

Care Quality Commission

Inspection Evidence Table

St Johns Medical Centre (1-566724429)

Inspection date: 4 November 2019

Date of data download: 04 November 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Safe

Rating: Good

Following an inspection in February 2019 we rated the practice as **Requires Improvement** for providing safe services because there were gaps in systems to assess, monitor and manage risks to patient safety. We reviewed information provided to us by the practice directly following the inspection and again during our annual regulatory review. The information provided assured us that the concerns we had previously identified had been addressed and the practice was provided safe care and treatment to its patients.

Safety systems and processes

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

Safeguarding	Y/N/Partial
There were systems to identify vulnerable patients on record.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">At our inspection on 4 February 2019 we found the vulnerable patients were not highlighted in a consistent manner and therefore the system was not failsafe. Following our inspection, the safeguarding lead updated the child register and reviewed alerts for vulnerable adults. The practice confirmed that this was completed by the end of February and there was a system in place to ensure continued consistency thereafter. We discussed this during the annual regulatory review and were assured that it was being managed appropriately.	

Risks to patients

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

	Y/N/Partial
Risk management plans for patients were developed in line with national guidance.	Yes

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our inspection on 4 February 2019 we found that not all consultations were written up consistently following medicine reviews. We were assured that the practice had implemented protocols and we were advised that all clinicians had been reminded that a record of medicine reviews required a more detailed entry than just a clinical code. Clinicians were now entering data via a template containing consistent information. 	

Appropriate and safe use of medicines

The practice had safe systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2018 to 30/06/2019) (NHS Business Service Authority - NHSBSA)	1.01	0.93	0.87	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2018 to 30/06/2019) (NHSBSA)	17.3%	13.8%	8.6%	Significant Variation (negative)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2019 to 30/06/2019) (NHSBSA)	5.72	5.40	5.63	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/01/2019 to 30/06/2019) <small>(NHSBSA)</small>	1.65	2.28	2.08	No statistical variation

Medicines management	Y/N/Partial
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.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had implemented systems to ensure the safe and effective management of medicines. The protocol for managing drug alerts remained in place with all drug alerts escalated to the practice pharmacist and prescribing lead if any action was required. An improved system to monitor and review patients on high risk medicines was in place. A baseline audit had been completed to identify any patients on high risk medicines that were not up to date with blood monitoring. That audit was completed by the end of February. An improved protocol was in place with failsafe recall systems to include a check on whether tests have been completed. The audit was being reviewed monthly to ensure the improvements were effective. Following our inspection in February and during the annual regulatory review in October the practice provided evidence that antibiotic medicines were being monitored and steps to ensure optimise patient outcomes were being taken. We were satisfied that high antibiotic monitoring was apparent throughout the Clinical Commissioning Group and was being addressed. High exception reporting was reviewed by the practice following the inspection in February 2018. Data indicators for 2018/2019 showed that the practice had been effective in reducing their exception reporting to a minimum and they were continuing to ensure that this was an ongoing process. Emergency medicines kept on an emergency trolley, were checked regularly and risk assessments were in place where necessary. The practice had reviewed the emergency medicines they kept on the premises and added all those that were appropriate. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
<p data-bbox="57 544 810 589">Explanation of any answers and additional evidence:</p> <ul data-bbox="108 656 1513 734" style="list-style-type: none"> <li data-bbox="108 656 1513 734">• That practice was able to evidence that all staff shared in the communication, review and learning from significant incidents and near misses. 	

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.
- 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.
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