

# Care Quality Commission

## Inspection Evidence Table

### Eyam Surgery (1-504944886)

Inspection date: 13 November 2019

Date of data download: 15 November 2019

## Safe

At our previous inspection on 13 August 2019 we rated safe as requires improvement and issued a warning notice in relation to safe care and treatment. This was because:

There was a lack of focus in the clinical leadership, oversight and governance systems required in relation to the safety and management of medicines.

### Appropriate and safe use of medicines

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

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Yes
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Yes
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Yes
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Yes
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	Yes
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	Yes
Dispensing incidents and near misses were recorded and reviewed regularly to identify themes and reduce the chance of reoccurrence.	Yes
Explanation of any answers and other comments on dispensary services: At our previous inspection we found: <ul style="list-style-type: none"><li>A lack of focus in the clinical leadership, oversight and governance systems required in relation to the safety and management of medicines.</li></ul>	

- A large number of returned Controlled Drugs (CDs) awaiting destruction, as well as out of date CDs in the practice medicine stock.
- Second checks were not always undertaken for dosette boxes.
- The procedure for monitoring temperatures of the medicine refrigerator in the dispensary was not working effectively.
- Risk assessments had not been completed for the transportation or maintaining the cold chain when transporting medicines to a collection point.
- Overfull waste receptacles in the dispensary.
- Untrained staff dispensing medicines at the branch site.

During this inspection:

- We saw evidence of effective oversight, leadership and governance from the senior management team and the dispensary lead GP.
- Standard Operating Procedures reflected the activities in the dispensary and were followed by staff.
- We saw processes for the management of controlled drugs including, storage, transport, destruction and record keeping were in line with national guidance and reflected in the dispensary SOPs.
- Risk assessments covered activities such as transport and delivery of medicines. Where concerns had been identified measures had been put in place to reduce the risk of any detrimental affects on medicines or risks to patients.
- The process for determining the suitability of medicines to be included in compliance aids for patients ensured the safety of patients and allowed for appropriate risk assessment by the prescriber on an individual patient basis. This was fully documented.
- We saw suitable waste management streams were available and dispensary staff were aware of the need to segregate waste.
- We saw evidence of a detailed process to determine dispensary staff competency and were assured that this would be implemented for all staff. We heard that, in the absence of a dispenser at the branch site, the GP there would dispense a limited range of medicines. This process was described within an SOP.
- Dispensary meeting minutes detailed regular housekeeping tasks to provide assurance of the safe management of medicine. These tasks included stock expiry date checks, CD checks and waste management.

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## 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.