

# Care Quality Commission

## Inspection Evidence Table

### Five Elms Medical Practice (1-2871346124)

Inspection date: 25 February 2020

Date of data download: 24 February 2020

**Overall rating:**

**Requires Improvement**

**Effective**

**Rating: Not rated**

**Effective needs assessment, care and treatment**

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

Any additional evidence or comments	
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
Explanation of any answers and additional evidence:  At our November 2019 inspection, we discovered the practice did not have clear systems to accurately record the number of inadequate cervical screening results attributed to the practice. At that time, the practice management team did not have full oversight of the inadequate cervical screen log and a electronic search on the practice's clinical system of this figure had not been conducted for some time prior to our inspection.  Following the November 2019 inspection, the practice wrote to us to tell us they had put in place a number of processes to ensure the practice management team had oversight and knowledge of cervical screening processes conducted by the practice nurse, including inadequate screening results. They had also contacted all the patients we had identified at our November 2019 inspection as having an inadequate screening result.  At this inspection on 25 February 2020, the practice had put in place a system ensuring checks for inadequate cervical screening results was conducted weekly by the practice manager on the electronic clinical system.  The failsafe system in place at the November 2019 inspection for following up patients with inadequate results had been reviewed and was now managed by the practice manager. The practice manager had also taken responsibility for following up any inadequate cervical screening results. The failsafe log now included the date the patient was contacted and informed a repeat of the screening test was required.  At this inspection, the practice had recorded one inadequate cervical screening result and we saw evidence that the practice had made contact with the patient and invited them in to repeat the test.  The practice told us the practice nurse who had been at the practice when we inspected in November 2019 had left the practice and that currently nursing provision was carried out by a locum practice nurse. All relevant recruitment and competency checks for the locum practice nurse had been conducted.	

## 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.