

Care Quality Commission

Inspection Evidence Table

Longbridge Practice (1-3878655897)

Inspection date: 14 May 2019

Date of data download: 23 May 2019

Overall rating: Good

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

Safe

Rating: Good

At the inspection on 18 April 2018 we found risks to the safe care and treatment of patients because COSHH risk assessments were not in place for some hazardous substances held on site and there was no system or process to monitor pathology forms which remained uncollected by patients. The provider was therefore rated as requires improvement for providing safe care and treatment.

At this inspection we found improvements had been made.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safety systems and records	Y/N/Partial
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We saw that COSHH risk assessments were in place for all cleaning substances held on site. These were also carried out for every new substance stored on site.There was a COSHH policy, risk assessments and training in place.	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

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Explanation of any answers and additional evidence:

- The practice had a system or process in place to monitor pathology request forms which remained uncollected by patients. This process ensured that the forms were regularly monitored and the GP was made aware of any patients who did not collect their forms. Checks could then be made and the clinician decided on clinical grounds what action take.
- There was a destruction log kept of any forms which were destroyed.

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)	≤ -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 weightings 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.