

Care Quality Commission

Inspection Evidence Table

OHP-Wychall Lane Surgery (1-4236717045)

Inspection date: 24 August 2020

Date of data download: 19 August 2020

Overall rating: Good

At our previous inspection in May 2019 the practice was rated as Good overall. The overall rating of Good remains unchanged following our desk top inspection.

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

Safe

Rating: Good

At our previous inspection in May 2019 the practice was rated as Requires Improvement for providing safe services. At this inspection the rating has moved to Good, this is because the practice had taken action to improve the management of risks relating to the service.

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Partners and staff were trained to appropriate levels for their role.	Y
Explanation of any answers and additional evidence: At our previous inspection in May 2019 we identified issues with overall monitoring of staff training and found some gaps in relation to safeguarding training. At this inspection the practice shared with us their training records. We found staff were up to date with their child and adult safeguarding training and had received training that was at an appropriate level for their roles. The practice advised that the Royal College of General Practitioners had released webinars for clinicians on safeguarding following concerns raised about Covid-19 which they had utilized. The practice advised that safeguarding arrangements had continued during the Covid-19 pandemic and that they now held virtual safeguarding meetings. However, the pandemic had created additional challenges. They told us that while child safeguarding arrangements with other stakeholders had continued to work well, those relating to adult safeguarding had been more challenging. Covid-19 had also raised issues in relation to information sharing between schools and practices so they were working with the CCG safeguarding lead and Birmingham City Council on a project due to start September 2020 to support improvement in this area.	

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Partial
<p data-bbox="57 479 810 515">Explanation of any answers and additional evidence:</p> <p data-bbox="57 568 1525 640">At our previous inspection in May 2019 we identified that staff immunisation records were not complete for all clinical staff and did not routinely include all areas of immunisations identified in national guidance.</p> <p data-bbox="57 694 1525 873">At this inspection we saw that the practice now maintained a staff immunisation and screening matrix. Any new staff were asked to provide information on their immunisation status. Where these were missing or not up to date the practice told us that they had offered some vaccinations inhouse. The practice was also in the process of formalizing occupational health support for staff. We saw that risk assessments had been carried out where staff may not have immunity.</p> <p data-bbox="57 927 1525 1075">At our previous inspection in May 2019 we also identified a lack systems in place for ongoing monitoring of staff registration with professional bodies. We saw that a spreadsheet was maintained for checking nursing staff remained registered, however there was no formal system for the other clinical staff. The practice advised that the medical staff did their own checks usually at their annual appraisal.</p>	

Safety systems and records	Y/N/Partial
A fire risk assessment had been completed. Date of completion: 20 June 2019	Y
Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in May 2019 we found the fire risk assessment was very basic, was not dated and lacked clear actions. Following the May 2019 inspection, the practice advised that an external fire risk assessment had been arranged for June 2019.</p> <p>At this inspection the practice shared with us their latest fire risk assessment from June 2019 and action plan which demonstrated actions had been completed. The practice advised that they had planned to review the fire risk assessment for 2020 but that this had been delayed due to Covid-19.</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: April 2020	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: April 2020	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in May 2019 we saw that there were a range of risk assessments in place however, these were not very comprehensive, most were not dated or did not have clear mitigating actions.</p> <p>At this inspection we saw that there had been a significant review of health and safety / premises and security risk assessments. The risk assessments had clear annual review dates. The practice had also implemented routine health and safety audits to ensure risks identified continued to be managed effectively.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Explanation of any answers and additional evidence: At our previous inspection in May 2019 we identified issues with overall monitoring of training including infection control training. At this inspection the practice shared with us their staff training records. We found all staff were up to date with their infection prevention and control training.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

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
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
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in May 2019 the practice did not have any formal arrangements in place for providing clinical support and supervision for non-medical prescribers in order to demonstrate their prescribing competence. At this inspection the practice advised that they did not have any non-medical prescribers employed at the practice.</p> <p>At the last inspection in May 2019 we found systems for checking recommended emergency medicines were incomplete and not all recommended medicines were stocked. At this inspection the practice shared with us evidence of their monthly emergency medicine checks. We also saw risk assessments in place for any recommended emergency medicines that were not routinely stocked with rationale and mitigating actions should they be required.</p>	

Effective

Rating: Good

There has been no change to the previous rating of Good.

Families, children and young people

Population group rating: Good

Findings

- At our last inspection we identified uptake of child immunisations as an area the practice should improve. The practice was below 90% minimum uptake for age two MMR immunisation.
- At this inspection we saw that the practice was meeting the minimum 90% uptake for all four childhood immunisation uptake indicators. In addition they were meeting the WHO based national target of 95% (the recommended standard for achieving herd immunity) for age one immunisations.
- The practice had been involved in a regional scheme led by Public Health to increase uptake of child immunisations through proactive follow up.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2018 to 31/03/2019) (NHS England)	79	81	97.5%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2018 to 31/03/2019) (NHS England)	80	85	94.1%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2018 to 31/03/2019) (NHS England)	80	85	94.1%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	78	85	91.8%	Met 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- At our last inspection in May 2019 we found the practice did not maintain failsafe systems to ensure results from cervical screening samples were received or for the monitoring of colposcopy referrals. Following the inspection, the practice implemented a policy to ensure appropriate follow up of cervical screening samples was undertaken.
- At this inspection the practice shared with us their 'management of cervical cytology protocol'. We also saw that the practice had put in place a system for monitoring and following up results from samples taken.
- Uptake of cervical cancer screening programmes showed improvement on the 2017/18 data cited in our previous report. Cervical screening uptake had increased from 72.1% to 73.3%, although this is still below the 80% national target.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2020) (Public Health England)	73.3%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	68.4%	64.4%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2018 to 31/03/2019) (PHE)	52.0%	44.8%	58.0%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2018 to 31/03/2019) (PHE)	80.6%	73.3%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	67.7%	53.2%	53.8%	No statistical variation

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in May 2019, we identified that there was a lack of formal processes for ensuring competence of decision making and prescribing of non-medical prescribers. At this inspection the practice advised that they no longer employed any non-medical prescribers but were aware they needed to put in appropriate supervision in place if they did.</p> <p>At the last inspection in May 2019 we found systems for monitoring staff training were not fully effective. At this inspection we checked staff completion on key training including child and adult safeguarding, infection prevention and control, basic life support and fire safety. Although we saw training had been completed we still found a lack of clear systems for monitoring training and ensuring staff were up to date on an ongoing basis. The practice advised us that staff did most of their training online and would receive automatic reminders when training was due. They also told us that staff were given protected time to undertake training and that they were in the process of developing a more comprehensive training matrix to maintain oversight. However, the impact of Covid-19 and led to some training being delayed.</p>	

Responsive

Rating: Good

There has been no change to the previous rating of Good

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

	Y/N/Partial
Explanation of any answers and additional evidence: At the last inspection we found the practice did not maintain an effective system to track complaints to ensure processes were being consistently followed. At this inspection we saw that the practice was now maintaining a spreadsheet in order to monitor the handling of complaints received.	

Well-led

Rating: Good

There has been no change to the previous rating of Good

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence: At our last inspection in May 2019 we found the management of risks in relation to the service in general was not well embedded. At this inspection we found the practice had reviewed their risk assessments and had implemented systems to monitor the management of risks. This included risks relating to fire safety and emergency medicines.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence: At our last inspection in May 2019 we identified issues in relation to the quality of risk assessments and the provision of failsafe systems for cervical screening samples. At this inspection we found the practice had significantly improved the management of risks and had put in place failsafe systems for the monitoring and follow up of cervical screening samples.	

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.