

Care Quality Commission

Inspection Evidence Table

Abercromby Family Practice (1-584713106)

Inspection date: 6 May 2021

Date of data download: 21 April 2021

Overall rating: Good

At the last inspection in February 2020 the practice was rated good overall and requires improvement in the Safe key question.

Safe

Rating: Good

At the last inspection in February 2020 the practice was rated requires improvement in Safe. At this review we spoke to the practice and reviewed evidence. The information demonstrated action had been taken, the requirement notice has now been met and the recommendations had been actioned.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Policies and procedures were monitored, reviewed and updated.	Partial
Partners and staff were trained to appropriate levels for their role.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence: Following our last inspection flowcharts and risk assessments had been added to safeguarding adults and children policies. However, due to the pandemic, no annual policy reviews had taken place for 2020 as protocols and processes for the pandemic were completed. At the time of this review, the policies were in the process of being reviewed and all safeguarding and recruitment policies had been updated March/April 2021. At the last inspection February 2020 the practice nurses had not completed level three safeguarding training in accordance with best practice. This training had now taken place and all clinical staff had completed safeguarding training to the appropriate level. The provider had good governance systems in place and had taken action to address the risks identified at our last inspection.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we saw interviews had not been conducted or references sought for two temporary administration staff to ensure they were appropriate for the role. We were told following our inspection references and photographic identification were requested for both temporary members of staff and the practice's recruitment policy was updated. Since the inspection there have been no further temporary staff working at the practice and the full recruitment process had been followed for all new permanent staff.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
The practice had acted on any issues identified in infection prevention and control audits.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since the last inspection the practice completed a nebuliser review and removed this equipment from the practice.</p> <p>Infection prevention and control audits were now completed quarterly as following the pandemic, enhanced cleaning protocols and processes had been implemented.</p>	

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 PU) (01/01/2020 to 31/12/2020) <small>(NHS Business Service Authority - NHSBSA)</small>	0.66	0.85	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected	6.4%	8.8%	9.5%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
antibacterial drugs (BNF 5.1 sub-set). (01/01/2020 to 31/12/2020) <small>(NHSBSA)</small>				
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 (01/07/2020 to 31/12/2020) <small>(NHSBSA)</small>	5.32	5.51	5.33	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2020 to 31/12/2020) <small>(NHSBSA)</small>	172.9‰	219.1‰	127.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2020 to 31/12/2020) <small>(NHSBSA)</small>	1.24	0.99	0.67	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection we saw the protocol for receipt of new paper prescription pads was not robust as staff did not record batch codes and reference numbers. The policy was updated to include this procedure following the inspection. We saw evidence the protocol of recording batch codes and reference numbers was now followed.</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 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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- $\%$ = per thousand.