

Care Quality Commission

Inspection Evidence Table

Windermere and Bowness Medical Practice (1-11058123926)

Inspection date: 6 & 9 January 2023

Date of data download: 12 December 2022

Overall rating: Good

Safe Rating: Good

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence:	
The practice arrangements for safeguarding and working with partners where they identified concerns for a patient were well embedded and frequently monitored.	
There were good relationships with the out of hours provision locally as the service provider was also the out of hours provider.	
Vulnerable patients were clearly identified, the patient record system showed an alert when clinicians opened a record.	
The practice team met regularly with Health Visitors and District Nurses and other statutory partners where a risk of harm to patients was identified.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence:	
The provider had comprehensive recruitment procedures in place, and this included participating in the UK visa sponsorship scheme to increase recruitment of clinicians.	
The provider required new employees to complete a vaccination form and referred all staff vaccination information to an occupational health provider. Staff were only able to commence work once the occupational health provider had certified them. There was vaccination top up provision available from the occupational health provider.	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	22.12.2022
There was a fire procedure.	Y
Date of fire risk assessment:	24.11.2022
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence:	
The provider had worked with the landlord and integrated care board (ICB) partners regarding the suitability of the premises for the care provided and identified a range of risks which needed addressing. There was a comprehensive refurbishment plan in place. The provider and ICB had obtained funding and a building contractor identified to carry out this work.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	19.12.2022
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:	
The practice premises were clean and pleasant during our visit. Cleaning arrangements were good. A recent external audit of cleaning arrangements had achieved 100%. Remedial action was taken in	

response to issues identified in the infection prevention and control audit, but the refurbishment would address other issues including poor insulation and window frames which were disintegrating.

Waste was managed safely, all sharps bins we checked were appropriately signed and dated, the external waste store was secure.

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours	Y
Explanation of any answers and additional evidence:	
The provider supported the practice with staffing cover, weekly scheduling issues were discussed at an Operations call each Monday so that additional staff could support the practice where there were staff absences.	
The provider offered a corporate induction in addition to a local induction. We saw induction plans for different staff which were appropriate for their roles.	
The reception team were clear on risks to patients and always had access to the GP, advanced nurse practitioners or paramedic should they deal with patient who required urgent treatment.	

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:	
<p>The practice did not hold paper records, all patient records were held in the electronic patient records system. There was a policy in place for summarising paper records for newly registered patients. This policy included clear prioritising and guidance for how records should be summarised. A quality assurance process was in place to check samples routinely.</p> <p>The practice had good relationships with partners in the local area and worked closely with health visitors, district nurses, primary care network teams.</p> <p>The practice had good oversight of urgent referrals for suspected cancer diagnoses and checked daily to ensure these were followed up by secondary care. Routine referrals were recorded, and the practice followed up if a patient did not attend an appointment.</p> <p>Test results were reviewed promptly by clinicians, and the practice had implemented a duty system each day to ensure test all results were checked by a GP and to respond to any patients contacts where urgent action was indicated.</p>	

Appropriate and safe use of medicines

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

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

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) (NHS Business Service Authority - NHSBSA)	0.78	0.89	0.82	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2021 to 30/09/2022) (NHSBSA)	11.0%	10.2%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and	5.17	5.17	5.28	No statistical variation

Indicator	Practice	SICBL average	England average	England comparison
capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2022 to 30/09/2022) <small>(NHSBSA)</small>				
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) <small>(NHSBSA)</small>	81.9‰	157.9‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2021 to 30/09/2022) <small>(NHSBSA)</small>	0.28	0.48	0.58	Tending towards variation (positive)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/04/2022 to 30/09/2022) <small>(NHSBSA)</small>	3.4‰	6.6‰	6.7‰	Tending towards variation (positive)

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

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

Medicines management	Y/N/Partial
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.	Partial
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
Explanation of any answers and additional evidence, including from clinical searches.	
<p>The practice had a comprehensive emergency bag which included most emergency medicines recommended for primary care. This did not include naloxone (this is a medicine which is used to treat opiate overdose). The practice had stock medicines stored securely to meet the needs of the population. The practice also stored two controlled drugs in a controlled drugs cabinet which were recorded on a controlled drugs register. These medicines were in place due to the rural location of the practice, specifically for palliative care patients or severely unwell patients with COVID-19.</p>	
<p>The provider was not able to provide risk assessments for the rationale and evidence of clear guidance to staff on the different emergency and urgent care medicines. The provider advised us that they would add naloxone to their emergency medicines and would review emergency medicines arrangements and risk assessment at the next clinical practice meeting in February 2023.</p>	
<p>Non-medical prescribers were supported with annual competency support, the provider was currently increasing the level of formal oversight and supervision for these clinicians.</p>	
<p>Our clinical searches of patient records showed that the practice prioritised monitoring for most high-risk medicines. We noticed that for patients prescribed direct oral anticoagulants (NOAC or DOAC) the creatinine clearance (blood test measuring kidney function) was not always calculated when a patient was started on these medicines. (Direct oral anticoagulants or DOACs are medicines are used to prevent blood clotting but require regular monitoring and calculation of how quickly the medicine is passed through the kidneys to calculate the correct dose).</p>	
<p>Our searches showed that 42 patients had been prescribed gabapentinoids¹ in the last 12 months, but 10 (25%) did not have a review coded in the last 12 months. We reviewed records for five of these patients and found that for three of these patients their dose and clinical condition had not been reviewed in line with guidance.</p>	
<p>The provider gave us assurance that they would review patients identified in our searches and ensure that their monitoring and prescribing would be reviewed in line with national guidance.</p>	

¹ Gabapentinoids include gabapentin and pregabalin and are Schedule 3 Controlled drugs used to treat neuropathic pain and occasionally for epilepsy. Both gabapentin and pregabalin are subject to abuse and misuse and can lead to dangerous, occasionally fatal, side effects. There should be comprehensive monitoring of patients and prescribing for these medicines.

Medicines management	Y/N/Partial
Medicines requiring refrigeration were stored appropriately. Including arrangements to store vaccines out of the practice for vaccinating patients in their own homes.	
The primary care network (PCN) clinical pharmacist ran one clinic each week conducting structured medicines reviews in line with PCN targets. The practice shared a medicines optimisation presentation from the integrated care board (ICB) from September 2022 which showed that they had reduced the prescribing growth rate by 5.5% over the last year, compared with an increase of 1% throughout the Morecambe Bay region.	
Prescribing performance, antibiotic stewardship and improving medicines safety were discussed at monthly clinical meetings.	

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:	9
Number of events that required action:	9
Explanation of any answers and additional evidence:	
Staff informed us they were confident in reporting concerns or incidents and the provider had a system where these were reviewed by the senior leadership team which added external scrutiny to the practice's initial internal investigation and review.	

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

Event	Specific action taken
An urgent referral to secondary care was not processed in a timely way	Daily and weekly checks were introduced to ensure no urgent referrals were missed in the future.
Incorrect medicine administered to a patient	Practice systems were changed to ensure that clinicians checked which medicine had been prescribed prior to administration.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence:	

All safety alerts were received and reviewed by the provider and shared with the practice where action might be required.

The practice had a coordinator who worked with the primary care network clinical pharmacist and reviewed MHRA alerts, they routinely utilised the searches created by CQC in the clinical record system and followed up appropriately.

Effective

Rating: Good

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

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
Explanation of any answers and additional evidence:	
The practice used a range of information technology solutions within the patient record system to help clinicians follow current evidence-based practice. This included the diary feature in the patient electronic record system to ensure that care was reviewed appropriately and prompts and alerts were set up to ensure that required monitoring and reviews took place in line with national guidance.	
The reception team had clear processes to ensure that patients presenting with symptoms which might indicate severe illness could access a GP or advanced nurse practitioner promptly.	
The practice had a register for vulnerable and housebound patients. The practice paramedic led on care for frail patients, visiting housebound patients to give care and treatment, as well as support and signposting to services in the area to support them. The paramedic met with GPs daily after house visits to discuss each patient's care and treatment needs.	

Effective care for the practice population

Findings

The practice team understood the health needs of the local population and was working with partners to improve care and treatment outcomes. Many patients lived in more rural areas, as well as a number of isolated patients.

This included working with allied health professionals from the primary care network (PCN) such as the mental health lead and the clinical pharmacist to offer appointments for patients in the practice. The practice also worked closely with the PCN team who provided clinical oversight of patients in local care homes to ensure their care and treatment was consistent and met the requirements of the enhanced care for care homes

The practice team had identified vulnerable patients, veterans, carers, patients with learning disabilities and severe mental health conditions and ensured these patients had prompt access to appointments. The practice was currently undertaking accreditation to support veterans.

The practice used a text messaging system to communicate with patients, this was used to invite patients for appointments, screening and vaccination, as well as advise them they were due reviews or required monitoring.

The practice had rolled out the Cumbria Health on Call (CHOC) blood pressure at home system to identify patients who might have high blood pressure (hypertension). The practice provided patients with a blood pressure monitor and registered them with the CHOC digital system. Patients took their blood pressure at home over seven days and submitted their results for each reading. The system identified patients with high blood pressure and allowed the practice to offer appropriate support and treatment.

Telephone appointments, evening and Saturday appointments were available for people of working age.

Management of people with long term conditions

Findings

Our search identified there were 216 patients with diabetes. Of these, 21 (10%) had high blood sugar levels at their most recent blood test. We reviewed the patient records for five of these patients and found that two had not had a review within the last 12 months.

The provider told us that long-term condition management had deteriorated during the period before they took over the practice, and more recently the practice nurse lead for long-term conditions had left. The practice and CHOC primary care lead had a plan in place to catch up with the backlog for this work. The primary care lead was an advanced nurse practitioner and currently providing several clinics each week at the practice. The practice was taking other action including:

- Support from the PCN clinical pharmacist to undertake reviews of patients with cardiac conditions.
- A review of the respiratory condition registers to plan how many appointments were required to catch up.
- Respiratory clinics set up and patients invited.
- An advanced nurse practitioner with diabetes specialist knowledge conducting reviews of diabetic patients.

The practice offered support and signposting for patients with mental health conditions, including the paramedic and the PCN mental health practitioner.

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) (UKHSA COVER team)	32	33	97.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	28	38	73.7%	Below 80% uptake
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) (UKHSA COVER team)	30	38	78.9%	Below 80% uptake
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) (UKHSA COVER team)	30	38	78.9%	Below 80% uptake
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) (UKHSA COVER team)	32	38	84.2%	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

The provider had taken on the contract for the practice from 1 October 2021 so had inherited concerns with childhood immunisations. They had introduced a plan and engaged with patients to improve this. The current unvalidated data which the practice was able to share from their own system showed significant improvement:

- 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) was 90%
- The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) was 97%

- The percentage of children aged 5 who have received immunisation for measles, mumps and rubella plus booster for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) was 86%

The practice put significant focus on vaccination and immunisation and data they shared with us showed that 100% of eligible 70 – 80-year-olds had received a shingles vaccine.

Cancer Indicators	Practice	SICBL 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: 30/06/2022) (UK Health and Security Agency)	64.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	60.0%	49.4%	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)	66.5%	71.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	57.9%	54.9%	55.4%	No statistical variation

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

Any additional evidence or comments

The provider took on the contract for the practice from 1 October 2021 so inherited screening data which was low.

The practice team had a plan in place to improve uptake of screening which they were working through, this included focus on engaging with patients to promoting the benefits of screening as well as following up with individual patients.

The unvalidated data at the time of the inspection which the practice shared with us demonstrated improvements cervical and bowel cancer screening, but not breast screening over showed:

- 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) was 59% for patients aged 25 – 49 and 77% for patients aged 50 – 64.
- The percentage of females aged 50 – 70 who had attended breast screening in the last 36 months was 58%, there had been 35% of patients who had not attended these appointments.
- The uptake of bowel cancer screening for people aged 60-74 was higher, 96% of the eligible patients had bowel screening in the last 30 months.

- The practice had referred 267 patients for two-week wait referrals of which 9 patients had received a cancer diagnosis.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided, however this was recent and not yet fully embedded.

	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 commenced quality improvement work during 2022 and a formal audit plan was in place. A range of improvement audits had taken place, though none of these had yet been followed up with second audits to demonstrate the impact on patient outcomes. The follow up period for each of the audits was included in the audit plan, so the provider had a plan in place to ensure cyclic improvement activity improved patient outcomes. The audits which we saw included:

- A review of opiate prescribing (opiate medicines are used to treat pain but can have serious side effects and are addictive).
- A review of patients with firearms licenses which was conducted following an incident in the county.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
Explanation of any answers and additional evidence:	
<p>The provider had inherited a service which was run with mainly agency and locum staff and had invested in recruiting permanent staff. This included a GP clinical lead, several salaried GPs and advanced nurse practitioners (ANPs) based at the practice as well as regular ANPs and GP attending from the CHOC clinical leadership and out of hours teams. CHOC had recently recruited a GP for the practice through the sponsorship of non-UK nationals' scheme.</p> <p>Staff recruitment and training records showed staff were trained appropriately for their roles. Clinical staff were being encouraged and supported to complete non-medical prescribing accreditation.</p> <p>There were daily practice huddle meetings and clinical meetings twice a month which reviewed clinical practice. The CHOC primary medical services lead was currently setting up a routine supervision and oversight process for advanced nurse practitioners, nurses and paramedics throughout the general practices where they were now providing primary medical services. The first meeting had taken place in December, further work was required to fully embed this support and supervision arrangement, in particular around non-medical prescribing oversight.</p> <p>There was an appraisal system in place for all staff except GPs who completed appraisal through the General Medical Council appraisal system.</p>	

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:	
<p>We saw good examples of working with different teams to deliver effective care for individual patients in patient records, and staff we spoke with described the range of different services that they worked with and shared information with to provide effective patient care.</p>	

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice team was clearly sighted on health promotion and routinely signposted patients to smoking cessation, weight management and healthy lifestyle services.</p> <p>The practice had asked patients and patient representatives what health promotion activity they would like to see in the local area and were setting up a walking group for isolated patients to improve social engagement and reduce isolation whilst improving health promotion.</p> <p>There was a range of health promotion information available, clinicians gave patients leaflets and shared videos and access to validated health promotion information during routine appointments.</p> <p>A range of self-care and health promotion material was available in the practice waiting area and published on the practice website. The practice had an active social media presence and published information regarding health promotion via Twitter and Facebook. The practice recently shared information on a warm space initiative in Windermere for people struggling to heat their homes.</p>	

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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.	Partial
<p>Explanation of any answers and additional evidence:</p>	

Staff we spoke with described how they considered consent and capacity when discussing care and treatment with patients and we saw explicit discussions of capacity in the notes of some records we reviewed with the lead GP onsite.

Clinicians we spoke with, including the paramedic who visited frail patients, initiated discussions around advanced decisions to refuse resuscitation at an early stage.

We sampled records for five patients whose records included a “do not attempt cardiopulmonary resuscitation” (DNACPR) code in their record. There was a copy of the DNACPR decision in all of these records, two of which had been made by secondary care clinicians, three by the GP. A new DNACPR form had been recently introduced in the locality, and it was specifically designed to ensure that all relevant health professional received a copy of this form when it was completed. This had prompted a review of patients showing as having a DNACPR on their record. We saw evidence in two records of more detailed discussion preceding the DNACPR form being signed by the GP, though capacity was only explicitly mentioned in one of these.

Caring

Rating: Good

Kindness, respect and compassion

Staff treated 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:	
We saw staff speaking with each other and patients with kindness and compassion and were shown a range of thank you letters from patients over care they had received.	

Patient feedback	
Source	Feedback
Thank you letter to practice	Appreciation for care and kindness patient had received.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England 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 (01/01/2022 to 30/04/2022)	90.9%	89.4%	84.7%	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 (01/01/2022 to 30/04/2022)	92.4%	88.7%	83.5%	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 (01/01/2022 to 30/04/2022)	94.2%	96.3%	93.1%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	87.2%	79.7%	72.4%	No statistical variation

Any additional evidence or comments

National GP Patient survey results for Windermere and Bowness Medical practice were consistently higher than England averages. The patient representatives told us care had improved significantly since Cumbria Health on Call (CHOC) took over as provider and they were able to see the same GPs and nurses regularly.

The national GP patient results showed that since CHOC took over as provider, the percentage of respondents to the GP patients 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 had increased from 82% in 2020 to 92% in 2022.

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

Any additional evidence

The practice had an active patient participation group who had supported the practice with obtaining feedback.

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:	
The practice team explained how they involved patients in their care and treatment during the inspection.	
The national GP patient survey results for 2022 showed that 93% of respondents said at their last appointment the healthcare professional was good at giving them enough time. This was an increase from 83% in 2020 and higher than the 2022 England average of 83%.	

Source	Feedback
Patient thank you letter	The whole of the practice had supported a patient and their family during a terminal illness which gave the patient and carers reassurance and comfort.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England 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 (01/01/2022 to 30/04/2022)	98.5%	95.0%	89.9%	Variation (positive)

Any additional evidence or comments

This high score in the national GP patient survey reflected what staff and patient representatives told us during the inspection. The national GP patient survey results showed that since CHOC had taken on the contract, 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 had increased from 91% in 2020 to 98% in 2022.

	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
Explanation of any answers and additional evidence:	
The practice had a hearing loop at reception and used telephone translation services. There was a range of easy read information available and additional support for patients with learning disabilities was given by the paramedic and the nursing team who could refer patients to a range of external organisations for support.	

Carers	Narrative
Percentage and number of carers identified.	195 patients, 4% of the practice population
How the practice supported carers (including young carers).	The practice had very few young carers. They offered health checks to all carers and identified individual needs during consultations.
How the practice supported recently bereaved patients.	GPs made contact with the family to discuss their support needs and signpost to other services where relevant.

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
Explanation of any answers and additional evidence:	
The reception team could offer patients a quiet room if a patient requested it. The waiting room was large enough that patients had some privacy at the reception desk.	

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	
<p>The provider had worked with the practice team, patient representatives and partners to clearly understand the needs of the local population.</p> <p>The facilities met the needs of the service, though the provider had worked with the integrated care board to plan a comprehensive refurbishment of the premises which was due to commence in early 2023.</p> <p>Additionally, the provider worked with the primary care network (PCN) and integrated care board (ICB) partners to ensure that there was timely access to urgent primary medical care for tourists visiting the local area. The practice had two appointments available each day for clinicians to see tourists under a local tourist triage contract.</p>	

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
	8am – 6.30pm
Appointments available:	
Monday	8am – 6pm
Tuesday	8am – 6pm
Wednesday	8am – 6pm
Thursday	8am – 6pm
Friday	8am – 6pm

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

The practice had access to evening and weekend appointments through the PCN arrangement which could be booked by the practice which offered access for patients who worked during the week.

Access to the service

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

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Y
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Y
Patients were able to make appointments in a way which met their needs	Y
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Y
<p>Explanation of any answers and additional evidence:</p> <p>On the day of our visit, urgent appointments were available on the day and routine appointments in less than 2 weeks. The practice was able to demonstrate that phone calls into the practice were answered promptly.</p> <p>The practice had engaged with patients and patient representatives to review the access arrangements during 2022. In January 2022, there were equal numbers of face to face and telephone appointments. During May and June 2022, an improvement project around access to appointments and re-introducing online bookable appointments was undertaken. By November 2022, there were roughly 50% more face to face appointments than telephone appointments taking place.</p> <p>The practice telephone system and website both gave easy access to information on accessing the practice and other health care services.</p> <p>GP patient survey data for the practice showed improvements in how helpful the respondents found receptionists at the GP practice from 91% in 2020 to 96% in 2022. The national average for 2022 was 82%.</p>	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England 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 (01/01/2022 to 30/04/2022)	86.5%	N/A	52.7%	Significant Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	77.3%	64.8%	56.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	77.5%	61.0%	55.2%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	88.3%	79.0%	71.9%	Tending towards variation (positive)

Any additional evidence or comments

The patient participation representatives informed us that they had seen significant improvements since CHOC took over as provider for Windermere and Bowness Medical Centre.

National GP patient survey data for the practice showed improvements in how satisfied patients were with the general practice appointments times available to them from 69% in 2020 to 78% in 2022. The national average for 2022 was 55%.

The national GP patient survey data for the two years prior to CHOC becoming provider showed a significant decrease, whilst data since CHOC had begun to provide the PMS services showed a significant increase over 2021 and 2022.

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.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	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: The practice received far more compliments and “thank yous” than complaints. We were shown the complaints policy and system for complaints management. We saw that the complaints were all handled in line with the provider complaints policy. The responses we reviewed addressed all the issues raised by the patient, offered explanations and apologies, advised of any learning from the complaint and informed the patients of how they could escalate if they were not satisfied with the response.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Concern around how sensitive issues were handled	Review of the consultation and reflection by clinical staff involved, shared learning during clinical meeting.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The provider had comprehensive leadership in place to support the practice management team. The practice team repeatedly praised the positive support they received from the wider Cumbria Health on Call (CHOC) team. The provider had utilised a protected learning afternoon to facilitate a visit by the whole team at Windermere and Bowness Medical practice to the CHOC headquarters building in Carlisle. Staff we spoke to and staff surveys which were returned to us were positive about the leaders and told us they were visible, approachable and supportive.	

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
Explanation of any answers and additional evidence: The provider had a clear vision in place which included reaching out to support rural general practices which were struggling within Cumbria. The practice team demonstrated they were committed to CHOC values of being clinically focused, responsive, working as a single team with partners and having high standards of care.	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	
<p>The provider shared details of how they managed concerns over staff behaviour, and we saw evidence of reflective practice where things had not gone well in a culture of shared learning.</p> <p>Staff were spoke with and those who submitted surveys were positive about the culture of the practice.</p> <p>The incidents and complaints we reviewed showed that staff were open and honest about incidents and errors and there was a no blame culture of shared learning in the practice.</p>	

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

Source	Feedback
Staff feedback surveys	A supportive team environment with approachable managers. A caring, friendly and community focused culture.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence:	

The practice management team were supported by a senior clinical team from CHOC as provider and this provided a strong organisation governance approach to the provision of care within the practice.

The local management team and wider CHOC leaders were clear on their roles and responsibilities. The provider ensured that key senior leaders were available for the inspection and provided comprehensive information to demonstrate wider governance arrangements.

There was a business continuity plan in place, we discussed the need to ensure that CQC notification requirements were included in this to ensure that events which prevented a service from being operated were reported to CQC in a timely manner.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Explanation of any answers and additional evidence:

The practice comprehensive business plan in place was monitored by the local management team, this was regularly reviewed with provider leaders and we saw evidence from meetings where risks and action taken to address these was discussed.

Staff in the practice were appropriately trained to deal with incidents and the business continuity plan was accessible to staff online at all times.

The provider carefully considered what the risks were for them taking on the contract for the practice, and discussed with the ICB concerns, which included the condition of the building.

Appropriate and accurate information

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

	Y/N/Partial
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Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence:	
The provider shared a range of monitoring data to explain how they utilised data to continually improve the practice and outcomes for patients.	

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.	NA
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence:	
The practice had carefully considered arrangements for digital services including patient access of medical records.	
The practice did not provide video consultations, but telephone consultations were used. There was a range of information about privacy and confidentiality as well as accessing medical records available on the practice website.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
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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:	
<p>The practice had an active patient engagement group whose views were taken into consideration for the project to change the appointment arrangements and the refurbishment plans.</p> <p>Staff gave us positive feedback about how the management team and CHOC senior leaders listened to and acted upon their suggestions for improvement. We reviewed 14 CQC staff surveys which were submitted as part of the inspection. Staff told us how their concerns were taken into consideration in reviewing the appointment and access arrangements, increasing the numbers of face to face appointments as well as improvements in staffing levels following concerns they raised, and amending the appointment diaries to enable GPs to work more efficiently.</p> <p>The practice had worked with the patient engagement representatives to develop and host an open day which included:</p> <ul style="list-style-type: none"> • meeting the clinical lead and understanding their role • an introduction to the remote blood pressure monitoring scheme, which was available through CHOC, and the opportunity to learn basic life support • an introduction to the primary care network musculoskeletal team and how patients could access this • and explanations regarding the building renovation and improvement plans for patients. 	

Feedback from Patient Participation Group.

Feedback
<p>The representatives who we spoke with us gave us positive feedback of the improvement since CHOC had become the provider. They informed us that there were regular GPs and advanced nurse practitioners in the practice which had not been the case previously and they described how their views were taken into consideration around improving the services offered.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

The provider demonstrated consistent focus on improvement of care at the practice and had a clear understanding of continuous improvement. CHOC recruited a new practice manager when they were awarded the contract, who had been in place a year by the time of our inspection. Staff and patients were positive that the practice manager had already made improvements to how they were involved and included in continuous learning and improvement.

The plans for the refurbishment included replacing windows which were currently single panes and increasing insulation in the roof alongside installing an air source heat system to reduce the energy costs for the building and make the service more sustainable.

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 SICBL 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 SICBL 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.