

# Care Quality Commission

## Inspection Evidence Table

### Linden Hall Surgery (1-566800917)

Inspection date: 17 October 2022

Date of data download: 07 September 2022

**Overall rating: Good**

**Safe**

**Rating: Requires Improvement**

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

- Recruitment checks were not carried out in accordance with regulations.
- Not all health and safety risks had been assessed and appropriate actions taken.
- Vaccines were appropriately stored but not monitored effectively to ensure they remained safe and effective.
- An assessment had not been completed to mitigate any potential risks for medicines not held in the event of a medical emergency.
- Not all staff were up to date with training in safe working practices.
- Not all medical safety alerts had been acted on.

#### Safety systems and processes

**The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Partial
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	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.	Yes

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<p>Staff had access to contact details of external agencies in the event of making a safeguarding referral however, not all staff were up to date with safeguarding training or to the required level for their role.</p> <p>We reviewed the records of three members of staff employed in the previous six months. Disclosure and Barring Scheme checks (DBS) had been obtained for two staff prior to commencing work. An on-line check application form was only available on the third staff file we reviewed.</p> <p>The practice held quarterly child protection meetings which were recorded, however representatives such as the health visitor and school nurse had not attended. New referrals into the safeguarding process were discussed in addition to outcomes. The practice was looking to audit children not brought for appointments to ensure staff were adhering to the practice policy in addition to the children currently on the child protection register.</p> <p>The practice told us every patient at end of life had a named lead GP. The practice had a palliative care lead who held regular meetings with the hospice link nurse. Patients near end of life were 'flagged' to the out of hours service and the community nursing team. The practices shared examples of support they had provided to vulnerable patients in partnership with community services.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	No
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had a policy in place that set out the process to be followed in the recruitment of all staff. However, we found the practice was not working in line with this policy. We reviewed the records of three members of staff employed in the previous six months. We found not all the required recruitment checks had been carried out prior to staff commencing work. This included satisfactory evidence of conduct in previous employment for two staff and full employment history for one member of staff. No documented evidence of relevant qualifications was available. Disclosure and Barring Scheme checks (DBS) had been obtained for two of the three staff prior to commencing work. However, risk assessments had not been completed for the omissions in staff records. The practice acknowledged the identified shortfalls and advised they were looking to source support from an external company to assist them with human resources (HR) processes.</p> <p>We saw health declarations had been completed on the staff files we sampled, and staff had been referred to the occupation health service for health clearance. Reports of outcomes were detailed on the files we reviewed.</p>	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: /0206/22	Partial
There was a fire procedure.	Yes
Date of fire risk assessment: September 2022	Yes

<p>Actions from fire risk assessment were identified and completed. The last fire drill was undertaken: 02/08/22</p>	
<p>Explanation of any answers and additional evidence:</p> <p>Examples of the various health and safety checks and risk assessments undertaken included:</p> <ul style="list-style-type: none"> <li>• Portable appliance testing: 10/10/22 &amp; 14/10/22</li> <li>• Equipment calibration testing: 09/12/21</li> <li>• Legionella risk assessment: 13/07/22</li> <li>• The last fire drill was undertaken at the main site on: 02/08/22</li> </ul> <p>However, we saw the practice had looped cords on window blinds which can present a strangulation hazard to children and vulnerable adults. In addition, plastic socket safety covers were seen on some plug sockets and a freestanding heater was in use in an unoccupied room. Risk assessments had not been carried out for managing these risks.</p>	

### 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.	Partial
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: 20/09/22	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff had access to an IPC policy which aims included 'ensuring that patients and the staff are protected by effective prevention and control of infections, consistently applied by everyone and that they are a part of everyday practice'.</p> <p>The practice had a designated IPC lead and training records showed all but three staff were up to date with essential IPC training. An external cleaning company were responsible for cleaning the practices. A communication book was held to record and exchange any information.</p> <p>Staff confirmed they had adequate supplies of personal protective equipment. Enhanced IPC measures as a result of the Covid-19 pandemic continued to be implemented, including the requirement for patients and all staff to wear face coverings and social distance where possible to help protect against cross contamination. This was a practice specific policy and not currently related to government guidance. Clinical staff continued to wear clinical scrubs (protective clothing).</p> <p>During the site inspection we saw one patient was assessed at the Muxton branch practice in a designated isolation room. The patient was requested to attend their appointment using a separate entrance/exit to protect other patients attending the practice.</p>	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: Training records showed not all staff were up to date with first aid and anaphylaxis training in the event of a medical emergency. The practice held most of the suggested emergency medicines in the event of a medical emergency and these were regularly checked to ensure they remained in date. However, a documented assessment had not been completed to mitigate any potential risks of not stocking a medicine for the treatment of croup in children. During the inspection, the practice took action to order the suggested medicine and following the inspection, confirmed that it had been received.	

## 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. <sup>1</sup>	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
Explanation of any answers and additional evidence: Review of patient records in relation to the clinical searches identified that care records were managed in line with current guidance.	

## 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	0.84	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)	9.7%	7.4%	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)	5.87	5.20	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	114.5‰	126.9‰	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)	0.64	0.56	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/10/2021 to 31/03/2022) (NHSBSA)	4.7‰	6.7‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	NA
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. <sup>1</sup>	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. <sup>2</sup>	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Partial
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>Our review of the practice clinical records found:</p> <ul style="list-style-type: none"> <li>• There were 52 patients prescribed a medicine to treat rheumatoid arthritis. Two patients had not received the appropriate blood monitoring. Both patients were monitored in secondary care.</li> <li>• There were no patients overdue monitoring who were prescribed a specific anti-coagulant medicine.</li> <li>• 40 out of 79 patients prescribed a potassium sparing diuretic were identified by the clinical searches as not having had the required monitoring. We sampled five of the 40 records, and of the five records only one required monitoring activity.</li> </ul>	

**Medicines management****Y/N/Partial**

We found vaccines were appropriately stored but not always monitored effectively to ensure they remained safe and effective. For example, at the main location, there was evidence of daily temperature checking however, a fridge temperature went out of range, but it was not clear how long for. There was no documented evidence that staff had acted on this and no data had been downloaded from the data logger in response. We also saw that correction fluid had been used on the temperature records.

At the branch practice, a vaccine digital data logger had previously been used for monitoring the temperature or humidity of fridges, however this was no longer being used and a handwritten log was maintained. Records showed the vaccine fridge temperature was not being observed and recorded daily during the working week to ensure vaccines were maintained within the recommended temperatures. The last recorded entry was 29 September 2022.



## Track record on safety and lessons learned and improvements made

### The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Partial
Number of events recorded in last 12 months:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: Staff had access to a detailed significant event and incident policy which included the aims of significant event analysis and examples of what constituted a significant event. Staff were able to share examples of recent significant events and the action taken to prevent reoccurrence. We examined the significant events records. We found that the quality of the record keeping varied. Some records lacked detail of the risks, and the learning outcomes were not always noted. Other records were well completed, clearly highlighted the risk and actions.	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
A vaccine fridge failed during the heatwave.	Due to fridge checks undertaken by staff this was spotted before any vaccines were administered to patients.  Vaccines were split between fridges to minimise loss in the event of a further failure. Staff were advised to continue with maintaining twice daily fridge temperature checks and data logging.
Patient with a similar name was issued with the incorrect medicine.	Patient noticed the error, did not use the medicine and called the practice. The patient received an apology from the clinician who reflected on the error and committed to taking more care with double checking patients' identity before issuing medicines.

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

Our clinical searches found that the practice had acted on an alert which advised against prescribing a type of anti-depressant medicine for patients over 65.

However, our clinical searches also identified 32 patients as being co-prescribed a combination of medicines that when prescribed together could reduce the effectiveness of one of the medicines (an antiplatelet). We reviewed five of these patients and found no evidence in their records that patients had been informed of the risks associated with taking the combination of medicines. Four of the five remained on this combination.

## Effective

## Rating: Good

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. <sup>1</sup>	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. <sup>2</sup>	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. <sup>3</sup>	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes

### Effective care for the practice population

#### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74 that had recently been reinstated. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 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 a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness and severe mental illness, and personality disorder. Patients were offered a physical health check with a nurse and an annual health care plan review. Any concerns found were raised for follow up with a GP. Patients could also access a Mental Health practitioner for targeted interventions.
- The practice provided primary care services to registered patients in six residential care homes for older people in addition to a care service for young people. Each care home had a named GP who had protected time each week to contact them and review all residents. In addition, a weekly care home meeting was held each Friday with a range of professionals to help coordinate care.
- Patients with poor mental health, including dementia, were referred to appropriate services. The practice had a register of 95 patients with dementia. All patients on the register were offered

## Management of people with long term conditions

### Findings

- The practice told us throughout Covid-19 they had continued to monitor patients by telephone or face-to-face as needed, maintaining support with the particularly most vulnerable patients at the time.
- Our clinical searches found that 28 out of 279 asthma patients had been prescribed 2 or more courses of oral steroids for asthma exacerbations. We sampled 5 of the 28 records and found these patients had been appropriately managed in the previous 12 months and patients were offered an asthma management plan. The practice agreed to consider offering 1 of these patients a steroid emergency treatment card. This helps healthcare staff identify patients with adrenal insufficiency and provide information on emergency treatment to start if they are acutely ill.
- As part of our clinical searches we reviewed the records of 5 patients at risk of chronic kidney disease (CKD). Two patients were being monitored by the renal team, one had declined referral and one was severely frail. We saw that one patient had not been recalled.
- The clinical searches found that 16 patients out of 547 patients prescribed a medicine to treat hypothyroidism (underactive thyroid gland) were overdue blood monitoring. However, records showed the practice had repeatedly contacted these patients to arrange blood monitoring.
- There was 48 out of 363 patients with diabetic retinopathy whose latest blood test results (HbA1c) were greater than 74mmol/l. All but 1 of the 5 patients whose records we reviewed had been in receipt of a diabetic annual review in the previous 12 months.
- 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 provided in house phlebotomy services every weekday morning.
- 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 available within the practice. A range of other options were also available including an accessible automatic blood pressure machine in waiting rooms in both the main and branch surgeries.
- Patients with COPD were offered rescue packs with appropriate advice of how to use them. Patients who use their rescue pack three times in the community are requested to attend for review.
- 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)	94	96	97.9%	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) (NHS England and Improvement)	77	87	88.5%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	77	87	88.5%	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)	78	87	89.7%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR)	99	106	93.4%	Met 90% minimum

(01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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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 had met the minimum target for two of the five childhood immunisation indicators. The practice told us they continued to promote uptake of all childhood immunisations. Child immunisation uptake rate had also been discussed at a child protection meeting held in September 2022 where it was identified as an action for review and report back at the next meeting scheduled.

The practice told us they now had all three practice nurses trained to deliver childhood immunisations and were able offer a variety of times to make it easier for parents to attend around work or caring commitments, rather than a single set clinic.

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)	76.2%	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)	75.4%	63.5%	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)	74.0%	69.1%	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)	51.9%	57.6%	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 cervical screening uptake rate was below the national target of 80% despite the practice promoting screening and appointments being available throughout the pandemic. Female sample takers were available throughout the week. Arrangements were in place to follow up patients who failed to attend their screening.</p> <p>The uptake rates of breast and bowel cancer screening were above the local and national averages.</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.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

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

The practice had undertaken a range of clinical audits. These included audits on warfarin, amiodarone, chronic obstructive pulmonary disease (COPD) and an undiagnosed/non-coded chronic kidney disease audit. (CKD).

The practice had also undertaken a clinical audit regarding cancer diagnosis following the concerns raised about the disruption of healthcare and its impact in delaying cancer diagnosis and ultimately poorer outcomes as a result of Covid-19. An audit was carried out in the way of a case study looking at a set of consecutive cancer diagnoses to investigate:

- How they were diagnosed
- Were there any delays in the diagnosis/decisions to refer, and could they have been avoided?
- Could the practice improve their services?

Twenty-two consecutive patients diagnosed with cancer were case studied. The practice looked at what type of cancer they were diagnosed with; when they were diagnosed; when they first presented with any relevant symptoms; the number of days between first presentation and the decision to refer. They found that 2 week wait referrals formed the majority of how patients were referred and found to have cancer. There were a number of learning points identified from the audit. The practice had plans to repeat the audit, apply comparisons, and gain further learning points.



## Effective staffing

**The practice was unable to demonstrate that all 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.	Partial
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a system in place to monitor staff compliance with essential training. We found that not all staff were up to date with their training or had received the level of training for their role. This included infection control, first aid, anaphylaxis, mental capacity act, whistle blowing and safeguarding.</p> <p>The practice had an induction pack for new staff.</p> <p>Staff had recently been issued with a performance review, a self-assessment form which they had been requested to complete and returned to their line manager.</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.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice referred all patients who were pre-diabetic into the NHS diabetes prevention programme. As a result a number of patients had either entirely reversed their prediabetes or reversed the trend of increasing their blood sugar glucose levels leading to diabetes. The practice told us they currently had a register of 378 patients with non-diabetic hyper glycaemia and 82% of patients had had this reviewed by way of a blood test in the previous 12 months.</p> <p>The practice told us they had recently run a search on their clinical system to help detect more people with Chronic Kidney Disease (CKD) and provided group education events regarding the diagnosis, and how best to manage it. Individual appointments and written information were also available. The practice told us they had identified approximately 150 patients and were hoping this proactive approach would help prevent significant progression in patients' renal disease.</p> <p>Information TV screens and notice boards were in waiting areas providing patients with a range of health promotion advice.</p> <p>Patients had access to a social prescriber, first contact physiotherapist, mental health practitioner, and community pharmacist via the primary care network (PCN).</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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes

Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. <sup>1</sup>	Yes
Explanation of any answers and additional evidence  Representatives of local care homes we spoke with told us ReSPECT forms were completed for their residents with the involvement of the person and their family where required.	

## Caring

**Rating: Good**

**Kindness, respect and compassion**

**Staff treated patients with kindness, respect and compassion.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgemental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

Feedback	
Source	Feedback
NHS website	There were four reviews about the practice posted on the website about the since February 2021, all rated five out of five. Comments stated that staff were committed, professional, friendly and proactive.
Local care home representatives	We spoke with representatives from three local care homes that the practice provides a primary care service to. They described practice staff as helpful, attentive, friendly and very empathetic to their residents.
CQC observations/ patient feedback	During our site inspection we observed reception staff to be courteous and helpful when patients telephoned the practice or attended the practices in person. Patients were welcomed to the practice on arrival and advised of where to wait for their consultation. During our inspection, a patient shared their positive experiences of the practice and told us they found doctors and reception staff approachable and very good.

## 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)	92.9%	86.4%	84.7%	Tending towards variation (positive)
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)	92.8%	85.2%	83.5%	Tending towards variation (positive)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	98.9%	94.6%	93.1%	Variation (positive)
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)	86.6%	73.4%	72.4%	No statistical variation

### Any additional evidence or comments

The practice achieved higher than local and national averages for providing caring services.

## Involvement in decisions about care and treatment

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

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

Source	Feedback
NHS website	Four reviews about the practice had been posted on the NHS website since February 2021. Reviewers rated the practice as five out of five and commented that staff were friendly, proactive, committed, 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 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)	93.4%	91.4%	89.9%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format on request.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had a carers register and had identified 274 patients as carers, 1.91% of the practice population.
How the practice supported carers (including young carers).	Carers were signposted to local support services, for example the Social Prescriber, the local Admiral nursing team and Telford Carers Centre, a voluntary service project that enabled carers to improve the quality of their life. The practice told us the social prescriber and care navigator had made concerted efforts to focus on carers and invited them to attend reviews with themselves. Carers information was displayed in waiting rooms including information for young carers.
How the practice supported recently bereaved patients.	Information about an external bereavement service was displayed in a waiting room at the main site.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>In response to increased demand for services, a historic building previously used for storage at the Newport practice had recently been extensively renovated, providing three additional consulting rooms and a small reception.</p> <p>Both the main practice and branch practice were accessible to all patients and provided level access, automatic entrance doors, disabled toilet facilities and passenger lifts. Hearing loops were also available for people with reduced ranges of hearing. The disabled toilet at the Muxton branch was temporarily out of order following a boiler leak and was awaiting repair.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday to Friday (Newport location practice):	8am - 6pm
Monday to Friday (Muxton – Branch practice):	8am – 1pm and 2pm - 5pm
Extended hours were available on a Wednesday evening at the Newport location:	6.30pm - 8pm
Patients could also access weekday evening and weekend appointments at other locations within the primary care network (PCN)	6.30pm - 8pm - weekdays 9am – 5pm - Saturday
Appointments available:	
Monday - Friday	Appointments were available at various times according to the clinician.



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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were booked onto duty doctor's list once all routine appointments were gone to ensure they were prioritised.
- The practice was open until 6pm on Monday to Friday at the main location and from 6.30pm and 8pm on a Wednesday. Pre-bookable evening and Saturday appointments were also available to all patients at additional locations within the PCN locality.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travellers and 24 people with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice had a branch practice on site at a local university and offered one session a day on site. They currently provided a service to 375 registered new students.

## Access to the service

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

*The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.*

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice offered a range of appointments including routine and urgent same day telephone/video and face-to-face consultations and home visits. Extended hours appointments were available at the main location one evening a week. Appointments were released at 8am and patients were offered a choice of location to attend. Online appointment booking and prescription requests were also available. The practice also provided Online Consult where patients could contact a doctor online to get advice.</p> <p>During our site inspection we saw routine pre-bookable on-line appointments were available up to a month in advance. The appointment system showed the next available routine face-to-face or telephone consultation appointment with a GP was 8 November 2022 at either location. A routine appointment with a nurse was available on 25 October 2022 at the main location and 2 November at the Muxton branch site. The next blood test appointment was available on 28 October 2022 at the Muxton branch and 26 October 2022 at the main location. An urgent GP appointment was available on the same day and was triaged via a duty GP.</p> <p>During the site inspection, we observed patients with urgent needs were offered a call back with the duty doctor.</p>	

## 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)	71.5%	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)	68.9%	57.0%	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)	63.0%	54.7%	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)	80.0%	74.0%	71.9%	No statistical variation

### Any additional evidence or comments

The practice achieved higher than local and national averages for providing responsive services.

Source	Feedback
NHS website	Four reviews about the practice had been posted on the NHS website since February 2021. Reviews included a patient's positive experience in relation to telephone consultations, a detailed analysis of test results and how the practice had been proactive with dealing with an urgent referral for test investigations. One patient considered the doctors had saved their life due to the responsive action taken.
Local care homes	We spoke with representatives of three care homes that the practice provided a service to. Overall feedback was positive. Representatives considered their residents received a responsive service from the practice and doctors visited the care homes when requested to review any health concerns of their residents registered with the practice. They told us regular medicine reviews were undertaken.

## 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 3 months.	11
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: The practice had received 11 complaints in the previous three months and maintained a record of all complaints including the date, complainant, complaint, staff involved and the outcome. However, the learning from complaints was not detailed on the log. Complaints were discussed at clinical and staff meetings held.	

Examples of learning from complaints.

Complaint	Specific action taken
Patient complained as they had received a text message cancelling their appointment due to doctor sickness.	The practice contacted the patient and apologised for cancelling their appointment. The complaint was discussed at a doctors meeting held.
Patient complained as they needed a fit note and was unable to get an appointment with a specific doctor.	The patient was offered an appointment with another doctor and was then contacted as an appointment later became available with the doctor they wanted to see following a cancellation.

## 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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:  There had been a change to the practice management of the practice since our last inspection. The new practice manager took up their position in April 2022. This change had introduced the opportunity to review ways of working and to streamline processes to encourage efficiency. Staff feedback about this change was positive and that it had re-energised the staff morale.	

### Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence:  The practice's ethos was to provide an all-round service as a family doctor to their patient population. The practice strived to offer high quality care to their patient population. Staff told us they felt that leaders had a clear vision for the practice.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Staff spoke positively about the culture and ethos of the practice.</p> <p>There were strategies in place to recognise staff achievements and contributions.</p> <p>Training records showed not all staff were up to date with training in equality and diversity.</p>	

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

Source	Feedback
CQC staff survey and discussion with staff.	<p>Staff told us that there was an open and flexible culture within the practice, where staff were encouraged to take accountability but within a no blame culture. Staff told us there were opportunities for discussing when things had gone wrong and were offered opportunities for debrief and reflection.</p> <p>Staff felt that there was good communication within the practice, and they benefited from good leadership and regular meetings. They described the morale within the practice as good and told us that everyone felt valued with an important role to play. Staff told us they felt part of a family which cared for their patients and looked after each other. They told us they felt proud to work at Linden Hall Surgery.</p>

## Governance arrangements

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

	Y/N/Partial

There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
A range of meetings were held and recorded to ensure staff were kept well informed. These included, partner meetings, GP meetings, staff meetings, child protection meetings, palliative care meetings and protected learning time meetings.	

## Managing risks, issues and performance

There processes for managing risks, issues and performance were not always effective.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Partial
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Partial
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence:	
Not all health and safety risks had been assessed and appropriate actions taken.	
Training records showed not all staff had received or were up to date with training in major incidents, for example dealing with a medical emergency.	

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

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	Yes



## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

## Governance and oversight of remote services

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

## 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.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<p>The practice had a Patient Participation Group, where information was shared and discussed about the and current developments. Meetings had been paused during Covid and had very recently restarted. The practice was actively looking to recruit new members to join the group to extend the representation to include younger patients as well. Meetings were planned to take place every 6-8 weeks in an evening.</p> <p>Practice newsletters were available on the practice website. The most recent one for Autumn 2022 included information about flu clinics, Covid vaccination clinics, staff changes, the patient participation group (PPG) and additional workforce through the primary care network (PCN).</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.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<p>The practice was a training practice for GP vocational trainees.</p> <p>The practice was very involved in the PCN, with the registered manager acting as the Clinical Director.</p>	

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.