

Care Quality Commission

Inspection Evidence Table

RHR Medical Centre (1-3169167732)

Inspection date: 8th January 2020

Date of data download: 09 January 2020

We carried out an announced focussed inspection of RHR Medical Centre on the 8th January 2020. This inspection was undertaken to follow up on breaches of regulations which had been identified at our previous inspection in October 2019 in relation to governance.

Safe

Risks to patients

	Y/N/Partial
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
Explanation of any answers and additional evidence: The inspection in October 2019 found that there was not an adequate system in place for the 'on-call' process for patients who required appointments when there were no appointments left. During the follow up inspection in January 2020, it was found that new policies had been introduced, and staff had received training to ensure patients were signposted correctly to the appropriate clinician. This included dealing with patients who required urgent medical attention.	

Information 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.	Y
Explanation of any answers and additional evidence: The inspection in October 2019 found that consultation documentation was brief and did not contain comprehensive information. Patient clinical records did not give a full documented account of discussions, examinations and any further advice given during appointments. During the follow up inspection in January 2020, we found documentation contained detailed and comprehensive information on patient consultations. We saw that the practice policies had been updated to ensure that staff were aware to document any interaction with patients.	

Appropriate and safe use of medicines

Medicines management	Y/N/Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The inspection in October 2019 found some evidence of prescribing which was not appropriate or in line with the consultation documents. It was also found that some patients were being prescribed inappropriate amounts of medications with no clear rationale documented.</p> <p>During the follow up inspection in January 2020, we found evidence of prescribing in line with national and local guidance. There was some evidence of prescribing higher amounts of medicine than usual, however the practice had documented the reason for this.</p>	

Effective

Effective needs assessment, care and treatment

	Y/N/Partial
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection in October 2019, we found evidence of patients who had not received follow up appointments when these had been requested and evidence of patients not being followed up appropriately.</p> <p>At the follow up inspection in January 2020, we found evidence that patients were receiving follow up appointments in line with requirements and these had been scheduled by the practice.</p>	

Responsive

Timely access to the service

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
<p>Explanation of any answers and additional evidence:</p> <p>During the inspection in October 2019, we found evidence that patients with urgent symptoms were not being assessed appropriately and referred onto clinicians as expected in the practice protocol. We also found that patients with urgent concerns were not being seen in a timely manner.</p> <p>During the follow up inspection, we found evidence of patients who were experiencing potential urgent medical symptoms had been referred to appropriate medical advice. There was full documentation of discussions with the patient and the practice had followed their system appropriately. We also saw evidence of patients being seen in a timely manner when they were experiencing urgent symptoms, in line with their practice policy.</p>	

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. 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.