

Care Quality Commission

Inspection Evidence Table

Birchington Medical Centre (1-570707811)

Inspection date: 28 November 2018

Date of data download: 24 November 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe

Safety systems and processes

Source	
There was a lead member of staff for safeguarding processes and procedures.	YES
The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way.	NO
Explanation of any 'No' answers: We found the practice had not followed up on a child who had failed to attend primary and secondary care appointments placing them at risk of potential harm. A safeguarding referral had not been considered despite the family disengaging with services. The practice had not coded the failure of the child to attend within the clinical system. They had shared the information with a member of the practice nursing team but they had not followed up with the child and parent/carer. This was contrary to the practice policy.	

Appropriate and safe use of medicines

Medicines Management	Y/N
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
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	YES
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.	NO
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	YES
The practice had arrangements to monitor the stock levels and expiry dates of	YES

emergency medicines/medical gases.	
There was medical oxygen on site.	YES
The practice had a defibrillator.	YES
Both were checked regularly and this was recorded.	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
<p>Explanation of any answers:</p> <ul style="list-style-type: none"> We found the practice had retained patient medicines to be used by the practice for patients they had not been prescribed for. This could place patients at risk as the integrity of the medicines could not be ensured. The medicine was safely disposed of on the day of the inspection. A child receiving high risk medicine was not appropriately monitored to support the continuing prescribing of the medicine. The practice nursing team was found to have prescribed contrary to the medicine prescribing policy and best practice. The medicine management policy failed to differentiate between individual patient treatment needs and did not capture risks. For example, the practice policy stated patients on high risk medicines required three monthly monitoring. However, one of their patients required monthly monitoring. The practice had accepted the clinical responsibility for a child from secondary care where no shared care agreement existed. We found repeat prescriptions had been issued without appropriate authority from a GP to reissue. 	

Track record on safety and lessons learned and improvements made

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	YES
Staff understand how to deal with alerts	PARTIAL
<p>Comments on systems in place:</p> <p>The practice had a system for the recording and acting on alerts, but it was ineffective. Staff understood what was required of them, i.e. to read and action safety alerts. However, we found a medicine alert had not been read and understood and the requirements had not been appropriately actioned to minimise risks to patients. This was the fourth time the alert had been released since January 2015 and the previous failing of the practice had been highlighted in their April 2018 inspection report. The practice submitted an action plan in June 2018 to the Care Quality Commission in response to the April 2018 inspection. In this they stated that patients had been written to, to make an appointment and come in for advice and review. However, we did not see documents to support this on our November 2018 inspection. For example, the inspection team reviewed the letters sent to patients prescribed the medicine. The letters did not invite patients to contact the practice for review and did not convey the urgency or severity of the risks. However, the attached guidance documents explained the risk to the patient.</p>	

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](#)).