

# Care Quality Commission

## Inspection Evidence Table

### Forest Health Group (1-572215550)

Inspection date: 14 April 2022

Date of data download: 08 April 2022

## Overall rating: Good

At our previous inspection in October 2021 we identified risks which had not been identified or mitigated. We rated the practice Good overall but as a result of our findings, we rated the practice Requires Improvement for providing safe services.

At this inspection in April 2022 we found remedial action had been taken to ensure the risks previously identified were mitigated.

## Safe

## Rating: Good

At our previous inspection in October 2021 we identified risks with paper prescription security and that actions related to a fire risk assessment required completion.

At this inspection we found these risks had been mitigated.

### Safety systems and processes

Safety systems and records	Y/N/Partial
Date of fire risk assessment: October 2021 Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence:  In October 2021 we found the practice had completed a comprehensive fire risk assessment in the weeks prior to the inspection. This assessment identified risks which were not yet mitigated through appropriate action, but a plan was being formulated to deal with the remedial actions required.  At this inspection we were sent a health and safety risk assessment which included fire risks and an associated action plan. This confirmed completion of the areas which required action from October 2021. For example, whilst onsite we found signs indicating where oxygen was stored had been put in place.	

### 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.	Yes
<p data-bbox="121 420 820 451">Explanation of any answers and additional evidence:</p> <p data-bbox="121 546 1477 651">In October 2021 we identified that prescriptions were not being logged in and out of their storage boxes appropriately. The practice did not have a system to ensure that paper prescriptions were being used only for authorised purposes.</p> <p data-bbox="121 703 1477 966">At this inspection we identified the service had implemented a new system to ensure that paper prescriptions were only taken from their central place of storage in each instance they were required. This meant no paper prescriptions were kept in printers or consultation rooms, other than when they were being used. We looked at the log book used to track any prescriptions removed from the central storage area and found this was being used appropriately. The system was used at each site the practice operated from and was audited to ensure compliance. We found the audit had identified areas for minor improvement and these had been implemented. There were no significant risks identified from the audit with the new system following implementation.</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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> 1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
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- % = per thousand.