

Care Quality Commission

Inspection Evidence Table

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Inspection date: 10 October 2018

Date of data download: 09 October 2018

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

Safe

Appropriate and safe use of medicines

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.08	0.98	0.95	Comparable with other practices
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). (01/07/2017 to 30/06/2018) (NHSBSA)	7.3%	7.7%	8.7%	Comparable with other practices

Medicines Management	Y/N
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen on site.	Y
The practice had a defibrillator.	Y
Both were checked regularly and this was recorded.	Y
Explanation of any answers: The outcome of the previous CQC inspection had been discussed with staff in detail. IT systems had been amended to ensure that the appropriate monitoring of and clinical review of high	

risk medicines took place prior to prescribing.

Checklists and processes had been put in place to ensure that emergency medicines and consumables were replaced when past their expiry date.

Dispensing practices only	Y/N
The practice had a clear system of monitoring compliance with Standard Operating Procedures.	Y
Prescriptions were signed before medicines were dispensed and handed out to patients.	Y
Any other comments on dispensary services: The outcome of the previous CQC inspection had been discussed with staff in detail and staff had been reminded of standard operating procedures to ensure the safe management of medicines.	

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	Y
There was evidence of learning and dissemination of information	Y
Number of events recorded in last 12 months.	15
Number of events that required action	15 (8 of these were raising awareness of the details of events with staff)

Examples of significant events recorded and actions by the practice;

Event	Specific action taken
Urgent email not seen by on-call doctor	Additional safeguards put in place to ensure on-call doctor provided with urgent information.
Patient received vaccine twice as pharmacist gave vaccination and did not communicate promptly to Practice	Discussed with pharmacy and with NHS England.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Y
Comments on systems in place: A spreadsheet of safety alerts had been implemented since the last inspection and was accessible on the practice's intranet for staff. The spreadsheet provided an overview of individual alerts and actions taken where required.	

Any additional evidence

A spreadsheet of near misses had been implemented since the last inspection and was accessible on the practice's intranet for staff. The spreadsheet provided an overview of near misses and actions taken where required.

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](#)).