

Care Quality Commission

Inspection Evidence Table

Family Medical Centre (1-3859308953)

Inspection date: 22 July 2020

Date of data download: 22 July 2020

Overall rating: Good

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

Safe

Rating: Good

At the last comprehensive inspection in May 2018 we rated the practice as requires improvement for providing safe services because:

- Although the practice regularly checked the emergency medicines and had an emergency medicines stock check list, one item in stock was not on the list and some did not show the expiry dates.
- The vaccine fridge data logger was not working.
- At the time of the inspection visit, the nurse was printing the contraceptive prescriptions and requesting GP signature either before or after the pill check. The prescription was given to the patient after the nurses had done a review to ensure continued medication use was safe. Nurses carrying out prescription reviews printed the prescription rather than tasking the prescription to the GP to review.
- On the day of the inspection the practice reviewed their procedure for collection of controlled drug prescriptions to include the patient signature. Previously they had asked for three identifiers but had not asked patients to sign on collection.
- The Patient Specific Direction for travel vaccinations and one Patient Group Direction (PGD) did not contain all the required information and one PGD was missing.

At this desk-based review undertaken in July 2020 we found that these areas had been addressed and we have rated the practice as 'Good' in providing safe services.

Appropriate and safe use of medicines

The practice had 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	1.05	1.03	0.87	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
PU) (01/04/2019 to 31/03/2020) (NHS Business Service Authority - NHSBSA)				
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). (01/04/2019 to 31/03/2020) (NHSBSA)	6.9%	7.4%	8.2%	No statistical variation
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 (01/10/2019 to 31/03/2020) (NHSBSA)	6.12	5.33	5.46	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/10/2019 to 31/03/2020) (NHSBSA)	2.33	2.37	2.01	No statistical variation

Medicines management	Y/N/Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
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.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Appropriate Patient Group Directions and Patient Specific Directions were in place. The practice manager confirmed this and we also saw a checklist which listed all PGDs and their valid dates and we also saw the template PSD used for flu vaccination clinics. • The prescribing policy and procedures had been amended to ensure that the pill prescription was only issued by the GP after the nurse's pill check. When a nurse was carrying out a medicines review they now tasked the GP to review the prescription. The practice manager confirmed this and we also saw the prescribing policy. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> • Patients collecting controlled drugs prescriptions were now asked to sign when collecting. This was confirmed by the practice manager. • An emergency medicines checklist was in place and expiry dates were listed. Emergency medicines were checked weekly. We saw documentation that confirmed this. • The vaccine fridge's data logger was now working and being monitored by staff. We saw documentation showing data collected by the logger. 	

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 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.