

# Care Quality Commission

## Inspection Evidence Table

### St Ann's Road Surgery (1-3054545928)

Inspection date: 23 November 2022

Date of data download: 14 November 2022

**Well-led**

**Rating: Not rated**

#### Leadership capacity and capability

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>We were informed there is a regional board meeting every six weeks, leaders look at clinical effectiveness, compliance, safety, they have a dashboard and work towards improvements, access, staffing/ workforce, where they had gaps. For example, leaders explained there were challenges with staff recruitment but were in the process of recruiting more staff.</li><li>Staff fed back that leaders were visible, approachable and supportive.</li></ul>	

## Vision and strategy

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

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:  Since April 2022 the practice had introduced using a duty doctor system. As a result all appointments offered were book on the day, this system was used in addition to a in house developed mobile app for patients, where patients could book appointments request prescriptions, request letters, fit notes, ask for advice, request to see specific GPs. This app had been used by the practice since January 2020 and just over half of the practice population had accessed it.  The managers had a dash board where they could monitor all incoming calls, in terms of when the practice got really busy, so they could allocate more staff to answer phones during busier periods, they could monitor how long it took for staff to answer the phone, dropped calls.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice explained they had regular staff meetings.</li><li>• They practice used a messaging system, so they could communicate with each other quickly, efficiently and on a regular basis.</li></ul>	

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

Source	Feedback
Staff	<p>We spoke with a range of staff including staff that had worked at the practice for several years to staff that had recently joined. All staff we spoke with, feedback that they enjoyed working at the practice, they said the team was friendly and they felt supported.</p> <p>Managers we spoke with felt supported by senior leaders. They explained they were visible, approachable and were always available to contact if the team had any concerns.</p> <p>Other staff members feedback they had been at the practice for several years and they enjoyed the friendly atmosphere and how staff members supported each other.</p>

#### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice showed us they had a range of tools they used to support good governance.</li> <li>All staff spoken with were clear about roles and responsibilities.</li> <li>The practice had a shared drive where all staff could access polices, the practice used a messaging system for fast and efficient communication.</li> <li>Staff we spoke with told us all appointments needed to be decided on by the duty doctor, or AHP, they reception staff would then call patients back informing them of which clinician they would be booked in to see.</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 monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The practice had a call-centre, which the practice told us they were in the process of developing and expanding. The current process in place was incoming telephone calls for patient appointment requests were recorded by reception staff, on paper and then discussed with the duty doctor or physician associate (AHP) to determine what clinician was most appropriate.</li><li>• The practice informed us they used a training management system to ensure that staff were completing role specific training. The practice also showed us a training matrix and all staff were up to date with role specific training. The interim assistant Practice manager had oversight for staff training and would send staff an email to remind them if staff training was due.</li><li>• We saw new starters had an induction and undertook a range of mandatory training. A staff member we spoke with was unable to recall any learning from their recently completed sepsis awareness training.</li></ul>	

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

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

## Glossary of terms used in the data.

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