

Care Quality Commission

Inspection Evidence Table

The Medici Medical Practice (1-540795759)

Inspection date: 07 August 2020

Date of data download: 07 August 2020

Overall rating: Good

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

Safe

Rating: Good

At the October 2019 inspection the practice was rated as requires improvement for providing safe services because the systems in place for the appropriate and safe use of medicines were not always sufficient or followed.

At the August 2020 inspection the practice was rated as good for providing safe services because actions had been taken to ensure the practice had systems for the appropriate and safe use of medicines.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines.

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	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
Explanation of any answers and additional evidence: At the October 2019 we found: <ul style="list-style-type: none">Blank prescriptions were kept securely. There was no log in place to record the blank prescriptions held by the practice and to track their use in the practice.All of the PGDs we reviewed were in date. Some of them had not been authorised. There was	

Medicines management

Y/N/Partial

no PGD available for the administration of the human papilloma virus (HPV) vaccination. The HPV vaccination is normally administered to children at school. However, if they miss a dose, they are advised to contact the GP practice for the vaccine.

- The process for monitoring patients' health in relation to the use of medicines including high risk medicines was in place but not always effective. For example, we reviewed the records of:
 - nine patients who had been prescribed warfarin and found two of these did not have appropriate blood monitoring.
 - five patients who had been prescribed azathioprine and found one did not have appropriate blood monitoring
 - four patients who had been prescribed lithium and found one did not have appropriate blood monitoring
 - seven patients who had been prescribed methotrexate and found one did not have appropriate blood monitoring.
- Some recommended emergency medicines (anti-sickness medicines, dexamethasone, diuretics and glucagon) were not held in the practice and there was no risk assessment in place to mitigate this.

At the August 2020 inspection evidence was provided to show:

- A log was in place to track the use of blank prescriptions in the practice. The serial numbers of the blank prescriptions were recorded and to which clinical room they were allocated.
- A record of the PGDs to show they had been authorised. The practice had a PGD available for the administration of the human papilloma virus (HPV) vaccination.
- The practice had reviewed their process for the monitoring of patients' health in relation to the use of medicines including high risk medicines. A clinical pharmacist had been employed by the practice and they were responsible for the monitoring of these patients. Records provided by the practice showed that the process was effective and appropriate monitoring was taking place.
- A risk assessment had been completed to determine which emergency medicines were held in the practice. The practice had access to an onsite pharmacy who supplied emergency medicines that they did not routinely keep.

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)	≤ -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.