Care Quality Commission

Inspection Evidence Table

Northumberland House Surgery (1-572061135)

Inspection date: 16 January 2019

Date of data download: 04 December 2018

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
Policies were in place 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.	Partial
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
Systems were in place 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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence: On the day of the inspection we were shown policies and procedures on the practice's shared drive. Two members of clinical staff had difficulties in locating policies and documents. We were later shown these on the shared drive. The lead GP and practice manager said that they would deliver refresher training to all staff regarding the location of policies, procedures and key documents on the share drive.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who required medical indemnity insurance had it in place.	Yes
Explanation of any answers and additional evidence:	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: August 2018	Yes
There was a record of equipment calibration. Date of last calibration: August 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: October 2018	Yes
There was a log of fire drills. Date of last drill: One annually – didn't have one 2018 as real evacuation 8 March 2018	Yes
There was a record of fire alarm checks. Date of last check: 10 January 2019	Yes
There was a record of fire training for staff. Date of last training: October 2018	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: March 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had nominated fire marshals for each floor. The latest fire risk assessment recommended an extra evacuation chair. This has now been purchased by the practice.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: March 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: March 2018	Yes
Explanation of any answers and additional evidence: We saw that the practice had carried out a Legionella Risk Assessment in November 2018. The showers at the practice were flushed weekly.	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: July 2018	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: The practice carried out its own infection prevention and control (IPC) audits annually. The infection control lead at the CCG also visited the practice and carried out an IPC audit. The latest infection control audit carried out by the CCG identified that there were some rooms where aprons were not easily accessible. This has since been rectified by the practice.	

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 in place 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

Explanation of any answers and additional evidence:

All clinicians at the practice had completed sepsis training. The non-clinical staff at the practice had not completed sepsis training. All staff we spoke with during the inspection could describe situations of how they had dealt with patients with deteriorating health and escalated them to the GPs. The practice had identified a training session for non-clinical staff about sepsis awareness and the practice manager planned to arrange this following the inspection.

We were shown sepsis alerts on the practice computer system and showed examples of when this had been used effectively.

The practice had a comprehensive business continuity plan. They did not keep a copy off site but told us they would do so following the inspection. The contact list was kept off site. During the inspection the practice could demonstrate what they would do in an emergency and described an emergency evacuation of the building due to flooding in 2018 which proceeded smoothly and without incident.

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
Explanation of any answers and additional evidence:	

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) NHS Business Service Authority - NHSBSA)	1.03	1.04	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) (NHSBSA)	8.6%	8.0%	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 in place 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 in place 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.	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 Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance	NA

Medicines management	Y/N/Partial
checks and disposal of these medicines, which were in line with national guidance.	
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 in place 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.	Partial*
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 were in place 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

Explanation of any answers and additional evidence:

The practice carried out weekly checks of emergency medicines both on the emergency trolley and in the doctors' bags. Dates were kept of the weekly checks but we noted that this check was not itemised. The practice told us that they have already changed this process since the inspection.

The practice had an appropriate stock of emergency medicines to cover situations they might be likely to encounter, given the range of services they provided.

The medicines and gases we looked at were within their expiry dates.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong and had a system to learn and make 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:	8
Number of events that required action:	8
Explanation of any answers and additional evidence: The practice manager had introduced a new form to the practice for recording significant events. This was very comprehensive and we saw examples where the form had been used.	

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

Event	Specific action taken
Cervical Screening Test	A cervical screening test was returned as inadequate and needed to be repeated after three months. The patient attended the practice before three months had passed. The receptionist booking the test and the nurse carrying it out had not seen the alert regarding the date for the repeat test. This led to the specimen being rejected by the laboratory, because it was taken too early. The significant event was discussed at the practice meeting. A reminder was sent out to all staff to ensure that alerts on patient records should be read.
Cremation	One of the GPs received a call from the undertaker to inform the practice that there had been an explosion during the patient's cremation. The patient had a medical device inserted in their body which should have been removed prior to cremation. The significant event was discussed at the practice meeting. It was agreed that all implants and battery devices should be recorded on the patient's summary screen to prevent this situation happening again.

Incorrect patient booking	There had been an error booking a patient in as the father and son had the same name. The receptionist booking the patient had not checked the date of birth. The significant event was discussed at the practice meeting. A reminder was sent to all reception staff to ensure names and date of births were checked for every patient.

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

Explanation of any answers and additional evidence:

All medicines alerts were dealt with by the practice pharmacist. They read the alert and decided on the action required. We saw evidence of action taken following alerts received in the practice.

All equipment alerts were received by the practice manager and forwarded to one of the nurse practitioners for action.

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
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
Explanation of any answers and additional evidence:	

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) (NHSBSA)	0.91	0.63	0.81	No statistical variation

Older people Population group rating: Good

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.
- One of the nurse practitioners at the practice was previously employed as a district nurse. They worked closely with the GPs to review all their frail and dementia patients to ensure all the appropriate care plans were in place. The nurse practitioner also undertook the reviews for the increasing number of multi-morbidity patients offering a joint clinic with the practice pharmacist so that patients could have an holistic review.
- 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.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice administered flu vaccines for elderly patients. In the last year 3050 patients out of the 4953 patients eligible had received their flu vaccine.

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.
- All patients with long-term conditions had an allocated GP lead, supported by a specialist trained practice nurse and nurse practitioner.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Patients were invited in for their reviews through a call and recall system based upon their month of birth. Invites were sent by text, letter and email depending on what the patient preferred.
- 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 (AF) were assessed for stroke risk and treated appropriately.
- Exception reporting was higher than average in patients with AF and whether they had been anti-coagulated (treated with blood thinners). We noted that the practice did not audit all of their exception reporting. The lead GP acknowledged that as a practice their exception reporting for AF was higher than previously. The CCG have encouraged the practice to increase the number of patients who have a CHA2DS2-VASc score above two (patients at risk of having a stroke) who are assessed as being suitable for anticoagulation from the QOF target of 70% to 98%. As a result, they have now included many frail elderly patients who previously would not have been assessed but are now being exception reported.
- The practice intends to review this domain again this year with an attempt to reduce the exception reporting numbers and plan to start more appropriate patients on DOACs (direct oral anti-coagulants) to reduce stroke risk.
- Performance for patients with Diabetes and having regular cholesterol checks was lower than average. The practice was aware of this and planned to review this domain again this year. Our inspection team was satisfied that patients with diabetes were getting appropriate care and treatment.

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) (QOF)	78.0%	83.6%	78.8%	No statistical variation
Exception rate (number of exceptions).	12.1% (95)	10.9%	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) (QOF)	65.9%	79.3%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.2% (64)	8.2%	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) (QOF)	67.5%	82.4%	80.1%	Variation (negative)
Exception rate (number of exceptions).	11.0% (86)	13.7%	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) (QOF)	84.0%	75.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (16)	2.1%	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) (QOF)	83.7%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.2% (23)	7.1%	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) (QOF)	80.9%	86.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.8% (73)	3.4%	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) (QOF)	99.4%	98.5%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	19.4% (41)	13.8%	6.7%	N/A

Any additional evidence or comments

Families, children and young people — Population group rating: Good

Findings
• Childhood immunisation uptake rates were in line with 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 services for sexual health and contraception such as coil fittings and implants.

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)(NHS England)	180	195	92.3%	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) (NHS England)	163	171	95.3%	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) (NHS England)	162	171	94.7%	Met 90% minimum (no variation)
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) (NHS England)	161	171	94.2%	Met 90% minimum (no variation)

Any additional evidence or comments
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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. In the last year 269 health checks had been completed. • Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery. • Anyone requesting a same day appointment was triaged by a nurse practitioner who then either offered phone advice, face to face appointments with them or the duty doctor who had an

appointment slot available.

- Through the extended access service, the practice offered Saturday morning appointments every three weeks and were the host site for the Hub at Wyre Forest offering GP appointments until 8pm Monday to Friday and every third Saturday morning from 8am to 12 noon.

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 period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	77.3%	76.1%	72.1%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	75.3%	79.0%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	58.6%	62.0%	54.6%	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. (PHE)	86.7%	81.0%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	54.7%	51.6%	51.6%	No statistical variation

Any additional evidence or comments

Although the practice were below the 80% national target for cervical screening they were above the local and national averages.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which considered 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. There were 94 patients on the register at the

time of our inspection this included 87 adults and seven children. The practice looked after a number of travellers (approximately one percent of the practice list) and where there were literacy issues longer appointments were accommodated.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. The practice worked closely with the Swanswell Charity who ran clinics within the practice to provide easy access for patients requiring drug and alcohol abuse support. Two of the GPs at the practice were the leads for this service and met regularly with the Swanswell worker allocated to the practice.
- The practice reviewed young patients at local residential homes.
- The practice had a palliative care register containing 59 patients at the time of our inspection.

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 medicines.
- 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.
- All staff had received dementia training in the last 12 months.
- The practice offered appointments with the Mental Health gateway worker for a local community mental health unit) who attended the practice on a weekly basis to see patients.
- The practice worked closely with two of the local learning disability units. The practice did the learning disability health checks and operated a recall system to invite patients back on an annual basis.

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)	97.4%	93.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.2% (14)	8.8%	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)	94.0%	94.5%	90.0%	No statistical variation
Exception rate (number of exceptions).	9.8% (9)	6.8%	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)	86.3%	87.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.4% (5)	5.3%	6.6%	N/A

Any additional evidence or comments

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 average	England average
Overall QOF score (out of maximum 559)	548.62	-	537.5
Overall QOF exception reporting (all domains)	5.0%	4.5%	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

The practice submitted three audits. All the audits showed improved care for patients and they had all been re-audited. Below are a couple of examples.
Carbocisteine Prescribing: appropriate doses and monitoring of benefit This medicine is used to help respiratory tract problems. The aim of this audit was to see if patients were being initiated appropriately and were being reviewed and having their dose reduced after the first month. The re-audit showed that the practice had a substantial improvement in prescribing practice in relation to Carbocisteine.
Splenectomy audit A computer search was undertaken to identify patients who had a splenectomy. A review of their medical notes was done to identify the date of the pneumococcal vaccination, dates of booster injections, prescriptions and consultations. There was a re-audit which showed improvement of 94% uptake of the pneumococcal vaccination and boosters compared with 53% in the initial audit.

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. This 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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	

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
Explanation of any answers and additional evidence:	

During the inspection we saw minutes of palliative care meetings. Notes were updated as appropriate on the Black Pear information sharing system. The practice had a good relationship with the local hospice.

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: The practice referred patients to a local service called "Living well service" to improve health and wellbeing for patients.	

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) (QOF)	94.8%	96.2%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (25)	0.6%	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:	

Caring Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	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:	

CQC comments cards	
Total comments cards received.	28
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Patients	During the inspection we saw letters and cards sent to the practice from patients. The letters and cards commented on the care delivered by the doctors and nurses. Patients also commented on the reception staff at the practice being helpful.
Conversations with staff	The staff we spoke with during the inspection commented on the caring nature of the GPs and Practice Manager at the practice. They commented that the current practice manager encouraged training and developing at the practice significantly.
Conversations with Care Home Managers	The practice looked after patients at six care homes including homes for patients with learning disabilities. We spoke with care home managers and they spoke highly about the care their residents received by the GPs. They felt the GPs were approachable and friendly. They were pleased that aside from the care rounds provided by the GPs they were always able to access GPs in between.

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
13702	256	103	40.2%	0.75%

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)	98.4%	91.8%	89.0%	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 (01/01/2018 to 31/03/2018)	98.4%	90.7%	87.4%	Significant 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 (01/01/2018 to 31/03/2018)	99.5%	97.7%	95.6%	Variation (positive)
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)	96.0%	87.2%	83.8%	Variation (positive)

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes (back in 2017 and planned another one for 2019)

Any additional evidence
The results of the Friends and Family Test was as follows: May 2018 - 459 responses of which 436 (95%) would recommend the practice. June 2018 – 477 responses of which 458 (96%) would recommend the practice. July 2018 – 413 responses of which 397 (96%) would recommend the practice. August 2018 - 424 responses of which 409(97%) would recommend the practice. September 2018 - 449 responses of which 404 (90%) would recommend the practice. October 2018 - 554 responses of which 524 (95%) would recommend the practice.

Involvement in decisions about care and treatment

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

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

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	100.0%	95.7%	93.5%	Significant Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)				

Any additional evidence or comments
The practice discussed feedback and made changes based on feedback received. Patients had commented about their frustrations with the phone system and prescription ordering system in 2017. Both systems were subsequently changed to address the problems. A new call minder system was implemented and patients have commented that it was working well. The repeat prescription activities within the practice were moved to a dedicated team and there is a prescription order phone line. In the National Patient Survey Results the practice had scored 5th place in the county.

	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
Explanation of any answers and additional evidence: The practice regularly donated to local food banks after a member of staff suggested this at a team meeting.	

Carers	Narrative
Percentage and number of carers identified.	252 patients -2%
How the practice supported carers.	The practice recognised the role of carers and the support they offered with assisting with patients in their own home. To help with this the practice worked closely with Worcestershire Association of Carers where carers could seek help and support in caring for their loved ones. The practice offered flu vaccines to carers.
How the practice supported recently bereaved patients.	Letters were sent to bereaved families and sometimes depending on the situation GPs would visit family members. Bereaved families were also given a helpful leaflet which signposted them to helpful organisations. The leaflet also offered practical help to families during a difficult time.

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
Explanation of any answers and additional evidence:	

During the inspection we saw some positive feedback from medical students who had placements at the practice thanking the staff for their support and help.

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
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	**Time**
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 8pm
Wednesday	8am to 8pm
Thursday	8am to 8pm
Friday	8am to 8pm
Saturday (every third Saturday)	8am to 12noon
	Northumberland House Surgery is the hub site for Wyre Forest and is therefore open from 8am to 8pm weekdays.
Appointments available:	
Monday	8.10am to 6pm and 6.30pm – 7.40pm
Tuesday	8.10am to 6pm and 6.30pm – 7.40pm
Wednesday	8.10am to 6pm and 6.30pm – 7.40pm
Thursday	8.10am to 6pm and 6.30pm – 7.40pm
Friday	8.10am to 6pm and 6.30pm – 7.40pm
Saturday (every third Saturday)	8am – 12noon

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13702	256	103	40.2%	0.75%

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)	98.1%	96.9%	94.8%	No statistical variation

Any additional evidence or comments

Older people — Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice looked after patients at six care homes and carried out weekly visits for these patients.
- The pharmacist reviewed nursing home patients regarding polypharmacy and need for bloods.
- 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.
- GPs at the practice worked on the Wyre Forest Ward at the nearby community hospital. This was a step-down unit for patients following acute care stays.

People with long-term conditions — Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- 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.
- The practice pharmacist attended the long-term condition combined clinics to review medicines, particularly looking at polypharmacy.

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. • The practice had walk in clinics such as baby clinic on a Monday and Wednesday lunchtime and a walk-in family planning clinic on a Wednesday early evening.

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 Monday to Friday as part of the extended hours hub system. Appointments were also available every third Saturday.

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. The patients on the register had an alert on their system as they required additional support. The practice had many travellers on the practice list and there were sometimes literacy issues. Longer appointments were offered as needed. • 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. The practice had a learning disabilities register. There were 78 patients on the register at the time of our inspection of whom 57 had their annual review.

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 had a dementia register. At the time of our inspection there were 69 patients on the dementia register of whom 46 had their annual review. • The practice was aware of support groups within the area and signposted their patients to these accordingly. • The practice encouraged self-referral to the Worcestershire wellbeing hub and/or Swanswell alcohol and drug services when appropriate.

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: The practice offered patients direct access to an advanced physiotherapist who held surgeries three times a week. This service is part of a pilot in the Wyre Forest funded by the CCG.	

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)	91.6%	76.0%	70.3%	N/A
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)	86.8%	75.7%	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)	79.0%	72.9%	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)	88.7%	81.3%	74.4%	No statistical variation

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care

Complaints	
Number of complaints received in the last year.	7
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	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:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Delay in treatment	The patient complained as they felt there had been a delay in them obtaining a test. One of the GPs sent a letter to the patient explaining why they wanted a specialist to see the patient as they were an expert in keyhole surgery. A very thorough letter was sent back to the patient explaining the sequence of events. NHS England reviewed the complaint and were happy with the explanations provided by the practice to the patient. This complaint was discussed at the practice meeting and one of the learning points was the importance of continuity. For this patient it was important to have a named GP due to the complex medical history.
Delay in referral	The patient was concerned about the length of time for a referral to an eye specialist. A full review of the records took place and a discussion at the practice meeting. All pathways were followed in this complaint.

Breastfeeding	A patient was unhappy about comments made about breastfeeding in baby clinic. All records were reviewed and the practice apologised to the patient. The latest guidance was shared with all clinicians following this.

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 in place, including a succession plan.	

Explanation of any answers and additional evidence:

The practice had weekly meetings with all the GPs and the practice manager.

Every four to six weeks the practice had clinical meetings with GPs, nurse practitioners, pharmacists, practice nurses and the practice manager.

The practice held quarterly business meetings with the GPs and practice manager.

A reception meeting took place every six to eight weeks.

The nursing team and practice manager met every six to eight weeks.

Palliative care meetings took place monthly with GPs, district nurses, Macmillan nurses and receptionists.

Safeguarding meetings took place every two months with GPs, health visitors, social workers and school nurses.

Neighbourhood MDT meetings took place once per month with a GP from Northumberland house always attending.

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 in place 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:

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:

The practice retained its staff. Some of the GPs at the practice had previously been registrars there. Some members of staff we spoke with during the inspection had worked at the practice for almost 30 years.

The reception manager had been put forward for a leadership course which included modules such as conflict resolution and dealing with staffing issues. They told us how supportive the practice had been whilst they undertook this course.

The practice manager was a mentor to other practice managers in South Worcestershire. They told us how the practice supportive the practice had been and encouraged this role.

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

Source	Feedback
Conversations with staff at the practice	We spoke with members of staff during the inspection and they were proud to work at the practice. They spoke about a supportive environment with an open-door policy. There had been a change in practice management in the last 18 months and everyone we spoke with felt the transition had gone smoothly. The practice pharmacist felt well supported and talked about an inclusive environment.

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 in place 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: Some of the GPs were unable to access documents on the day of the inspection such as the palliative care register and the safeguarding policies. The lead GP and practice manager were going to remind all members of the team how to access these key documents following the inspection.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Yes
There were processes in place 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.	Yes
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
Explanation of any answers and additional evidence:	

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
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

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:	

Feedback from Patient Participation Group.

Feedback
We contacted members of the PPG who spoke very highly of the practice. The practice shared survey results and comment cards with the PPG members and gave them the opportunity to comment. The PPG felt valued by the practice.

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: One of the receptionists had undergone training to be reception manager. One of the administration team required some extra IT training and this was supported by the practice.	

Examples of continuous learning and improvement
One of the nurses had undertaken diabetes training to develop further in the practice and to be more involved with long-term condition management clinics.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation 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.

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.