

Care Quality Commission

Inspection Evidence Table

Marple Bridge Surgery (1-555820447)

Inspection date: **11 September 2018**

Date of data download: 11 September 2018

Well-led

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	<p>The practice had consolidated its suite of policies governing practice activity. The practice manager had recorded all policies on a spreadsheet to provide an overview of when policy reviews were required. All policies were reviewed to ensure they were current, reflecting legislation and best practice. Each policy was reviewed in a timely manner.</p> <p>We examined some of the updated policies and confirmed that these had been reviewed and updated. The new practice recruitment policies reflected the requirements of Schedule 3 of the Health and Social Care Act and recognised the different requirements of clinical and non-clinical staff.</p>
Other examples	<p>At the previous inspection in March 2018, there was no clear management of staff training. The practice had since introduced a spreadsheet to record all staff training and when refresher training was required, this enabled management to be sure that staff had received appropriate training in a timely manner.</p> <p>At the inspection in March 2018 we noted that patient group directives (PGDs) had not been signed and authorised appropriately. PGDs allow healthcare professionals to supply and administer specified medicines to pre-defined groups of patients, without a prescription. When we conducted a desk top review of evidence submitted on 11 September 2018 we noted that PGDs had been signed and authorised appropriately.</p> <p>We also noted that the practice had introduced a system to ensure that uncollected prescriptions were reviewed.</p> <p>The practice had introduced a much-improved process for the recording, actioning and monitoring of safety alerts. As they were received, alerts were now recorded electronically and sent to the appropriate member of</p>

staff for investigation and action, any resulting information was recorded and was available for management scrutiny.

Any additional evidence

During the inspection on 27 March 2018 we noted that insufficient staff recruitment information was being collected and retained, for example medical fitness declarations and proof of identities. The practice recruitment policy did not contain enough detail to ensure an effective recruitment process. On the desk top review conducted 11 September 2018 we noted that recruitment processes and policies were much improved and we examined new practice documentation which supported recruitment of both clinical and non-clinical staff.

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 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](#)).