

Care Quality Commission

Inspection Evidence Table

The Orchard Practice (1-545176613)

Inspection date: 08 May 2019

Date of data download: 07 May 2019

Overall rating: Good

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

Well-led

Rating: Good

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	YES
Explanation of any answers and additional evidence:	
<p>There were systems to support good governance. For example, the practice had implemented a checklist system for recruitment to ensure all required checks had been carried out prior to appointment. Two recruitment files were reviewed and these demonstrated that the system was embedded and that all required recruitment checks had been conducted.</p> <p>The practice had developed and embedded a system for sharing safety alerts and taking action where appropriate. Safety alerts were shared across the practice and were discussed at monthly clinical meetings. There was a system to record action taken in relation to an alert, and alerts were kept in both electronic and hard copy. The discussion of safety alerts was a standing agenda item for the monthly clinical meeting.</p> <p>The significant event process had been updated since the last inspection at the practice. Information was recorded in detail and events were shared and reviewed at clinical meetings. There were three recorded events since the last inspection, and learning from these included a staff event to update knowledge regarding responding to emergencies.</p> <p>The practice had identified six members of staff as fire marshals and purchased high visibility vests to</p>	

be worn. The fire policy had been updated to include this information.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There was a systematic programme of clinical and internal audit.	YES
Explanation of any answers and additional evidence: The practice had implemented a programme of clinical audits. These were reviewed and we found that four audits had been conducted since the last inspection. These included audits of patient reviews in relation to specific medicine which were due to be repeated in six months, and an on-going audit of blood tests and repeat prescribing for patients taking DMARDS (Disease-modifying antirheumatic drugs, used to slow down disease progression). A further programme of clinical audit had been planned for the forthcoming year.	

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 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)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 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.