

Care Quality Commission

Inspection Evidence Table

Mallard Medical Practice (1-4761137639)

Inspection date: 6th to 12th August

Date of data download: 10 August 2020

Overall rating: Good

The practice was rated as Requires Improvement in November 2019 in the safe. At this focused inspection we found that improvements had been made in all of the necessary areas. The practice is now rated as Good.

Following the announced inspection at Mallard Medical Practice on 8 November 2019 we rated the provider as requiring improvement for safety because:

We were not assured that patients had been individually assessed to ensure it was medically appropriate for them to receive vaccines under a Patient Specific Direction (PSD).

At this focused inspection we found that improvements had been made in all of the necessary areas. The practice is now rated as Good.

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

Safe

Rating: Good

The practice was rated as Requires Improvement in November 2019 in the safe domain. At this focused inspection we found that improvements had been made in all of the necessary areas. The practice is now rated as Good in the safe domain. The evidence table reflects the areas we looked at in this focused inspection.

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	1.09	1.04	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)	6.8%	7.6%	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)	5.00	4.97	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)	1.66	2.80	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).	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> <p>At the inspection in November 2019 we were not assured that individual patients had been assessed and had appropriate authorisations by a GP in order for staff to administer medicines by Patient Specific Directions (PSD). A PSD is an instruction to supply and/or administer a medicine written and signed by the prescriber. It could be an electronic record made in the patient notes where it is identifiable to the prescriber. A PSD can also be an instruction to administer a medicine to a list of patients. Each patient on the list must be individually assessed by that prescriber. The prescriber must have knowledge of the patient's health and be satisfied the medicine meets the individual needs of each patient on that list.</p> <p>At this focused inspection we were supplied with evidence of a template now used by the practice on individual patients to assess and authorise whether the medicine was safe to administer by Patient Specific Direction.</p> <p>At the inspection in November 2019 we saw that the system in place to monitor stock levels of emergency medicines was not consistent as there were three checklists. We also saw that there were medicines in stock that were not on a checklist.</p>	

Medicines management	Y/N/Partial
<p>At this focused inspection we were shown evidence of a much clearer system. The practice now use one checklist with all emergency medicines stocked on this list.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in November 2019 the practice could not provide evidence that safety alerts had been read and actioned by staff. At this focused inspection we were shown evidence of a safety alerts protocol and that there was a system in place to ensure that staff read safety alerts and actioned them if necessary</p> <p>Safety alerts are now received by both Co-Practice Managers, to ensure action of the safety alerts if one of the members of staff are absent. They are added to a web-based sharing & compliance platform designed for primary care. The safety alert is circulated and acknowledgements requested from relevant staff with actions required added to the sharing platform for the appropriate staff member to follow up. This also provides an audit trail to assure the practice that the safety alerts are read and actioned. The alerts are therefore kept on teamnet for future reference and it is auditable who has read them and when.</p>	

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.