

Care Quality Commission

Inspection Evidence Table

Westminster Surgery (RXAX4)

Inspection date: 20 May 2019

Date of data download: 14 May 2019

Overall rating: Good

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

Responsive

Rating: Good

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received since the last inspection on 29 August 2018.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
At the last inspection we found that improvements were needed to the information provided to patients about making a complaint, to how complaints were recorded and to how information about action to be taken following complaints was cascaded to the staff team. At this inspection we found that these issues had been addressed. The complaint procedure had been revised and now included information about directing a complaint to NHS England. A programme of staff meetings was in place and complaints was a standing agenda item. All staff had received training in managing complaints since the last inspection. A revised template had been introduced to ensure verbal complaints were fully documented. We looked at the one verbal complaint made since the last inspection. This showed that the complaint had been documented and the action taken. The practice manager explained how the complaint had been investigated but this had not been fully recorded. Following the inspection, we were provided with a revised template to ensure that this information was documented.	

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.	Y
Explanation of any answers and additional evidence: At the last inspection we identified that governance arrangements were not always consistently followed and that staffing shortfalls had contributed to the governance systems not being consistently applied, including the practice not having a full-time practice manager. At this inspection we found improvements had been made. The provider had reviewed staffing levels and roles and implemented changes since the last inspection. A full-time practice manager had been in place for 6 months. In addition, further administrative staff had been recruited including a medicines manager. A review of administrative staff roles had taken place to ensure efficiency and improve governance arrangements. Training had been provided to all staff to ensure the Trust wide governance arrangements were being implemented regarding the management of significant events and complaints. At the last inspection we identified that staff roles were not always clear. At this inspection we found the staff team had allocated roles and responsibilities and a programme of regular meetings had been put in place to ensure information sharing.	

Managing risks, issues and performance

The practice had clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There was a programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence: At the last inspection we identified that there was not a programme in place to audit service provision. Following the last inspection the provider sent us a programme of planned audits. At this inspection we found that audits had taken place and included audits of medication management and non-clinical audits such as consent and ethnicity. Audits were a standing item at practice meetings. At the last inspection we identified that there had been little reporting of significant incidents. Following the last inspection training had been provided to staff on identifying and reporting of these incidents. We looked at records which showed an increase in recorded incidents since the last inspection. These incidents had been reported by both clinical and non-clinical staff.	

At the last inspection we identified that the practice was carrying out surgical procedures but was not registered for this regulated activity. This was addressed following the last inspection.

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.