

Care Quality Commission

Inspection Evidence Table

Lime Tree Surgery (1-559924575)

Inspection date: 29th September 2022

Date of data download: 28 September 2022

Overall rating: Outstanding

The practice is rated as outstanding overall. This is because we have rated the practice as outstanding for providing effective and well led services:

- The practice had a clear mission to meet the changing demands of the population and create a centre of continual improvement via learning and feedback
- There was a strong emphasis on quality improvement within the practice where outcomes for patients were monitored and demonstrated improvement.
- Patients and staff were consistently positive about the practice.

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

Safeguarding	Y/N/Partial
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 had registers of patients with safeguarding concerns which were reviewed monthly by the safeguarding lead and discussed with other teams as necessary.	

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: There were clear recruitment policies and procedures in place, including details of the checks required for locum staff. We reviewed files and found recruitment checks had been undertaken prior to employment and included proof of identification, qualifications, references and the appropriate checks through the Disclosure and Barring Service (DBS).	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2022	Y
There was a fire procedure. Date of fire risk assessment: August 2021	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: A fire risk assessment had been conducted in August 2021 by the practice manager however they were awaiting a fire risk assessment to be completed by an external company. This was booked for later in 2022.	

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. Date of last infection prevention and control audit: September 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:	

Appropriate standards of cleanliness and hygiene were followed, and guidance was updated to reflect the latest COVID-19 requirements. Although situated in an old building, we observed the premises to be adequate for the needs of its patients and clinical rooms were clean and appropriate to be used for consultations.

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

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:	
We reviewed the clinical system and found that care records were maintained in line with guidance and contact with patients from all staff was recorded. There were systems in place to ensure that test results and documentation received were reviewed and acted upon in a timely manner. When the partners were not available, there was a system in place to ensure further clinical support was in place. Throughout our inspection we saw that the inbox of incoming test results and correspondence was dealt with promptly several times throughout the day.	

Appropriate and safe use of medicines

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

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.87	0.82	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). (01/07/2021 to 30/06/2022) (NHSBSA)	7.5%	7.9%	8.5%	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 (01/01/2022 to 30/06/2022) (NHSBSA)	6.02	4.63	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	99.7‰	130.1‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.61	0.51	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	6.6‰	6.2‰	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.	Y

Medicines management	Y/N/Partial
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 structured medicines reviews for patients on repeat medicines. ¹	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. ²	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.	NA
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 data-bbox="57 1509 1541 1554">Explanation of any answers and additional evidence, including from clinical searches.</p> <p data-bbox="57 1588 1541 1677">As part of the inspection a number of routine clinical record searches were undertaken by the GP specialist advisor.</p> <p data-bbox="57 1677 1541 1823">We reviewed patients prescribed certain high-risk medicines to ensure that the practice was monitoring the patient in line with national guidance. For example, we reviewed two patients who were prescribed leflunomide (a disease modifying anti-rheumatic drug) used to treat rheumatoid arthritis or psoriasis and found that both patients were receiving the appropriate monitoring.</p> <p data-bbox="57 1823 1541 2013">We also reviewed patients who were receiving anticoagulation medicines and our searches indicated of 68 patients within the practice prescribed these medicines, three patients had potentially not had the required monitoring. We reviewed these patients and found that either the medicine had been discontinued or monitoring had been repeated when necessary and the patients were being monitored in line with recommendations.</p>	

Medicines management	Y/N/Partial
We found structured medication reviews were being carried out appropriately for patients taking regular medicines.	
The practice completed a number of audits within the service which included reviewing patients taking opioid medicines and antibiotic prescribing.	

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:	7
Number of events that required action:	7
Explanation of any answers and additional evidence: There were systems in place to review and identify when things went wrong. All staff within the practice reported an open and honest culture and felt encouraged to raise events to result in learning and improvement within the practice.	

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

Event	Specific action taken
Incorrect blood form given to patient.	Both patients affected contacted and apologised to. Reported to the Information Commissioners Office (ICO) as appropriate. Learning identified and implemented by confirming identity of patients before handing out information.
Phone lines turned off during opening times.	Phone provider contacted to rectify situation. System in place to ensure practice manager can update phone requirement when meetings are cancelled to ensure patients can contact surgery.

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:	

The service had an effective mechanism in place to disseminate alerts to all members of the team. Where action was required as a result of a safety alert the team would run searches of clinical records to identify patients who may be affected. Clinicians would then review patients and make changes to care and treatment where required.

We reviewed patient records and found evidence that they were being dealt with appropriately. We reviewed patients who were prescribed teratogenic drugs in women that are child bearing age and found 16 patients. We reviewed five of these patients and found that all patients were aware of the risks and there were precautions in place keep patients safe.

Effective

Rating: Outstanding

We rated the key question of effective as outstanding because:

- There was a drive to provide holistic care within the practice to support patients in all aspects of their lives.
- All staff were actively engaged in activities to monitor and improve quality and outcomes implemented innovatively within the practice.
- Staff were consistent in supportive people to live healthier lives including those who required extra support.

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:	

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. All patients identified had their needs followed up as required.
- Patients identified with the highest levels of frailty were offered extended appointments of 40 minutes with the practice pharmacist to look holistically at their care and treatment. An audit was completed and 39 patients were identified. The practice reported that this additional time with patients enabled them to open up about all health issues and concerns that may not have been picked up otherwise. A total of 144 interventions were made to improve the patients care. These included deprescribing medicines which were no longer appropriate, referring on to other services for additional support and further investigations. Four patients were referred to the falls team due to experiencing falls which they thought was due to old age, however following the intervention, no further falls were experienced. A total of 48 medicines were de-prescribed through the scheme for patients which reduced the burden on patients taking medicines and the potential for them experiencing adverse side effects from multiple medicines.
- 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.
- All patients with a 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 monthly meetings to review the patients on end of life care to ensure the patients' needs continued to be met and offer additional support where necessary.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated they had a system to identify people who misused substances.
- The practice actively reviewed patients prescribed high dose opioids regularly in attempt to reduce prescribing within patients and reduce dependency. These patients continued to be monitored closely.
- 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.

The practice implemented systems to ensure that any patients discharged from hospital were followed up in line with the recommended changes and also contacted a week after discharge to review progress. This gave the practice opportunities to identify any further needs the patient might require which had presented following discharge. The practice also completed follow ups for patients who had attended appointments within the practice who they felt may benefit for additional reviews following their appointments to ensure their needs continued to be met.

Management of people with long term conditions

Findings

- The practice had effective systems to ensure patients with long term conditions were reviewed and followed up as appropriate. This was supported by evidence from our clinical records review. We found that all patients diagnosed with chronic kidney disease (CKD) 4 or 5 had received appropriate monitoring of blood pressure and blood tests in line with national guidance.

We found one patient who had been diagnosed with hypothyroidism who was identified as potentially outstanding thyroid function test monitoring. When we reviewed this patient we found the practice had identified this and acted on this, contacted the patient and an appointment had been appropriately arranged.

We found no evidence of any patients within the practice with potentially missed diagnoses of long-term conditions. For example, we found 14 patients with blood results which may indicate an undiagnosed long-term condition of CKD which had not been identified or recorded in their records. We reviewed five of these patients and found that all patients had been reviewed and retested in line with guidance.

The clinical review of patient records identified the practice had systems in place to identify patients' ongoing needs were fully assessed and reviewed as appropriate. For example, the clinical search identified 12 patients who had required rescue medicines for an exacerbation of asthma. From these we reviewed five records which showed all patients were reviewed and followed up in line with national guidance.

- 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.
- The practice worked with expert specialist nurses in asthma and diabetes to ensure the long-term condition reviews were completed. Templates were used to conduct these reviews which were seen during our clinical review.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- 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 of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	35	37	94.6%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	39	46	84.8%	Below 90% minimum

(01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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)	38	46	82.6%	Below 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)	39	46	84.8%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	48	58	82.8%	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 practice reported that they faced continuing challenges with the population for childhood immunisations which is reflected in other areas of deprivation. The practice is situated in an area which is classed as a level one out of 10 on deprivation score. This means it is within an area which is amongst the most deprived nationally.

In order to improve vaccination uptake, the practice reported:

- A monthly status report was ran in relation to overdue immunisation in children by the practice nurse who would then attempt to contact patients in order to arrange appointments. This was completed by text messages and letters where appropriate.
- Information and reassurance was given to patients who were hesitant to bring their children for appointments.
- Appointments with the doctor could be arranged to discuss concerns or queries regarding immunisations.
- When a child did not attend their appointment, the parent or guardian was contacted in order to reschedule the appointment.
- Consistent non attenders or parents who do not engage in relation to immunisations were referred to safeguarding or the health visitors if necessary.

The practice proactively monitored their performance data in relation to other local practices which show the results for this practice was above average when compared to the local information.

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: 31/03/2022) (UK Health and Security Agency)	76.8%	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)	66.1%	64.6%	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)	61.0%	67.7%	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)	41.7%	55.7%	55.4%	No statistical variation

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

Any additional evidence or comments
<p>The practice had a continuous programme for cervical screening and had a lead administrator to oversee this. Patients were invited on a monthly basis for screening and this had led to an improvement in uptake. The practice had a system to ensure those requiring more frequent screening were on a recall system to ensure they attend for monitoring.</p> <p>We reviewed unverified data at the practice on the day of our inspection and found the practice was currently achieving an uptake rate of 81% for cervical screening.</p>

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

Staff were actively engaged in activities to monitor and improve quality within the service and outcomes for patients. The practice had a comprehensive audit schedule to review and improve aspects of the service.

- Antibiotic audits were completed to monitor prescribing within the practice. The practice could demonstrate that their antibiotic prescribing had decreased between January 2020 and September 2021. Antibiotic prescribing had increased slightly since September 2021 to March 2022 however continued to be within the target amounts prescribed.
- An audit was carried out to review the practice's performance on detecting cancer via the two week wait referral process following information regarding cancer cases being picked up in Emergency Departments. The practice reviewed all of their new cancer diagnosis over a 6-month period and found 41% of cancers were identified via a two week wait referral however also found 41% of the cases would not have met the criteria for a two week wait referral and therefore the two week wait referral would have been rejected. However, the practice implemented an improvement plan which included implementing a lower threshold for some concerns such as lung cancer and reviewing guidance on cancer referrals.
- Following a review of practice performance in relation to bowel cancer screening tests the practice identified they had low uptake rates. The practice contacted patients who had not returned screening kits and devised an information leaflet with statistics and information to provide to patients. The practice monitored uptake rates and reported an increase in data from 2020 to 2021.
- An audit was completed on patients receiving medicines for anticoagulation therapy to ensure that correct monitoring was completed. The second cycle of the audit demonstrated that all patients had received blood monitoring in line with the national guidance however the practice had identified other actions required to ensure patients were receiving effective treatment such as rectifying missing recalls on patients, or taking the patients weight or additional readings.
- The practice conducted a review of patients within the practice who were identified as scoring high for frailty. Patients were given extended appointments with the pharmacist to holistically review all aspects of patient care and resulted in 144 interventions being taken including deprescribing, referrals to further support and additional medicines being prescribed.
- The practice conducted an audit of the patients who attended the practice multiple times. They identified patients who attended the practice more than 30 times in one year and offered them an hour long extended appointment with the GP for a non-judgmental review of their concerns. Interventions which took place included signposting to further support, involving the social prescriber and referring for further investigations when necessary. Following the intervention, the practice reported a 31% reduction in their attendances to the practice. Patients reported the time with the GP enabled them to fully discuss their worries and anxieties in relation to health which they frequently attended the practice for.
- Other frequent audits were completed within the practice including improving prescribing and monitoring for patients on teratogenic medicines, hypotension medicines, testosterone therapy.
- Regular review of patients taking high dose opioids was undertaken to ensure patients were monitored and decreased when possible to reduce addiction.
- The practice conducted a quality improvement project for prediabetic patients due to an increase of prevalence within the area following the covid pandemic. Patients with blood results which indicated pre-diabetes were referred onto the national diabetes prevention programme as per guidance. If patients were not able to attend the national programme, the practice offered in house information and education sessions. The expected standard for patients receiving intervention to reduce hba1c levels is 80%. The practice monitored patients who engaged in either sessions and found that 100% of patients who attended these sessions successfully reduced their hba1c and therefore reduced their risk of developing diabetes. The practice further

reviewed their in house intervention sessions given by the practice nurse or healthcare assistant and found that overall patients had a 2% reduction in hba1c levels.

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

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:	

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 held virtual information campaigns through the COVID-19 pandemic via video platform for a range of subjects which they identified as prevalent within their area including carers, diabetes and mental health concerns.</p> <p>In May 2020 the practice noticed an increase in reporting mental health concerns during the lockdown period of the pandemic which was attended by 24 patients. The practice hosted an online zoom meeting for patients which was delivered by a counsellor. Patients who were interested in improving their mental health were invited to attend and were given tips to utilise. Patient feedback was positive and encouraged patients to seek more formal counselling which was recommended as first line treatment within guidance issued by the National Institute for Health and Care Excellence (NICE).</p> <p>Another zoom meeting was carried out by the practice nurse in relation to the pre-diabetic work and education sessions to educate patients on lifestyle advice in order to prevent developing diabetes. Following the zoom session, the practice reported an increase in diabetic checks taking place. All patients who attended the session attended the practice for a diabetic check. Patients provided positive feedback to the practice in relation to the session and a further session was planned for October 2022.</p> <p>Before the pandemic, the practice had an agreement with Age UK to refer patients to a local centre to offer weekly activities and support to patients alongside conducting frailty assessments. This was to encourage patients to attend appointments and activities to try and reduce isolation and loneliness. A GP was available during this time if any health needs arose. Feedback from patients was positive about the experience including giving the motivation to leave the house, improve mood and reduce isolation. This initiative was halted through the pandemic however the practice were hoping to reconvene in the future.</p> <p>The practice had also identified a number of parents becoming concerned around managing their children spending time on electronic devices and gaming which potentially led to mental health concerns and/or insomnia. The practice devised a leaflet for patients with advice and tips to reduce this without alienating children. A pack was created for parents and was located in the waiting area for patients to help themselves to.</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. ¹	Y
<p>Explanation of any answers and additional evidence</p> <p>We reviewed patients who had DNACPRs within their records and found that decisions had been made and documented in line with national guidance. We saw the practice reviewed these regularly and kept information up to date.</p>	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated 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-judgmental 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:	
<p>Feedback from people who use the service was continually positive about the way staff treat people. Patients reported that staff went the extra mile and their care and support exceeded their expectations. This was evidenced in the number of initiatives the practice offered to holistically support patient care and lifestyle. There was a strong, visible person-centered culture within the practice. Staff were highly motivated and inspired to offer care that is kind and promotes people's dignity.</p> <p>The practice had developed a suite of information for patients regarding the cost of living crisis and developed an anonymous helpline to the social prescriber if patients needed additional support. The practice reported patients had been worried about physical and mental stressors which had been caused by the situation. Information included food vouchers, fuel vouchers, finance and debt services and housing advice. The practice could refer patients to a drop-in session at a local library which occurred weekly for extra support.</p>	

Patient feedback	
Source	Feedback
NHS choices	Consistently positive feedback received within the previous 12 months. Patients reported that staff were helpful and kind and would go the extra mile to support patients. Patients reported positive experiences of getting appointments and treatment.
Patient feedback forms gathered by surgery	Patients reported positive experiences using the service and were able to obtain appointments quickly and easily. Patients reported the staff were friendly and professional.

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	92.0%	85.0%	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)	86.9%	83.9%	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)	95.4%	92.7%	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)	68.5%	74.9%	72.4%	No statistical variation

Further information

The practice had analysed the GP patient survey results and identified that all of the areas which were lower than local and national averages were in some way related to problems experienced by patients with the phone system. The practice updated their phone system to a cloud based system which had improved access to the surgery since the publication of the GP patient survey. At the time of our inspection the impact of the new telephone system had not occurred but was planned once the system had been fully embedded into the practice.

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

Involvement in decisions about care and treatment

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

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

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	94.5%	90.5%	89.9%	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> <p>The practice website included questionnaires for patients to fill in for subjects which people may find sensitive to discuss in order to try and encourage patients to seek help. There were questionnaires in relation to alcohol intake and for patients who may be experiencing depression. All patients were encouraged to use the online forms including newly registered patients and the practice had received six patients who had used the service to report on alcohol intake and seek further support. The practice monitored the incoming questionnaires and contacted patients to gain more information and refer as needed.</p> <p>The practice website also included information on healthy living which gave advice on lifestyle and health which signposted patients to further support if needed.</p>	

Carers	Narrative
Percentage and number of carers identified.	108 (2.7% of patients)
How the practice supported carers (including young carers).	<p>Patients were offered a carers pack which was regularly updated with a local carers hub to ensure all information was up to date and relevant. The practice opted for written material in the carers pack as carers reported it was preferred to read it in their own time and their leisure.</p> <p>There were regular meetings with carers available which were carried out via online meetings throughout the pandemic.</p>
How the practice supported recently bereaved patients.	<p>The practice website had extensive information on how to support people through bereavement including practical support such as how to register deaths, arranging the funeral and expected costs.</p> <p>The practice offered support to those bereaved tailored to their needs. We saw evidence of the practice contacting bereaved patients daily in the immediate days after the death and reducing this time down to weekly and monthly when the patient required less support. Consultations with bereaved patients supported people with medical support and general life support. The appointments were flexible dependent on need.</p>

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:	

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: The practice regularly reviewed the demographics and prevalence of health needs within the local area and completed regular audits to monitor and improve care for their patients. For example, the practice had identified the rising prevalence of prediabetes following the pandemic and offered lifestyle advice in order to try and reduce hba1c in patients and therefore reduce the risk of becoming prediabetic. The practice had also completed similar audits on frail patients, patients with mental health conditions, patients who took regular opiate medicines.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	9am to 12pm and 3.30pm to 5.30pm
Tuesday	9am to 12pm and 3.30pm to 5.30pm
Wednesday	9am to 12pm and 3.30pm to 5.30pm
Thursday	9am to 12pm and 3.30pm to 5.30pm
Friday	9am to 12pm and 3.30pm to 5.30pm
Telephone appointments with GPs were offered outside of the appointment times when required. Extended hour telephone appointments were offered between 7.30am and 8am on Mondays and Wednesdays.	

Further information about how the practice is responding to the needs of their population
<ul style="list-style-type: none">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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had a register of patients with Mental Health conditions to ensure staff would be aware of these and offer extended appointments to suit their needs.
- The practice held a register of patients living in vulnerable circumstances.
- 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.

II

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

National GP Patient Survey results

Note: CCGs were replaced by integrated care systems in July 2022. The CCG averages will continue to be used until CQC's internal systems are updated and data for 2022/23 is released.

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 (01/01/2022 to 30/04/2022)	38.0%	N/A	52.7%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	49.2%	59.5%	56.2%	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 (01/01/2022 to 30/04/2022)	54.9%	58.5%	55.2%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	79.9%	74.6%	71.9%	No statistical variation

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.	8
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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:	

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint was received regarding a delay in referral for a patient.	Practice apologised and explained that referral had been rejected due to not fitting urgent criteria.
Complaint regarding difficulty with phone line	Practice apologised and saw to patient's needs. New phone system was installed in September 2021 which improved lines for the practice.

Well-led

Rating: Outstanding

We rated the practice as outstanding for providing a well-led service because:

- The practice provided high quality care and treatment to patients which was driven by effective governance.
- The leaders inspired staff to provide patients with the highest quality evidence-based primary care.
- There was a strong emphasis on learning, evaluation and impact and a willingness to try new ideas to benefit patients.
- The practice demonstrably acted on its vision by carrying out a number of quality improvement projects to meet the changing demands of the population.
- Leaders actively encouraged staff to put forward ideas to improve the service through arranging several away days to ensure all staff were listened to.
- Staff at all levels expressed positivity for their work and support from leaders.

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: There was compassionate and inclusive leadership at all levels. Leaders demonstrated high levels of experience and capability to deliver sustainable care. Leaders and staff told us they were ambitious to provide their patients with the highest quality care. We interviewed clinical and non-clinical staff and everyone we spoke with described the leadership positively and reported the leadership inspired them to provide the highest quality care for their patients.	

Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	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 leaders at the practice arranged away days for staff roles including clinical and non-clinical staff to enable a day for staff voices and ideas to be heard. Away days were to promote ideas and quality improvement in all areas of the practice and for staff voices to be heard and acted upon. Each away day produced short term and long term goals and improvements which were implemented within the practice to benefit patients. Staff reported they felt empowered through these events and that leaders encouraged all staff to be involved in improving the service.

The strategy and supporting objectives and plans were innovative whilst remaining achievable. The practice strategy was understood by all staff who worked to meet the changing demands of the population and create a centre of continual improvement via learning, meetings and feedback. The practice had a number of audit and quality improvement projects which identified areas they were working to improve such as pre-diabetes prevalence, patients who attended the practice frequently and patients considered frail. The practice offered extended appointments with clinicians to provide a holistic service to patients with complex needs.

There was a systematic and integrated approach to monitoring evidence of progress against the strategy. The practice evaluated the impact of projects and learning and could show that patient outcomes were improved from the interventions they had implemented including lowering levels of hba1c, reducing the amount of appointments for individuals with complex needs at the surgery from holistic reviews and providing support to those who required other interventions other than healthcare. The practice constantly strived for improvement.

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: Practice staff consistently described the working culture as positive, open and supportive. Staff all felt supported by the leaders including the GP partners and practice manager. Staff reported the workspace was a team and felt encouraged to identify areas to improve as there was no blame culture within the service.	

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

Source	Feedback
Staff interviews	Staff at all levels expressed enthusiasm in their work at the practice. Staff reported they were inspired to improve patients' outcomes as the leaders at the practice monitored their interventions which could demonstrate the personal impact staff members were having on patients in their work. Staff spoke highly of the culture within the practice.

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: There was a strong leadership, collaboration and support across the team to improve patients' experiences. The effective governance systems in place within the practice enabled the practice to provide high quality care and treatment to patients which was tailored to the patient demographics.	

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 consistently produced a number of audits and quality improvement projects to improve care and treatment for patients. The impact of interventions undertaken by the practice was monitored to demonstrate improvements in patient care for example a reduction in appointments required by people with complex conditions, additional support for patients with frailty and a reduction in polypharmacy for patients.	

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
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: There was a focus on evaluating improvement projects to assess their effectiveness and impact on 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.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	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: Services were developed with the participation of patients, staff and external partners. For example, the practice had a patient participation group and consulted with members about practice matters. The practice obtained patient feedback following consultations with clinicians for their views about the service. Feedback was always positive about the practice.	

Feedback from Patient Participation Group.

Feedback
The Patient Participation Group (PPG) had recommenced meetings in June 2022 following the pandemic. The meeting minutes referenced improvements which had been implemented within practice such as new phone system, phlebotomy services restarting within the practice and systems for flu vaccinations.

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: There was a strong emphasis on quality improvement within the practice. The practice regularly reviewed trends within the population and engaged with staff to identify any emerging themes within the practice. When interventions were completed for patients, impact was monitored and reported on to prove impact to patients. Interventions were positive and showed improvement for patients within the service.	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

Glossary of terms used in the data.

- COPD:** Chronic Obstructive Pulmonary Disease.
- 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.