

# Care Quality Commission

## Inspection Evidence Table

### Wood Street Health Centre - Dr. Raghav Prasad Dhital (1-542116984)

Inspection date: 08 May 2019

Date of data download: 29 April 2019

**Overall rating: Good**

**Well-led**

**Rating: Good**

At our previous inspection in September 2018 we rated the practice as requires improvement for providing well-led services because: some policies and procedures were not practice specific and did not contain all the necessary information; there was a backlog of patient documents which needed to be scanned on to the system; and patient information was not secure as there were two boxes of unlocked patient records in the reception area which was shared with other practices.

At this focused inspection, we found the provider had taken action to address these issues and we have rated the practice as good for providing well-led services.

#### Governance arrangements

**The governance arrangements were effective.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Explanation of any answers and additional evidence:  Practice policies and procedures had been reviewed and updated. We reviewed a sample of policies, which included the clinical waste policy, the complaints procedure, the significant events policy, the adult safeguarding policy, the child safeguarding policy, the sepsis policy, and the infection control policy. All the documents we looked at were version-controlled, contained a date for the next review and were specific to the practice. We saw that, where required, the policies included processes for staff to follow, key contact details, and identified the relevant practice leads.	

## Appropriate and accurate information

### The practice acted upon appropriate and accurate information and managed risks relating to patient information.

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented a new system to ensure the prompt scanning of patient information on to the clinical system. Two dedicated members of staff had been appointed to take responsibility for scanning documents, although other staff members were also aware of the process and therefore could provide cover in the event of staff absence. We checked documents waiting to be scanned and saw there was no backlog. All scanning was recorded daily in a log which detailed the date the information was scanned, which staff member completed the scanning, the patient record number, and the type of document (for example 'clinical letter'); this enabled the practice to monitor the scanning and the practice manager reviewed this log every week. The practice had also introduced a scanning policy, which detailed the process for staff to follow.</p> <p>Since the previous inspection, the practice had purchased four additional lockable cabinets in which to securely store patient records. The practice manager held the keys for the cabinets and they were locked up every night. The practice had also created a data security and protection toolkit to ensure patient information remained secure and the practice complied with the General Data Protection Regulation (GDPR).</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 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.
- 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 CCG 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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

## Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **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.