

Care Quality Commission

Inspection Evidence Table

Dr Gulzar Ahmed (1-520580465)

Inspection date: 11/09/2020

Date of data download: 30 September 2020

Overall rating: Not rated

Safe

Rating: Not Rated

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	N - 1
There was a system for processing information relating to new patients including the summarizing of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	N - 2
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	N - 3
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y
Explanation of any answers and additional evidence: 1. Of the records we reviewed, we found examples where there was an absence of clinical information which would be expected in line with current clinical guidance. 2. Of the records we reviewed, we found gaps in testing for patients where clinical intervention was required. Some follow up processes for testing were not being implemented if an initial attempt to contact the patient was unsuccessful. This occurred on a number of records we reviewed where test results that required intervention due to a poor clinical result held no audit trail in the patient's records that action had been taken to preserve safety.	

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	N – 1.
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	N – 1.
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 monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	N – 1.
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	N – 2.
<p>Explanation of any answers and additional evidence:</p> <p>We reviewed 41 records as part of our clinical records review. These included the records of patients taking high risk medicines.</p> <ol style="list-style-type: none">1. Of the records we reviewed, we found insufficient information documented to explain the clinical decisions taken when changing or renewing a drug dose. This was found in some controlled drug examples where the medication was renewed without clinical documentation that supported reassessment of pain levels or whether the dose was efficient for the patient.2. Of the records we reviewed, we saw examples where antimicrobial medication was prescribed but not followed up due to the absence of documentation in the records. For example, when a urine sample test result was returned to the practice and no additional actions were documented in the patient record.	

Well-led

Rating: Not rated

Leadership capacity and capability

Leaders could not demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Partial - 1
They had identified the actions necessary to address these challenges.	Partial - 1
Explanation of any answers and additional evidence: 1. The practice demonstrated an awareness of the issues with clinical record keeping and had started to conduct audits to assess this. This was apparent during our review of high risk medicines where we did not find any concerns. However, this did not cover all areas of our clinical records review where governance concerns were identified. Audit activity did not extend to controlled drugs, antibiotic prescribing or some areas of care planning in the care of patients with long term conditions.	

Governance arrangements

The overall governance arrangements were ineffective.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Partial. – 1.
Staff were clear about their roles and responsibilities.	N – 2.
Explanation of any answers and additional evidence: 1. Of the records reviewed, we could not be reassured that governance structures and systems were regularly reviewed until recently. 2. Our concerns extended to staff being clear about their roles and responsibilities regarding clinical record keeping and how this was being monitored and reinforced by the practice management.	

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Partial - 1
There was a systematic programme of clinical and internal audit.	Partial - 1
There were effective arrangements for identifying, managing and mitigating risks.	Partial - 1
When considering service developments or changes, the impact on quality and sustainability was assessed.	Partial - 1
Explanation of any answers and additional evidence: 1. We did not find assurances within the clinical records reviewed that the risks and systems that were in place were implemented effectively to manage risk. The practice had made some recent effort to address this, however there were significant gaps found in some records which an effective audit process would have picked up and addressed.	

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

