

# Care Quality Commission

## Inspection Evidence Table

### Woodley Centre Surgery (1-567713582)

Inspection date: 5 February 2019

Date of data download: 21 January 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## 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
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>The practice had clear and embedded processes in place to safeguard children and vulnerable people. These included a watch list of any patients at risk of abuse but not yet subject to a safeguarding referral. A list of new born babies was maintained to ensure the baby was registered with the practice and followed up for their health checks and vaccinations. The practice also retained a list of 'at risk' children who had left the practice.</li> </ul>	

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 Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Whilst most recruitment checks required had been completed we found, from the eight staff files reviewed, that there were some gaps. The practice had not complied with the legal requirements in the recruitment process for all staff recruited made since the last inspection.</li> <li>Our review of staff recruitment files identified one member of the clinical team whose registration had not been checked at the time of recruitment.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 21/06/2018	Yes
There was a record of equipment calibration. Date of last calibration: 04/12/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: Jan 19 branch,	Yes
There was a log of fire drills. Date of last drill: 06/12/2018	Yes
There was a record of fire alarm checks. Date of last check: Weekly checks recorded.	Yes
There was a record of fire training for staff. Date of last training: Ongoing via e-learning	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: May 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There was a comprehensive programme of environmental safety checks and risk assessments in place.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: June 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2018	Yes

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The lead for control of infection was appropriately trained and had a programme of audit in place to reduce the risk of cross infection.</li> </ul>	

## 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.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
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
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice demonstrated that 99% of records for newly registered patients were summarised.</li> <li>The sample of referral letters reviewed by the CQC GP advisor showed them to be comprehensively completed and processed in a timely manner. There was a system in place to follow up patients referred under the two week wait suspected cancer protocol.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA)</small>	0.90	0.83	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	8.4%	8.7%	8.7%	No statistical variation

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
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>We found two travel vaccines that had past their expiry date five days before inspection. The practice assured us that a vaccine stock check was carried out every Thursday and that the vaccines were in date during the last stock check on 31 January 2019. The practice assured that vaccines were in date when administered by operating a procedure of nurses checking the date on the vaccine before administration to the patient. The two vaccines we found over expiry date were removed immediately during the inspection.</li> <li>We found one pack of urine testing strips that was out of date at the main surgery.</li> </ul>	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> <li>There was no record of checking the medical oxygen cylinder at the branch surgery to see whether it worked. However, there was a back-up oxygen cylinder held at the branch surgery. There records of checking the defibrillator at both main and branch surgery. Checks of the oxygen cylinder at the main surgery were recorded.</li> <li>The practice had changed the prescribing of anti-coagulant medicines for some patients, when appropriate, from a higher to lower risk medicine. The lower risk medicines called direct oral anti-coagulants (DOACs) continued to require annual monitoring. The monitoring undertaken did not follow the local monitoring guidelines. Patients taking these medicines were at risk because a lower level of monitoring was undertaken which did not follow local guidance.</li> </ul>	

### 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.	Yes
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: The practice had a system to identify and record significant events. However, the recording of learning could be improved to enable staff who did not attend meetings when significant events were discussed to gain a clear understanding of the learning and reduce the chance of a similar event happening again in the future.	

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

Event	Specific action taken
Prescribing error of a high risk medicine.	System to follow up on changes in medication changes made by hospital reviewed and improved. Patient received appropriate tests to identify if they had come to harm from medication error.
Issues when dealing with a difficult patient.	Contract agreed with patient and staff briefed on how to deal with difficult patients.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place 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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.84	0.59	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice identified older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice undertook social prescribing to support older patients who were assessed as requiring non-medical support in the community to improve their health and wellbeing.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> </ul>

- Health checks were offered to patients over 75 years of age.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice had commenced offering group consultations for patients with long term conditions. We were shown two recordings, with patient consent, where patients who attended the group consultations. The patients referred to gaining a better understanding of their conditions and gaining benefit from speaking with other patients with similar conditions. The practice had been asked to share the experience of holding the group consultations with other practices in the area,

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.5%	77.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.9% (50)	12.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	73.1%	78.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	11.2% (57)	8.6%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.8%	78.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.6% (74)	12.2%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	67.6%	75.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.2% (16)	5.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.1%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	12.7% (19)	9.9%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.4%	82.0%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.9% (59)	3.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.7%	93.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	6.5% (11)	6.9%	6.7%	N/A

## Families, children and young people

Population group rating: Good

### Findings

- Childhood immunisation uptake rates were better than the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access a range of services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	164	173	94.8%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	196	206	95.1%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	198	206	96.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	197	206	95.6%	Met 95% WHO based target (significant variation positive)

### Working age people (including those recently retired and students)

Population group rating: Good

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified	75.5%	71.9%	71.7%	No statistical variation

period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.5%	72.1%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	64.4%	57.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	78.4%	73.9%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	54.3%	54.1%	51.9%	No statistical variation

#### Any additional evidence or comments

- The practice performance in achieving QOF indicators for care of patients with long term conditions was overseen by senior admin staff. The practice used a computer programme to follow up patients that failed to respond to their first invitation for monitoring of their long term condition.
- The uptake rates for cancer screening were above national and local averages. However, the practice had systems in place to follow up those who did not attend for screening and monitored the response to the follow up contacts. These systems had not resulted in achievement of the national target of 80% uptake of cervical screening.

#### People whose circumstances make them vulnerable

Population group rating: **Good**

#### Findings

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

#### People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.2%	92.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	14.5% (9)	12.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.7%	91.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	11.3% (7)	10.3%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	72.0%	84.4%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (5)	6.0%	6.6%	N/A

### 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.**

Indicator	Practice	CCG	England
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		average	average
Overall QOF score (out of maximum 559)	544.7	541.8	537.5
Overall QOF exception reporting (all domains)	4.9%	5.1%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

<p>We saw nine audits had been carried out in the last two years. Two of the audits had been through two cycles where the actions from the first audit were reviewed to assess whether they had been effective.</p> <ul style="list-style-type: none"> <li>• One of the two cycle audits reviewed the use of long term antibiotics by female patients with urinary tract infections aged over 16. The first audit identified 20 female patients in this group. All were contacted and given advice on either stopping or reducing the dose of antibiotics to meet prescribing guidelines and reduce the risk of developing resistance to antibiotics. The second audit confirmed that 11 of the 20 patients had ceased taking the long term antibiotics and three more had reduced the dosage. This showed progress to meeting prescribing guidance.</li> <li>• A one week audit of first appointments with a physiotherapist was carried out. Clear criteria was provided to guide receptionists booking patients directly to the physiotherapist. A total of 28 patients were in the first group to receive direct referral. When reviewed it was found that 20 were referred appropriately thus making 20 more appointments with GPs available in one week. The 20 patients received the most appropriate treatment for their condition in one appointment rather than having to see their GP first before the physiotherapist.</li> </ul>
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#### Any additional evidence or comments

The practice had undertaken research and assessment of the provision of an acute care team approach to on the day appointments before launching an acute care team at the practice. The work of the acute care service was planned for an audit in 2019 having commenced in 2018.

#### 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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
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
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	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

### Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We found the practice worked closely with other healthcare professionals. A number of professionals from other teams visited the practice to coordinate care for patients. These included specialist nurses working with patients with diabetes and members of the community mental health teams. Information needed to coordinate care was clearly documented in patient records.</p>	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	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, tackling obesity.	Yes
Explanation of any answers and additional evidence: Social prescribing was undertaken for patients who may benefit from increasing their physical activity.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.6%	94.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.6% (15)	0.7%	0.8%	N/A

## 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
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: Staff we met had a clear understanding of the legal requirements relating to consent.	

# Caring

Rating: Good

## Kindness, respect and compassion

Staff treated/ did not treat patients with kindness, respect and compassion.  
Feedback from patients was positive/ negative about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: The practice demonstrated that patients were given timely and compassionate information about their care and referred to other agencies when additional support was identified as needed.	

CQC comments cards	
Total comments cards received.	33
Number of CQC comments received which were positive about the service.	30
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patient interviews	The five patients we spoke with told us staff were caring and helpful.
Comment cards	Patients who completed comment cards referred to staff being friendly and professional.

## National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
12,223	258	113	43.8%	0.92%

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 (01/01/2018 to 31/03/2018)	92.8%	90.0%	89.0%	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 (01/01/2018 to 31/03/2018)	85.7%	87.3%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.4%	95.6%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	81.4%	83.9%	83.8%	No statistical variation

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

Any additional evidence
The practice sought feedback from patients who attended group consultations.

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: There was evidence of referral to the community reablement team and care navigators when patients needed additional help and advice to remain living in a community setting.	

Source	Feedback
Interviews with patients.	The five patients we spoke with told us they had sufficient time with clinical staff to discuss their symptoms and concerns. Clinical staff gave them advice about treatment that they understood and they felt involved in decisions about their care and treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	93.9%	94.6%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	There were 229 patients on the practice carers register. This equated to 1.9% of the registered patient population.
How the practice supported carers.	The practice signposted carers to appropriate and relevant community services and advice agencies. When appropriate the support of community navigators and the reablement team were offered. Carers were offered annual health checks and seasonal flu immunisations.
How the practice supported recently bereaved patients.	A home visit, telephone call or appointment were offered to bereaved patients as appropriate to their needs and circumstances.

## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
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 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
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had changed the way appointments were offered during 2018. The on the day acute team clinics were introduced to provide a wider range of appointments and prompt access. The book in advance appointments were set up for a phased release with appointments being released every day.</li> <li>The practice also had recruited clinical pharmacists and paramedics to provide more appointments and had physiotherapy appointments available for patients that met a criteria for direct access without seeing a GP first.</li> <li>The layout of the practice enabled access for wheelchair users and others with physical disabilities.</li> </ul>	

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	8am to 12.20pm and 2.30pm to 5.50pm
Tuesday	8am to 12.20pm and 2.30pm to 5.50pm
Wednesday	8am to 12.20pm and 2.30pm to 5.50pm
Thursday	8am to 12.20pm and 2.30pm to 5.50pm
Friday	8am to 12.20pm and 2.30pm to 5.50pm
Enhanced hours were offered every Wednesday	The practice also offered nine Saturday morning

evening between 6.30pm to 8pm. One appointment every week available to book on the day.	clinics each year. Further appointments could be accessed from the local extended hours service that held clinics every Saturday and Sunday morning.
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12,223	258	113	43.8%	0.92%
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Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	91.2%	94.3%	94.8%	No statistical variation

## Older people

## Population group rating: Good

### Findings

- All 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.
- Fortnightly case conferences were held to review the care of older patients with complex needs.
- The practice worked closely with a community navigator to support older people in need of accessing additional support in the community or obtain aids and adaptations to assist them with daily living.

## People with long-term conditions

## Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment whenever this was possible.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area. Appointments were available at the practice on nine Saturday mornings each year.

## **People whose circumstances make them vulnerable**

**Population group rating: Good**

### **Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## **People experiencing poor mental health (including people with dementia)**

**Population group rating: Good**

### **Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

- There were joint appointments with mental health specialists available for those patients with complex needs.
- The practice hosted a clinic of a mental health practitioner to enable patients with complex mental health needs to be seen at the practice instead of travelling to a clinic they were not familiar with.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>GPs reviewed the requests for home visits and allocated them to the most appropriate member of staff to undertake. For example, urgent home visits were undertaken by paramedics whilst visits to patients with long term conditions were often carried out by the GP that knew the patient.</li> </ul>	

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 (01/01/2018 to 31/03/2018)	61.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	62.2%	68.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	55.4%	65.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.3%	74.7%	74.4%	No statistical variation

### Any additional evidence or comments

<p>The practice was aware of their below average feedback on accessing appointments.</p> <ul style="list-style-type: none"> <li>Staffing structures had been rearranged to designate staff to deal with administrative tasks thus freeing up receptionist time to focus on answering incoming telephone calls more promptly.</li> <li>The appointment system was kept under review and appointment usage monitored. The practice</li> </ul>
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reviewed results of their appointment review and established the acute care team led by a GP. The team offered on the day access to appointments every weekday morning.

- A second clinical pharmacist had been appointed to offer medicine reviews and consultations appropriate to their expertise and skills. More appointments were offered than were available at the time of the patient survey.
- The practice planned, with their patient participation group, to undertake a survey of patients attending the acute team clinics.
- It was too early to evaluate whether the changes made in the appointment structure would result in improved patient feedback.

Source	Feedback
For example, NHS Choices	A total of nine patients had left reviews on the NHS choices website. The feedback was mixed with five patients providing very positive reviews of four or five stars out of five. We noted that the reviews of the service had improved in the last six months with no negative feedback since July 2018. We noted that the practice responded to comments posted on NHS choices.
Patient comment cards	Patients who completed comment cards were generally positive about accessing services at the practice. There were three patients however, that either reported a problem accessing an appointment for a child or seeing their GP of choice.
Patient interviews	Patients we spoke with told us they could access on the day appointments easily but booking an appointment in advance to see their preferred GP could be a problem.

## 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.	27
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
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 sample of complaints reviewed showed the practice investigated the concerns raised and responded to the complainant in a timely manner.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Concern about a consultation with a trainee GP.	The GP trainer held a coaching session with the trainee focused on improved consultation techniques.
Patient had attended for an appointment which was incorrectly booked.	Staff reminded to book with appropriate clinician and ensure patients were given correct date and time for their appointments.

## Well-led

## Rating: Requires improvement

### 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: The practice recognised the challenges in providing services to a growing population and had enhanced the range of skills and expertise within the clinical team. This had been achieved with appointment of paramedics and pharmacists.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
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: There were examples of leaders amending provision of services to meet the practice vision of providing the best possible care to patients. These included developing the acute care team to assist in meeting appointment demand and providing group consultations for patients with long term conditions to help them to better understand their condition and share experiences with other patients in a similar situation.	

## 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
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: Staff we spoke with told us they felt well supported to undertake their role. Staff also said they would not hesitate to raise any concerns about poor performance or practice that did not meet the practice values.	

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

Source	Feedback
Staff interviews	Staff we spoke with had a clear understanding of their roles and responsibilities. They told us leaders listened and supported them to carry out their jobs.

## 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

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	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.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had failed to identify that recruitment checks had not been completed in all cases. There was a risk that staff credentials and experience had not been checked in full.</li> <li>The checking of emergency equipment was not consistent. All equipment at the main practice was checked and the checks recorded. However, there was no record of checking the medical oxygen at the branch practice in Winnersh.</li> <li>We found urine testing strips that were out of date. Systems to check medicines and consumables had not identified this.</li> <li>Although we found that vaccine fridge temperatures had been kept within the acceptable temperature range from a secondary recording system the staff that completed the initial temperature check had not always followed the practice protocol. When the first temperature check had been recorded as above acceptable range they had not sought to make the secondary check immediately.</li> <li>Monitoring of patients prescribed direct oral anticoagulant (DOAC) medicines did not follow local guidelines.</li> </ul>	

## 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 adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

Data was used when making changes to the appointment system.  
The effectiveness of carrying out physical health checks for patients diagnosed with a learning difficulty was also reviewed and services adjusted to reflect findings.

### 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
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: <ul style="list-style-type: none"> <li>The practice had piloted the introduction of the paramedic home visiting service for the locality by working with the CCG and local GP federation. The scheme was turned from a pilot into a long term provision after evaluation.</li> <li>The practice had identified the need to revitalise the formal means of seeking patient views and had invited patients to join a patient participation group. The group had reformed in 2017 and gave us examples of how they were involved in shaping services provided at the practice.</li> </ul>	

Feedback from Patient Participation Group.

Feedback
We met with two members of a recently reformed patient participation group (PPG). They told us about a project they had worked with the practice to improve turnaround of requests for repeat prescriptions. This had resulted in a more streamlined system where staff were allocated clear responsibilities to collect the prescription requests and process them in a timely manner. The views of the PPG members were taken into consideration when initiating the change in system.

### Continuous improvement and innovation

**There was evidence of 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: <ul style="list-style-type: none"> <li>The practice had a programme of meetings and briefings that enabled staff to be kept up to date with learning from complaints and significant events. However, the recording of this learning did not always carry sufficient detail to enable staff that did not attend to gather the learning in detail.</li> </ul>	

### Examples of continuous learning and improvement

- All staff had learning and improvement plans in place.
- Nursing staff were supported in attending relevant courses to maintain and enhance their knowledge and skills. For example, one of the nurses had two study days booked in March 2019 to update their knowledge of respiratory medicine.
- The practice had firm plans to expand the range of group consultations. For example, by offering group consultations for patients with long term widespread pain (fibromyalgia).
- Review allocation of appropriate appointments with the acute care team that offer on the day appointments every weekday.

## 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.
- 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.

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>

### Glossary of terms used in the data.

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