in all domains.

At this inspection we found concerns around the fundamental standards of care. The practice had recently been taken over by a new owner and was in the process of restructuring and embedding change. However these had not been fully established leaving gaps in safe care and treatment governance. Following this inspection we have issued requirement notices against our findings.

Safe Rating: Requires Improvement

The practice was rated as requires improvement for providing safe services. This was because:

- Systems and processes to monitor significant event occurrences were ineffective. There was limited evidence of learning and sharing of information for the management of significant events.
- The systems in place for monitoring patients' health in relation to the use of medicines, including high risk medicines, were ineffective.
- The practice had identified plans to address the shortfalls found both on and shortly post inspection, although these were not embedded.

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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Safeguarding systems, processes and practices were developed, implemented and communicated to all staff. Staff we spoke with were aware of safeguarding processes, including how to escalate concerns, and knew who the nominated safeguarding lead was. We saw documented evidence of regular safeguarding meetings. When we spoke with practice staff, they told us that multi-disciplinary (MDT) meetings did not take place on a regular basis, the last whole team MDT was held in December 2021 and they recognised this needed to change. Leaders supported this adding that the local school didn't have a school nurse and staffing challenges with other community staffing had limited the frequency of these meetings. We could see from meeting minutes provided which demonstrated safeguarding concerns were discussed at regular practice clinical meetings and any concerns discussed or escalated appropriately. 	

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 Public Health England (PHE) guidance if relevant to role.	Yes

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:	
There was a fire procedure.	Yes
Date of fire risk assessment: February 2022	Yes
Actions from fire risk assessment were identified and completed.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: September 2021	Partial
The practice had acted on any issues identified in infection prevention and control audits.	No
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">As part of the pre inspection information request we were provided with one infection prevention and control audit from 2020. We requested a more recent audit to show the practice had undertaken its fundamental standards for infection prevention and control. The practice verbally assured us they had but were unable to produce documented evidence to assure us this had been done.After the inspection the practice provided two additional infection prevention and control audits dated 2019 and 2021. However, the audits contained contradictory information about the personal protective equipment (PPE) policy. However the latest policy in 2021 indicated there was a PPE policy.The provider had a COVID-19 infection control policy with additional procedures for shielding and isolation.While we were provided with cleaning checklists to demonstrate the practice maintained a level of infection prevention and control, we were not assured that there was sufficient oversight of systems and processes for maintaining infection control.We were unable to evidence that the appropriate staff were allocated sufficient time to undertake their roles relating to infection control. We asked staff if they had protected time to carry out IPC audits and associated tasks but were told this had not been formally agreed and carried out if there was spare time between clinical appointments. Post inspection the provider showed samples of rotas to evidence that protected time was available for tasks.	

Risks to patients

There were gaps in 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

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: <ul style="list-style-type: none"> The practice manager confirmed that all individual care records were held securely. The practice had a procedure for the summarising of new patient records and the timeliness of the summarising was monitored. 	

Appropriate and safe use of medicines

The practice had limited 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) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.90	0.74	0.76	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	7.6%	9.7%	9.2%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)				
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 (01/07/2021 to 31/12/2021) (NHSBSA)	5.80	5.41	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	130.4‰	130.7‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.65	0.66	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	6.8‰	7.5‰	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).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	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.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	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 Area Team Controlled Drugs Accountable Officer.	Yes

Medicines management	Y/N/Partial
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 PHE guidance to ensure they remained safe and effective.	No
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Not all Patient Group Directions (PGD's) were managed in a way to ensure patient safety. We saw evidence which showed the provider had not consistently followed national guidelines. We saw unused rows not being scored through in four PGDs records. We also saw that out of the six PGDs (For example Diphtheria, tetanus, whooping cough, polio and meningococcal group B bacteria) we reviewed, five had additional names of additional staff who had been added post managerial authorisation. This meant we were not assured appropriate levels of clinical oversight were applied. • We reviewed the emergency medicines on site. The practice completed an emergency trolley check lists daily and all the drugs were in date at time of inspection. • We undertook remote searches of the practices clinical records system and found that patients prescribed high risk medicines, and those with long term conditions were mostly being monitored and reviewed appropriately. However: <ul style="list-style-type: none"> ○ We found shortfalls in processes for the monitoring of disease modifying medicines. Alerts were placed on records, to remind clinicians to ensure blood tests were carried out; however, these had not been acted upon. ○ We looked at four records for the medicine Leflunomide (a medicine which is used to treat moderate-to-severe rheumatoid arthritis). Of the four patients prescribed this medicine we found three patients were overdue monitoring for weight and blood pressure. Leflunomide can cause increased blood pressure and/ or weight loss. The practice had recalled these patients following our searches. While the number of patients who had missed monitoring were low, it reflected the current challenges faced by the practice. • We carried out searches of electronic patient records to assess how the practice was monitoring patient's health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium). We found two patients prescribed Lithium (a medication, primarily used for bipolar syndrome and for major depressive disorders) Both were overdue monitoring as the medicine has a low potential to increase calcium levels. Both of these patients had been recalled for monitoring following the searches. The systems in place for monitoring patients' health in relation to the use of medicines including high risk medicines required improvement. • The practice told us that following the highlighting of these cases those patients had subsequently been recalled for review. 	

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.	No
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.	NA
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	NA
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
Explanation of any answers and other comments on dispensary services: <ul style="list-style-type: none"> The dispensary had not acted on the loss of power to its fridge. Please see below section on Track record on safety and lessons learned and improvements made for more details. 	

Track record on safety and lessons learned and improvements made

The practice demonstrated limited learning and improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Partial
Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
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.	Partial

There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We found evidence that incidents were not effectively identified, reported or acted on. • Information proved by the practice showed that three fridges containing medicines lost power overnight. We were concerned by the following issues: <ul style="list-style-type: none"> ○ No record of how long the power to the fridges was lost. ○ No record of the temperature range of the stored medicines while power lost ○ No record to demonstrate any remedial actions were taken to make safe the medications ○ Not one member of staff was able to describe any actions that were taken. ○ We are therefore led to believe no action was taken to manage the cold chain to ensure patient safety ○ This means that medicine had potentially exceeded its safe storage limits and may have been administered to patients. ○ This was not reported as an incident. • Following the inspection the provider had made enquiries to have additional back up temperature monitoring. The practice have since retrospectively reported this as a significant event for learning and review. • We also became aware of a patient who collapsed at the practice. While this patient was well attended and made safe, this was not logged as an incident. • We are therefore not assured there was an effective culture of incident recognition and reporting. The practice has since retrospectively reported this as a significant event for learning and review. 	

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

Event	Specific action taken
Medication error 1: Incorrect vaccine	Increased clinic time to ensure correct medication, an additional nurse to second sign the medicine administration.
Medication error 2: Out of date medicine.	Improved governance process in relation to dispensing medicines from prescriptions.

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

Effective

Rating: Requires improvement

The management of patients with long term conditions required improvements.

- There was some monitoring of the outcomes of care and treatment however, this was limited.
- There was limited evidence for established quality improvement process. The practice was not participating in any local or national clinical pilots or other initiatives.
- We found that the Infection prevention and control (IPC) lead was not given protected time to complete their role alongside routine nursing duties.

QOF requirements were modified by NHS England 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.	Partial
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: <ul style="list-style-type: none">• Not all patients had their treatment plans reviewed. Please find additional information in the long term conditions section below.	

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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- As part of our inspection, we undertook a remote review of patient clinical records to review the practice's management of patients with long-term conditions. This included a review of patients' medicines, the status of any required monitoring tests, and the quality of records.
- We reviewed the care of patients with hypothyroidism (a condition where your thyroid gland does not produce enough hormones) to ensure annual reviews and checks were being completed. We found for five out of 11 patients annual reviews and blood pressure monitoring had not been completed.
- We conducted a further search related to missed diagnosis of diabetes. Our search identified patients as having a potential missed diagnosis of diabetes. Our search identified five patients, from which we undertook a detailed review. We saw none had received a formal diagnosis. This meant those patients may potentially be living with early stage unmanaged pre-diabetes. Since the

completion of our remote searches the practice acted on this information and contacted those identified patients.

- The practice had a system in place for offering patients with long term conditions an annual review. However, our results showed the recall of these patients required improvements as our searches indicated clinicians had not acted on alerts on patient notes identifying patients due for review.
- 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.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England)	25	28	89.3%	Below 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)	35	35	100.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	34	35	97.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	35	35	100.0%	Met 95% WHO based target
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	38	41	92.7%	Met 90% minimum

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

Any additional evidence or comments

Although CQC cannot verify the information, the practice provided more recent data regarding the uptake of childhood immunisations. The evidence provided showed the uptake for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) was 94% (as opposed to the 89.3% shown above). The practice had vaccinated 30 of its 32 patients eligible for childhood vaccinations. The practice provided information to parents/carers to encourage the uptake of vaccinations and recorded when this was declined.

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: 30/09/2021) (Public Health England)	83.2%	N/A	80% Target	Met 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	20.5%	65.8%	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) (PHE)	74.2%	71.0%	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) (PHE)	42.9%	60.1%	55.4%	No statistical variation

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Partial
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Partial
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Any additional evidence or comments

- The practice explained they undertook clinical audits, reviewed significant events and completed other activities, such as an analysis of cancer diagnosis, to improve care and treatment. While we saw some limited evidence. For example, incomplete or ineffective audits, we did not see an established quality improvement process in place and noted the practice was not participating in any local or national clinical pilots or other initiatives. The practice explained that they had required to focus on operational demands through the pandemic, such as staffing which reduced its ability to undertake quality improvement plans. The practice understood the importance of being involved in quality programmes and hoped to develop and embed these into future plans.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, this needed to improve.

	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.	Partial
Staff had protected time for learning and development.	Partial
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.	Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
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: <ul style="list-style-type: none"> • We found staff were encouraged to complete their mandatory training. However clinical staff had not completed any additional learning (for example spirometry which is currently outsourced). This was due to staff not having the time available, or protected time to undertake the training. • Staff told us they often completed mandatory training in their own time although they were able to claim this time back. Records seen on inspection demonstrated staff were up to date with current mandatory training. • We saw that not all staff had received an annual appraisal. Changes in leadership had impacted on staffing to allow some staff the opportunity of an annual appraisal. However staff feedback showed that these appraisals were starting to be booked up again in the coming months. • We found the infection prevention and control (IPC) lead was not given protected time to complete their role alongside routine nursing duties. 	

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-centered care when they moved between services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a number of systems in place to manage information sharing between themselves and other providers. This included organisations like social services and healthcare professionals. While face to face meetings had dropped off during the COVID-19 pandemic the practice maintained phone calls, digital and administration based levels of information sharing to maintain coordinated care.• Systems were in place to use electronic special notes so that patient information could be shared with out of hours services to ensure consistency of care for patients. For example, patients on an end of care pathway.• The practice had an established working relationships with neighboring practices in their primary care network, and regularly worked together as a network to share information and support the delivery of care and treatment, such as COVID-19 vaccinations.	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had registers to identify patients who needed extra support, and these were closely monitored during meetings.	

- The nurses and GPs considered the emotional wellbeing of patients with long-term conditions. This included assessment and support initially with future to motivate and encourage patients to manage their own conditions.

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

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-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Staff we spoke with and interactions we observed showed staff understood and respected the personal, cultural, social and religious needs of patients. We saw staff took their time to interact with people who used the service and those close to them, in a respectful and considerate way.	

Patient feedback	
Source	Feedback
Patient Voice	<ul style="list-style-type: none">Grateful for everything the surgery does with care and compassionPrompt urgent referral to treatment
Patient feedback to practice.	<ul style="list-style-type: none">Positive feedback collected by the practice showed the staff and practice was well thought of. The overarching theme from this information was one of a caring and professional practice.

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)	93.5%	91.9%	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)	91.7%	91.3%	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)	96.3%	97.1%	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)	88.5%	88.3%	83.0%	No statistical variation

Any additional evidence or comments

- The practice performed above England and CCG averages for the above indicators, particularly with regards to the percentage of respondents who felt the healthcare professional was good or very good at listening to them.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The records we reviewed for the DNACPR decisions made with patients showed how the practice involved patients and families in planning and making shared decisions about their care and 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)	95.7%	95.0%	92.9%	No statistical variation

	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.	<ul style="list-style-type: none"> 149 or 3% of registered patients

How the practice supported carers (including young carers).	<ul style="list-style-type: none"> Registers were in place for patients who were identified with a caring responsibility. The practice supported carers with additional services such as a free influenza vaccine and community respite services.
How the practice supported recently bereaved patients.	Details were taken sympathetically by Reception staff and a template was completed which was provided to the GP as a task. The GP telephoned a family member to send their condolences.

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: <ul style="list-style-type: none"> The reception area had a glass screen to try and maintain private and confidential conversations amongst staff. All staff we spoke with were aware of the importance of ensuring confidentiality across the practice. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice had introduced several digital and online tools to support patients to access care. This included online tools to book appointments, order prescriptions and check symptoms. The practice also had introduced tools that allowed dispensary staff to send patients text messages when patients prescriptions were ready for collection.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	0830-1300 1330-1800
Tuesday	0830-1300 1330-1800
Wednesday	0830-1300 1330-1800
Thursday	0830-1300 1330-1800
Friday	0830-1300 1330-1800

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.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers 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 Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England 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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice had information for patients relating to the COVID-19 pandemic on their website and via telephone messages. The practice offered appointments which included telephone, and a reduced number of face to face appointment across the pandemic. Staff spoken with 	

confirmed arrangements were in place to support patients who were not able to use online communications.

- The receptionists also sign posted patients to other services when they did not require general practice-based services, such as to a local pharmacy.
- The system in place required receptionists to identify any patients needing urgent attention so that the clinician could prioritise their needs.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2021 to 31/03/2021)	87.3%	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)	76.3%	78.5%	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)	71.4%	72.6%	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)	81.8%	86.0%	81.7%	No statistical variation

Any additional evidence or comments

- In the 2021 National GP Survey, the practice performed higher than the England average for three out of the four indicators on access and appointments.

Source	Feedback
Google Reviews	In the 12 months prior to our inspection period, three reviews were submitted to Google Reviews. Two that related to poor care and treatment and the other linked to good care.
Care Opinion	Only one review has been submitted in the last year and this was positive quoting a 'kind prompt and great practice'

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.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
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: <ul style="list-style-type: none">The practice maintained a register of all complaints they had received, which included the dates the complaint was received and resolved, an overview of the complaint and a summary of the resolution, we saw an established process in place to identify where improvements were required or systems to monitor the implementation of any actions.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Concern no referral to specialty	Improved monitoring of documents from hospitals to spot delays and update patients.
Patient unhappy with feeling of pressure about accepting a vaccine, from the Practice, Practice staff and NHS.	Removal of anyone's names not requiring reminders.

Well-led improvement

Rating:

Requires

The practice was rated as requires improvement for providing well led services. This is because:

- The practice had just gone through a change in management and ownership. There was a lack of clarity on allocation of a new registered manager. The practice had submitted an application to put these leads in place but withdrew this in January 2022. At the time of the inspection the practice had not resubmitted their applications for a new registered manager or owner. However they did discuss a plan moving forward on the day of inspection. This lack of an established registered manager has impacted decision making and overall scrutiny on the practice governance and reporting.
- The new owner is registered with the Care Quality Commission at other practices and those practices have a good regulatory history. Conversations with the new owner were open and transparent in recognising the challenges faced by the practice.
- The practice did not have clear and effective processes for managing risks, issues and performance, leaders did not always demonstrate they had the capacity to deliver high quality sustainable care.
- Governance structures and systems such as incident reporting, medicine management infection control was not monitored effectively.
- There was evidence of some audit activity carried out by the practice. However, there was no formal quality improvement programme in place.

Leadership capacity and capability

Leaders could not always demonstrate 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.	Partial
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• At the time of our inspection, the practice was undergoing a transition period and was in the process of implementing new management, systems and procedures. Whilst some of these showed potential, these were not fully embedded at the time of our inspection.• Leaders did not always demonstrate they understood the challenges affecting the practice and did not always identify actions required to address these. For example, we identified several concerns during our inspection that had not been identified by the practice and therefore we did not always see actions had been taken to rectify these risks. These included in areas relating to medicines management, infection control and cold-chain management.• While leaders and staff were able and encouraged to develop, there was no documented succession plan. Leaders told us they were fortunate to have a young and aspirant workforce.	

- The practice had recently been taken over by a new owner and was in the process of restructuring and embedding change, however these had not been fully established.
- Drybrook Surgery itself had been through a challenging period through the COVID-19 pandemic, having faced staffing changes at managerial and clinical levels. This had led to a period of instability for the practice. There is confidence at the practice as new systems and processes embed into daily practice that capacity and development will improve.

Vision and strategy

The practice had a clear vision, but it was not supported by an embedded 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.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had a strategy, however work towards delivering against it was limited. The strategy itself had no effective analysis into developing progress against its targets and was not established. • While short and medium term milestones were covered, the lack of formalised senior management meetings at the time of inspection meant we were not assured that progress delivery against the strategy was effectively monitored. • Leaders recognised there was a need to formalise these meetings but the recent change in management meant this had not yet been embedded. 	

Culture

The practice had a clear vision and credible strategy to provide high quality sustainable care. However, this required improvements.

	Y/N/Partial
There were arrangements to deal with any behavior 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.	Partial
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.	No
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff generally felt comfortable to raise concerns to either managers or senior clinicians. Staff were provided with an employee induction pack. However, this did not provide details on how to raise concerns to external organisations, if they felt unable to raise these internally, including information on national Freedom to Speak Up Guardians. The provider had a policy in place for management of accidents and incidents. As part of the practice's resolution of patients' complaints, we noted the practice provided patients with an apology. However, as not all incidents were reported or investigated as outlined in the provider's policy, we were concerned the requirements of duty of candour may not be met. 	

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

Source	Feedback
CQC staff feedback forms	<ul style="list-style-type: none"> Staff enjoy working at Drybrook Surgery, everyone is very supportive. Staff stated they want to achieve the best not only for themselves but for the patients they take care of. Staff stated the practice does really well with caring for the patient, The practice as a whole staff team work well together.

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Oversight of Governance had slipped during the intervening period between the practice emerging from its COVID-19 pandemic operations and the management change. The new management owns other practices registered with CQC which have a good level of governance and regulatory compliance. However at this inspection a combination of post Covid exhaustion, management and staff changes including inspection timing led to our current findings. • Governance structures and systems had not been reviewed effectively. We saw a number of examples of governance systems which required improvements. This included but not limited to policies not matching what was happening on a daily basis and monitoring of patients with long term conditions or on high risk medicines not meeting guidance. For example, we undertook a number of clinical searches on the practice electronic record system and found the monitoring of patients with a long-term condition and those on high risk medicines needed to improve. • There was a plan to address shortfalls in governance but due to the challenges faced by the practice around the time of inspection (such as staffing changes) the priority was to focus on immediate patient care. • Due to the lack of recording and acting on the patient collapse and fridge temperatures we were not assured the practice were capturing or learning from all incidents. • The provider's supervision and support arrangements for staff required improvements. Staff told there was no documented evidence that clinical supervision took place. While they had support and guidance it was not formally recorded. • The practice did not have an annual planned audit schedule or quality improvement programme to improve care and treatment. Without these in place the practice would be unable to monitor areas of performance to establish if its systems and processes was effective or not, and to makes changes to improve its service delivery for its patients. 	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	No
There were effective arrangements for identifying, managing and mitigating risks.	No
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice did not have comprehensive assurance systems in place that were regularly reviewed. Policies such as infection prevention and control, the management of incidents and significant event reporting were not operated effectively. Significant event and incident documentation did not record all stages of the process to fully to enable adequate review of actions taken. The monitoring arrangements in place for patients on high risk medicines could not give the assurance that all patients were getting the required monitoring. There was evidence of some audit activity carried out by the practice. However, there was no formal quality improvement programme in place and limited evidence that this drives improvements. 	

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

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

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Across the COVID-19 pandemic the practice use of digital services had increased, and this was closely monitored to ensure information security standards were maintained. Patient and practice records which included patient information were held securely. Protocols were in place to ensure information was shared with other providers, such as out of hours services, safely. 	

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Engagement with patients, the public, staff and external partners

The practice did not always involve 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Partial
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: <ul style="list-style-type: none"> Staff views were taken account during staff meetings. The practice leads explained there had been many challenges faced by the practice across the COVID-19 pandemic and a decision was made that practice meetings were reduced to meet the operational needs of the practice. Information shared by the practice showed that meetings were held when sufficient numbers of staff were available. This means we were not assured effective sharing of information was given sufficient priority. The practice had an active patient participation group, who worked with the practice to improve services for patients. The practice sought the views of patients when planning services or making changes to the practice. For example, the practice made changes to the reception area to improve patient confidentiality following feedback from patients. 	

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had not developed an established process that focused on the wider continuous improvement and innovation of the service. For example, the practice was not participating in any 	

local or national clinical pilots, and although some clinical audits were undertaken, there was not an established process in place for repeat or regular clinical audits.

- The practice had undertaken three clinical coding audits in 2022. However these were limited in value having no method to measure performance with no information for making or sustaining improvements.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

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