

# Care Quality Commission

## Inspection Evidence Table

### Beacon Medical Practice (1-591810663)

Inspection date: 18 July 2018

Date of data download: 03 August 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Appropriate and safe use of medicines

Medicines Management	Y/N
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Patient group directions had all been appropriately signed. Blank prescription pads were kept under secure conditions. Prescribers were required to sign out and hand back in blank prescriptions at the beginning and end of clinical sessions. There were clear and effective systems in place to monitor the temperature of fridges used to store medicines and systems to act on any temperature readings out of normal acceptable range.	

Dispensing practices only	Y/N
The practice had clear Standard Operating Procedures for their dispensary staff to follow.	Yes
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Yes
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Yes
Revised standard operating procedures were evidenced that had been signed by all	

<p>dispensary staff.</p> <p>There was an effective system to ensure that all requests for repeat prescriptions were checked by a GP before being dispensed.</p> <p>Six monthly audits of medicines stock to ensure that it was retained in its original packaging. First audit completed in June 2018 with no errors found.</p>	
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### Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes

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

Event	Specific action taken
Record incorrectly scanned to wrong patient	Data Quality team to ensure patient identifiers are checked every time any letter is dealt with Double check three patient identifiers when scanning.
Blood taking errors	Audit HCA activity. Discussed at practice meeting.
Urine test results added to wrong record.	Double checking names and labels on samples

## Effective

Any additional evidence
<p>At our previous inspection the practice could not evidence any protocol or audit of the clinical need and effectiveness of obstetric ultra-sound scanning. The procedure has stopped at the practice and the equipment removed from the premises.</p> <p>We were provided with evidence of a number of clinical audits, both completed and ongoing intended to monitor and improve patient outcomes.</p>

## Caring

Carers	Narrative
How the practice supports recently	The practice sent a letter of condolence to next of kin and included a copy of its guide on bereavement.

bereaved patients	The practice had developed and introduced a comprehensive guide to assist people in times of bereavement. We found the guide to be well conceived, clearly written and easy to follow and understand. The booklet contained a wealth of information on subjects such as registering a death, coroners, the 'Tell Us Once Service', funeral arrangements and emotional factors.
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## Privacy and dignity

	Narrative
Arrangements to ensure confidentiality at the reception desk	The practice had acted on comments received at the previous inspection and had re-enforced the message about patient confidentiality at the reception meeting on 12 April 2018 and had delivered further training on data security and awareness.

Question	Y/N
A private area was available if patients were distressed or wanted to discuss sensitive issues.	Yes

## Responsive

### Timely access to the service

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
22,171	235	117	49.79%	0.53%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours (01/01/2017 to 31/03/2017)	61.0%	76.3%	80.0%	Variation (negative)
The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' (01/01/2017 to 31/03/2017)	22.3%	57.7%	70.9%	Variation (negative)
The percentage of respondents to the GP	54.8%	70.7%	75.5%	Variation

patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)				(negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	39.3%	65.6%	72.7%	Variation (negative)

**Any additional evidence or comments**

The practice had carried out its own survey of patients over a one week period in June 2018. There were 281 respondents, which was 1.27% of the practice population.

51% of respondents were satisfied with the surgery opening hours (previously 59%)

30% of respondents found it easy to get through on the phone (previously 22%)

66% of respondents said the last appointment they got was convenient (previously 64%)

33% of respondents described their overall experience as good (previously 39%)

38% of respondents were satisfied with the new appointments system. 41% were not satisfied. 20% had not used the new system.

The survey was carried out shortly after the introduction of the sit and wait consultation system. The survey will be repeated once sit and wait is fully embedded to assess patient satisfaction.

**Any additional evidence**

The cessation of obstetric ultra-sound scanning had freed appointment time for routine core services. The introduction of the sit and wait service had resulted in a 57% decrease in did not attend GP appointments and an increase in appointment availability from 43 to 54 per 1,000 patients per week.

**Listening and learning from complaints received**

**Complaints comments:**

We found that the practice had acted to ensure that any learning from complaints was cascaded to staff through meetings and access to the practice intranet.

# Well-led

## Vision and strategy

### Practice Vision and values

The practice had taken the views of patients into consideration and had reviewed the access to appointments by introducing a sit and wait system.  
The system was under constant monitoring to measure the impact on patients.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice had reviewed its whistle blowing policy and ensured it was easily accessible to all members of staff.

## Governance arrangements

### Any additional evidence

The partners had taken positive action and stopped uncommissioned services at the practice.

## Appropriate and accurate information

### Any additional evidence

A program of clinical audit enabled the practice to measure and improve on clinical effectiveness

### DO NOT DELETE THE NOTES BELOW

#### 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 comparable, 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 comparable 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	Comparable to other practices	$-2 < Z < 2$
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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

**Glossary of terms used in the data.**

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.

**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. ( [See NHS Choices for more details](#) )