

Care Quality Commission

Inspection Evidence Table

WELLESLEY ROAD PRACTICE (E85692)

Inspection date: 29 June 2022

Date of data download: 15 June 2022

Overall rating: Requires improvement

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data is for the ODS code noted above has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Rating: Requires improvement

We rated the practice as **requires improvement** for providing safe services because:

- Safeguarding children and safeguarding vulnerable adults registers were not maintained or reviewed on a regular basis. Most of the cases were reviewed on an ad-hoc basis.
- There were gaps in safeguarding adults and safeguarding children training.
- Recruitment checks including Disclosure and Barring Service (DBS) were not always carried out in accordance with regulations and records were not kept in staff files.
- Risks to patients were not assessed and well managed in relation to health and safety, fire safety, staff vaccination and the management of legionella.
- We found that blank prescription forms for use in printers and handwritten prescription pads were not recorded and tracked through the practice.
- Patient Group Directions (PGDs) were not signed by all the practice nurses.

Safety systems and processes

The practice did not have 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.	Partial
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	N
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Explanation of any answers and additional evidence:

- Safeguarding children and safeguarding vulnerable adults registers were not maintained or reviewed on a regular basis. Most of the cases were reviewed on an ad-hoc basis. Some alerts were available, and some alerts were missing from the clinical system. The practice understood that they were required to improve and assured us they were going to take immediate action to address this.
- There were gaps in safeguarding adults and safeguarding children training. The practice informed us a few days after the inspection that some staff had completed safeguarding training relevant to their role and they had plans in place to complete the training by the end of August 2022.
- There was a Female Genital Mutilation (FGM) policy in place. The clinical staff members we spoke with demonstrated a satisfactory understanding to report cases of FGM and to consider the potential risk to other girls in the family as they may need to be safeguarded from harm.
- Staff who acted as chaperones were trained for the role. The practice informed us that only clinical staff were allowed to act as chaperones. Most non-clinical staff had not received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Most clinical staff had received an 'enhanced' DBS check with the exception of a health care assistant (also a phlebotomist). We noted that the health care assistant and the practice manager had received a 'standard' DBS check, which was not appropriate to their role and an appropriate risk assessment was not completed.
- A few days after the inspection, the practice informed us that they had processed applications for DBS checks.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We noted that appropriate recruitment checks had not always been undertaken prior to employment. For example, the four staff files we reviewed showed that references (satisfactory evidence of conduct in previous employment) and appropriate health checks (satisfactory information about any physical or mental health conditions) had not been undertaken prior to employment and interview notes were not always kept in staff files. One contract was not available and one contract was not signed. Two application forms or curriculum vitae (CVs) were not kept in the staff file and the confidentiality agreement was not signed by two members of staff. Evidence of right to work was not kept in staff files for two staff. Staff vaccination was maintained in line with current UKHSA guidance. However, we noted there were some gaps in staff vaccination. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	N
There was a fire procedure.	N
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Health and safety risk assessment for the premises was not carried out. Fire risk assessment was not reviewed since 2009. An annual inspection of the electronic fire detection system and fire extinguishers was carried out. However, weekly checks were not carried out. Fire drills were not carried out. There was no trained fire warden. A documented fire evacuation plan was not in place. Emergency lighting was not inspected. The fixed electrical installation checks of the premises had been carried out on 24 April 2018. Staff had received fire safety training. Portable appliance testing was carried out on 9 December 2021. There were records of equipment calibration which was carried out on 4 January 2021. We noted the practice had engaged an external contractor to complete relevant health and safety risk assessments. A few days after the inspection, the practice shared an updated health and safety policy with us. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were mostly met. However, some improvements were required.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 1 March 2022.	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We noted appropriate standards of infection prevention and control were maintained. The practice informed us that fabric privacy curtains were washed every six months. However, dates were not recorded, and the system was not organised. We saw a ripped fabric chair in the waiting area.• Legionella (a bacterium which can contaminate water systems in buildings) risk assessment was carried out internally in 2015, which was reviewed internally. However, it did not include the control measures required to reduce the risk of an outbreak. For example, we noted a shower on the premises which was not used and the risk assessment failed to identify an action plan to manage the risk. The practice was not carrying out regular water temperature checks on the premises. There was no evidence available to demonstrate that the legionella risk assessment was carried out by a competent person and did not include a professional validity certificate.• A few days after the inspection, the practice informed us they had engaged an external contractor to complete legionella assessments.	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice operated a system to organise annual leave and cover for unexpected absences.• All requests for home visits were triaged by the duty GP.	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had maintained a failsafe system to manage and monitor urgent two-week wait referrals.• The practice had a failsafe system in place to manage and monitor cervical screening.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimization. However, some improvements were required.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHS Business Service Authority - NHSBSA)	0.38	0.57	0.79	Significant Variation (positive)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2021 to 31/03/2022) (NHSBSA)	7.8%	9.1%	8.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/10/2021 to 31/03/2022) (NHSBSA)	4.90	5.53	5.29	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (NHSBSA)	56.8‰	58.3‰	129.2‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2021 to 31/03/2022) (NHSBSA)	0.28	0.47	0.60	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	5.4‰	4.8‰	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.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	N
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
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.	N/A

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We found that blank prescription forms for use in printers and handwritten prescription pads were not recorded and tracked through the practice. The practice did not have a formal monitoring system for this. • We found that Patient Group Directions (PGDs) were not signed by all the practice nurses. • During the inspection, our clinical records searches showed that the practice had an effective process for monitoring patients' health in relation to the use of medicines including high risk medicines. • Vaccines were appropriately stored in the fridge and fridge temperatures were monitored regularly. The practice had a secondary thermometer in the fridge used to store vaccines, which logged all the data and provided assurance that temperatures had been within the required range, as recommended in Public Health England guidance. • The practice had an effective system to identify and monitor who was collecting the repeat prescriptions for controlled drugs from the reception. • The practice worked closely with the local CCG medicines management team regarding the safe prescribing of antibiotics, within national guidance, and medicines optimisation. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	4
Number of events that required action:	4
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Significant events were well managed, a log was maintained but the annual review was not carried out. • We saw in staff meeting minutes that significant events were discussed and documented. The staff we spoke with informed us that learning from significant events had been shared with them on a regular basis. 	

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

Event	Specific action taken
Blood pressure protocol	The practice investigated the incident and reviewed the blood pressure monitoring protocol. They had learned from the incident and reminded staff that independent blood pressure readings for pregnant women would be reviewed by the GP.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was an effective system in place to receive and share all safety alerts. If any action was required, this was assigned to an appropriate member of staff and it was recorded when the action was completed. 	

Effective

Rating: Requires improvement

We rated the practice as **requires improvement** for providing effective services because:

- Annual appraisals were not carried out in a timely manner for a large number of clinical and non-clinical staff.

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

Effective needs assessment, care and treatment

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

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

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 an appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Our clinical records searches showed that the practice had an effective process for monitoring people with long term conditions.
- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in the hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	73	83	88.0%	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 and Improvement)	87	93	93.5%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster)(01/04/2020 to 31/03/2021) (NHS England and Improvement)	86	93	92.5%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)(01/04/2020 to 31/03/2021) (NHS England and Improvement)	87	93	93.5%	Met 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England and Improvement)	18	21	85.7%	Below 90% minimum

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

Any additional evidence or comments

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, childhood immunisation uptake rates were below the 90% minimum targets for two out of five immunisations measured in 2020/21. The practice explained that this was due to the transient population and challenges within the practice. For example, the practice faced additional challenges due to ongoing pandemic restrictions. They told us this had an impact on the national childhood vaccination programme. The practice identified that some children were not living in the country or had childhood immunisation carried out in their native countries, but this information was not shared with the practice.
- The practice had taken steps to improve childhood immunisation uptake. The practice had maintained a register and a dedicated practice nurse was contacting the parents or guardians of children and encouraging childhood immunisation uptake.

- The practice informed us there was a high refusal rate for immunisation for measles, mumps and rubella (MMR).
- The practice contacted the parents or guardians of children due to having childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- The practice nurse had received regular annual training updates relevant to childhood and travel immunisations.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64).(Snapshot date: 31/12/2021 to 31/12/2021) (UK Health and Security Agency)	72.4%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)(01/04/2020 to 31/03/2021) (UKHSA)	8.1%	49.0%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	67.3%	57.1%	66.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2020 to 31/03/2021) (UKHSA)	89.5%	79.9%	90.9%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	50.0%	56.0%	55.4%	No statistical variation

Any additional evidence or comments

- The practice was aware of these results and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the cervical and breast cancer screening uptake. However, they said 8% of breast cancer screening data did not look correct and might have been affected by a technical error.
- The practice had taken steps to encourage the uptake. For example, there was a policy to offer telephone reminders and send text messages to patients who did not attend their cervical screening test.
- The practice had shared Quality Outcomes Framework (QOF) results (2020/21) and informed us they had achieved 76% cervical cancer screening rates for patients aged 25-49 years and 83% screening rates for patients aged 50-64 years old. However, this QOF data was not comparable with the UK Health Security Agency (UKHSA) published data (Snapshot date: 31/12/2021) included in this report. The cervical screening QOF indicator was used to calculate the payment the practice received, not the number of women screened. It included women who had been invited but who had not attended. In addition, it did not measure whether women had been screened at the appropriate time according to their age.
- We noted practice nurses had received specific training for nurses on sample taking for the cervical screening programme.
- The practice had a system to ensure results were received for all samples sent for the cervical screening programme. The practice had established failsafe systems to follow up women who were referred to as a result of abnormal results.

Monitoring care and treatment

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

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

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

- The practice had carried out repeated clinical audits to review and monitor the appropriateness of high risk medicines prescribed. The aim of the audit was to assess if prescribing of Pregabalin (medicine used to treat epilepsy and anxiety) and Gabapentin (medicine used to treat epilepsy and nerve pain) was in line with NHS England guidelines. This had potential patient and medicine safety impacts. Repeated clinical audits demonstrated improvement in patient outcomes.
- The practice carried out repeated clinical audits of antibiotics prescribed to ensure patient safety.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles. However, some improvements were required.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We noted that two practice nurses, two health care assistants and nine non-clinical staff had not received annual appraisals in the last 12 months. We noted practice nurses had received regular annual training updates relevant to travel immunisations and childhood immunisations in the last 12 months. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice acted on communication from external services to maintain continuity of care. 	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we spoke with described how patients were referred to other services, for example, to the health visitor, social services and 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice discussed do not attempt cardiopulmonary resuscitation (DNACPR) with patients or their families/ carers where appropriate and recorded decisions in a form which was held in paper format in the practice. The practice coded DNACPR decisions on the patient's medical records. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">For reasons of safety and infection prevention and control related to the COVID-19 pandemic, we did not commission patient feedback with CQC comment cards.	

Source	Feedback
Discussion with the Patient Participation Group (PPG) members	<ul style="list-style-type: none">We spoke with four Patient Participation Group (PPG) members.They said they were listened to and treated with respect, dignity and kindness.They told us clinical staff were accessible and showed empathy.They told us the administrative staff were friendly and helpful.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them(01/01/2021 to 31/03/2021) <small>(GPPS)</small>	86.0%	87.7%	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) <small>(GPPS)</small>	81.7%	86.0%	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) <small>(GPPS)</small>	91.6%	94.3%	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) <small>(GPPS)</small>	81.9%	80.9%	83.0%	No statistical variation

Any additional evidence or comments

- The feedback we received from four PPG members we spoke with during this inspection was positive about the way staff treated people. They said they were treated with care and concern and had confidence and trust in the healthcare professional they saw or spoke to.
- On the day of the inspection, we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

Any additional evidence
<ul style="list-style-type: none"> We noted the NHS friends and family test (FFT) results for the last 12 months (June 2021 to June 2022) and 93% of patients (out of 5319 responses) were likely or extremely likely recommending this practice.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Easy read and pictorial materials were available. 	

Source	Feedback
Discussion with the Patient Participation Group (PPG) members	<ul style="list-style-type: none"> Feedback from four PPG members demonstrated they felt involved and that their personal decisions were taken into account. They told us they felt listened to and supported by their doctor and had sufficient time during consultations.

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) <small>(GPPS)</small>	88.0%	90.4%	92.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had multi-lingual staff who might be able to support patients when required. • Written information was available for carers on the practice website to ensure they understood the various avenues of support available to them. • Primary medical services had been advised to declutter and remove leaflets from practice premises at the start of the COVID-19 pandemic in March 2020. This was in line with current infection prevention and control national guidance during the pandemic. 	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 161 patients as carers (2% of the practice patient list size).
How the practice supported carers (including young carers).	The practice's computer system alerted GPs if a patient was also a carer. They were being supported by offering health checks and referral for social services support.
How the practice supported recently bereaved patients.	Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • On the day of the inspection, we observed members of staff were careful to ensure confidentiality at the reception desk and a screen was installed at the reception desk. • We noted confidentiality agreement was not signed by all staff. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice understood the needs of its population and tailored services in response to those needs. For example, the practice was proactive in offering online services, which included online appointment booking; an electronic prescription service and online registration.• The practice made reasonable adjustments when patients found it hard to access services. For example, there were accessible facilities, which included a hearing loop and a disabled toilet.• The practice website was well designed, clear and simple to use featuring regularly updated information. The practice website included a translation facility.• The practice sent text message reminders of appointments.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6.30pm
Tuesday	8am-6.30pm
Wednesday	8am-6.30pm
Thursday	8am-6.30pm
Friday	8am-6.30pm
Appointments available:	
Monday	9am-5.30pm
Tuesday	9am-5.30pm
Wednesday	9am-5.30pm
Thursday	9am-5.30pm
Friday	9am-5.30pm
Extended hours opening:	
Saturday (at the practice)	8am-12.30pm
Monday to Friday (at local GP Access centres/ hubs)	6.30pm-8pm
Saturday (at local GP Access centres/ hubs)	8am-8pm

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.
- Extended hours appointments were available on Saturdays for school age children so that they did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Extended hours appointments were available Monday and Tuesday from 6.30pm until 7.30pm at the practice.
- 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.
- 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 mostly in a timely way. However, some improvements were required regarding telephone access.

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

	Y/N/Partial
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Patients were able to make appointments in a way which met their needs.	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
There were systems in place to support patients who face communication barriers to access treatment.	Y
Patients with urgent needs had their care prioritised.	Y
The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Appointments were offered and undertaken by telephone, video consultation and on a face to face basis. • The practice informed us they supported access for people with different communication needs. For example, the use of interpretation services during consultations when required. • The practice had identified patients who were vulnerable or who would have difficulties accessing the service and had flagged them on their computer system. They would offer those patients home visits as a priority. • In addition to pre-bookable appointments that could be booked up to five weeks in advance, urgent appointments were also available for patients that needed them. 	

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) <small>(GPPS)</small>	85.8%	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) <small>(GPPS)</small>	69.6%	71.3%	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) <small>(GPPS)</small>	70.4%	68.1%	67.0%	No statistical variation

Any additional evidence or comments

- The practice had 8,000 patients registered with the practice. On the day of the inspection, we found the practice offered 27 GP clinical sessions per week on average.
- The practice was encouraging patients to register for online services and 74% of patients were registered to use online services.
- The practice had partnered with online GP provider Push Doctor (a service that supplements the GP service to offer better access). We noted four to five GP appointments were available with the Push Doctor on average every day (on a first come first serve basis).
- We noted clinical pharmacists (employed by the primary care network) offered clinical sessions at the practice.
- The practice was offering a phlebotomy clinic onsite.
- The practice had offered additional appointments with the support of the winter access fund from November 2021 to June 2022.

Source	Feedback
Discussion with the patient participation group (PPG) members	<ul style="list-style-type: none"> • Four PPG members we spoke with praised the practice for efficiently adapting the service in line with the evolving pandemic, whilst maintaining an accessible and supportive service. • They informed us that the practice had tried to improve the access to the service, but further improvement was required to improve telephone access. • They were satisfied with the online access provided by the practice.

Any additional evidence

- The practice informed us they had changed the telephone provider in December 2020, which did not go very well. The practice understood that further improvement was required to improve telephone access.
- The practice was in discussion with a new provider to install a new telephone system, which would help in reducing telephone waiting times and providing the queueing facility. The new telephone system would allow remote monitoring which was not possible with the current system.
- The practice informed us they were making mystery calls every day for the last three months to monitor the telephone access.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care. However, some improvements were required.

Complaints	
Number of complaints received in the last year.	17
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The complaint policy and procedures were in line with recognised guidance. • The practice learned lessons from individual concerns and complaints and also from the analysis of trends. It acted as a result to improve the quality of care. However, it had not included necessary information of the complainant's right to escalate the complaint to the Ombudsman if dissatisfied with the response. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
Poor telephone access	The practice reminded all staff to answer the telephone calls promptly. The practice had decided to switch to a new telephone system to improve access.

Well-led

Rating: Requires improvement

We rated the practice as **requires improvement** for providing well-led services because:

- There was a lack of good governance in some areas, which included monitoring of fire safety, health and safety, recruitment checks, staff vaccination and monitoring of blank prescription forms.
- The practice did not have effective systems in place to ensure the monitoring of safeguarding registers, Patient Group Directions (PGDs) and the management of legionella.

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	
They had identified the actions necessary to address these challenges.	
Staff reported that leaders were visible and approachable.	
There was a leadership development programme, including a succession plan.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was forward thinking and involved in communication with other local practices in relation to a soft merger with other practices.• On the day of the inspection, we noted the practice's CQC registration was non-compliance because they were required to add additional regulated activities in the new registration. They were also required to cancel previous CQC registration. After the inspection, the practice acted immediately and submitted appropriate application forms to the Care Quality Commission to resolve the registration issues.• Staff we spoke to were complimentary about the leadership at the practice. We were told that the leaders were approachable, supportive and inclusive.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y

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

Source	Feedback
Staff feedback	<p>We spoke with a mix of staff during the inspection:</p> <ul style="list-style-type: none"> • All the staff interviewed reported a positive experience of working at the practice. • Staff described a positive learning environment where they were supported and encouraged to complete training and professional development. • Staff felt they were treated equally. • We were informed that the practice culture was one of being open and supportive of one another. • Clinical staff said they had prompt access to the senior GP when they needed clinical advice.

Governance arrangements

There was a lack of good governance arrangements and improvements were required.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
<p>Explanation of any answers and additional evidence: The practice had a governance framework, however, monitoring of specific areas required improvement, in particular:</p> <ul style="list-style-type: none"> • The practice did not have any formal monitoring system in place to assure themselves that blank prescription forms and handwritten pads were recorded, and their use was monitored in line with national guidance. • The practice was unable to demonstrate that all staff had received safeguarding training relevant to their role. • The telephone system was not monitored effectively. • The fabric privacy curtains schedule was not monitored effectively and records were not maintained. 	

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.	Partial
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were processes to ensure risks to patients were assessed and well managed in some areas, with the exception of those relating to health and safety, fire safety, staff vaccination, the management of legionella and recruitment checks including Disclosure and Barring Service (DBS) checks. • The practice did not have effective systems in place to ensure the monitoring of safeguarding registers and Patient Group Directions (PGDs). 	

- Annual appraisals were not carried out in a timely manner.
- The practice's uptake of the national screening programme for breast cancer screening and childhood immunisations rates were below the national averages.
- The practice had implemented processes to monitor clinical performance and quality of care within the practice.
- The practice had a business continuity plan in place.

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had undertaken internal risk assessments in response to the COVID-19 pandemic. This included reviewing on-site activity, protecting people at high risk, handwashing, social distancing, and managing transmission risk. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Patients had a variety of means of engaging with the practice all of which were effective: text messages, emails and complaints/comments.• Staff feedback highlighted a strong team with a positive supporting ethos.• Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered. Staff meetings were held regularly.• The practice worked closely with their Primary Care Network (PCN). This was particularly evident at the onset of the pandemic when communication with the PCN was regular.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• There was an active PPG that met on a regular basis and submitted proposals for improvements to the practice management team.• We spoke with four Patient Participation Group (PPG) members and they were positive about the care and treatment offered by the practice, which met their needs.• Feedback from the PPG members about the service and staff was positive. They told us that their views and ideas were listened to and accommodated as much as possible.• Some PPG members raised dissatisfaction regarding the temporary move planned in future to the new location.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation. However, some improvements were required.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Partial
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Most staff had received mandatory training. However, some staff had not received role specific safeguarding training and annual appraisals in a timely manner.	

Examples of continuous learning and improvement

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- We saw the practice nurse was supported to complete the higher qualification to become an advance nurse practitioner (ANP) and was in the process of completing the prescribing course.
- The practice was using a text messaging software 'AccuRx' which was linked with the practice's medical software and everything sent to a patient was saved back to the medical record. This enabled the practice to send facilities to send advice, notify a patient of normal results, remind them to book appointments and leave a message if they failed to get through.

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 women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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

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

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

Glossary of terms used in the data.

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