

# Care Quality Commission

## Inspection Evidence Table

### Nexus Health Group (1-542937588)

Inspection date: 13 June 2019

**Overall rating: Unrated**

**Safe**

**Rating: unrated**

#### Appropriate and safe use of medicines

**There were effective systems in place to ensure that high risk medicines were prescribed safely.**

Medicines management	Y/N/Partial
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
<p>Explanation of any answers and additional evidence:</p> <p><b><u>Inspection 7 November 2018</u></b></p> <p>At our previous inspection of Manor Place Surgery on 7 November 2018 we saw that patients prescribed ACE inhibitors and asthma medicines were not all having regular medication reviews and appropriate tests.</p> <p>The practice provided evidence, in response to the warning notices issued, that the provider's prescribing group had undertaken a search of patients prescribed ACE inhibitors and found 74 patients across all sites who had not had the required testing undertaken within the last 18 months. The practice intended to re-run the search on 21 January 2019 to check if the patients had had these completed. If patients had still not had the relevant tests completed, then this would be escalated to the local prescribing lead.</p> <p>The practice also informed us that in response to the warning notices they had also implemented systems to review patients overusing salbutamol (medicine used to treat asthma) and had developed an action plan to reduce the number of patients overusing this medicine in line with CCG guidelines.</p>	

The groupwide prescribing policy was also updated and use of a template in the patient record system for medication reviews was highlighted as good practice.

### **Inspection 13 February 2019**

At our last inspection undertaken on 13 February 2019 to follow up the warning notices issued after our inspection in November 2018 we found that the practice had completed an audit of medication reviews completed at all sites consisting of five reviews per 10,000 patients per site to ensure they had adhered to the practice's new guidelines of medication monitoring.

We were also told that monthly searches would be run to identify patients who were overdue monitoring. These patients would be contacted to attend for monitoring, chased if they failed to attend and then passed to a clinical lead to review if there was no further response. This process potentially added at least two to three months after the expected review date before a clinician became directly involved with reviewing the patient.

During the inspection on 13 February 2019 we undertook a search of patients prescribed lithium, ACE inhibitors, leflunomide, Azathioprine, spironolactone and methotrexate. We found that the practice was not undertaking reviews and monitoring in line with current guidance and best practice to assure themselves that these medicines were being prescribed safely. We imposed the following conditions on the provider's registration:

- The registered provider must within 28 days ensure that patients registered with Nexus Health Group at 2 Princess Street and all of its branch surgeries who are prescribed high risk medicines and are overdue monitoring tests, have the required monitoring undertaken and medication review completed as set out in local and national guidance and recommendations.
- The registered provider must within 28 days implement systems to ensure patients registered with Nexus Health Group at 2 Princess Street and all of its branch surgeries who are taking medicines which require regular monitoring and medication review are identified, called/recalled, monitored and reviewed in accordance with the relevant local and national clinical guidelines.
- The registered provider must within 14 days implement systems to ensure timely risk assessments are completed for patients registered with Nexus Health Group at 2 Princess Street and all of its branch surgeries who require regular monitoring of medicines and medication reviews when those patients fail to engage with the review process.

### **Inspection 13 June 2019**

At this inspection completed on 13 June 2019 we found that the provider had created a prescribing stocktake group headed by the Nexus Health Group prescribing lead. Within 14 days the provider took action to risk assess patients prescribed high risk medicines who had not received the appropriate monitoring. The practice improved on their existing medication review template by attaching a risk assessment template which required clinicians to consider the risk of continuing to prescribe patient's their medicine against the risk of stopping the patient's medicines and the risk of not undertaking monitoring in the recommended timescale. The template also prompted clinician to consider any

alternative medicine.

The practice expanded on their quality assurance prescribing protocol and included a comprehensive list of medicines which required regular monitoring. The practice then created a dashboard of medicines which showed weekly the numbers of patients on each medicine that required monitoring be completed and the proportion of these patients who had a risk assessment completed. From reviewing the dashboards from April and May 2019 we could see that all patients on these medicines either had a medication review and appropriate monitoring or the risk of continued prescribing had been considered.

A monthly protocol for high risk drug monitoring had also been developed. The protocol introduced a system where repeated checks and actions were undertaken during the course of each month to ensure that all patients receiving high risk medicines either had completed monitoring or had a risk assessment in place.

The practice told us that they had held training sessions on the new system and the prescribing group would continue to review the systems at monthly meetings. The prescribing lead for Nexus Health Group had engaged with the Local Medical Committee to highlight the need for extra funding to enable GPs to undertake monitoring previously done in secondary care safely. In addition, as a result of the monitoring, the provider had identified concerns about the external guidance on monitoring one medicine and had raised this with relevant external organisations, to improve monitoring across the area.

We reviewed the clinical records of 10 patients whose files we reviewed at our previous inspection. All patients had been contacted to ask that they attend for monitoring and either had monitoring completed or a risk assessment in place which either resulted in continued prescribing or the medicine being discontinued.

In addition, we reviewed the records of four patients prescribed ACE inhibitors, three prescribed Leflunomide and one prescribed amiodarone. Again, all patients had appropriate monitoring, and/or a documented assessment of the risks associated with continuing to prescribe in absence of monitoring.

## 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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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:

<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.