

Care Quality Commission

Inspection Evidence Table

Dr Andrew Garrod (1-571946754)

Inspection date: 2 November 2022

Date of data download: 08 November 2022

Overall rating: Not rated

We carried out an inspection remotely on the 2nd November 2022 to follow up on the warning notices served to the provider following our inspection in June 2022 in relation to breaches of Regulation 12; safe care and treatment.

This inspection was not rated; therefore the practice remains rated as requires improvement. During this inspection, on 2 November 2022, we found that the provider had made improvements and met the requirements of the warning notice.

Safe

Rating: Not rated

At the last inspection in June 2022 we rated the practice as requires improvement for providing **safe** services because:

- Monitoring of patients prescribed high risk medicines and/or patients with long term conditions had not been managed appropriately to ensure safe care and treatment.
- Medicine reviews were not consistently completed in line with prescribing guidelines.
- There was a lack of evidence to demonstrate that safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were acted upon.

We subsequently served a warning notice following the inspection setting out areas where the practice were in breach of regulation.

The provider submitted an action plan to us which detailed the action taken to address the warning notice requirements.

At this follow up inspection on 2 November 2022 we carried out clinical searches and spoke with the provider and staff. We were provided with evidence which demonstrated the action taken to develop systems and to ensure patients had received appropriate monitoring.

Appropriate and safe use of medicines

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

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)	0.95	0.83	0.82	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 antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	10.4%	9.1%	8.5%	No statistical variation
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 (01/01/2022 to 30/06/2022) (NHSBSA)	6.09	5.39	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	195.0‰	151.8‰	128.0‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	1.97	0.65	0.59	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	5.0‰	6.9‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes

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.	N/A
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. ¹	Yes
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.	Yes
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. ²	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
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.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Yes
<p>At our last inspection in June 2022 we found there were shortfalls in medicine management which included:</p> <ul style="list-style-type: none"> • The required monitoring of patients on high-risk medicines had not been completed in line with national guidelines. • Regular medicine reviews had not been carried out for patients on combinations of prescribed medicines or high risk medicines. • Patients prescribed gabapentoids (a controlled medicine used to treat seizures) had not consistently received a review of their response to the medicine or the dose, within the last year, and the reasons for prescribing the medicine were not coded. <p>At this inspection we carried out clinical searches of patient electronic records and found:</p> <ul style="list-style-type: none"> • Patients who had been prescribed high-risk medicines had received the appropriate monitoring. For example, patients prescribed Disease-modifying antirheumatic drugs (DMARD) medicines (medicines which thin the blood), ACE inhibitors or Angiotensin II receptor blockers (medicines 	

Medicines management	Y/N/Partial
<p>used to treat high blood pressure, and heart and kidney problems) and gabapentoids had been monitored or followed up if they did not attend for monitoring.</p> <ul style="list-style-type: none"> • We saw that the GP had attended one patient at home who had refused to come to the surgery to carry out their monitoring. Action had also been taken to contact a patient who had not attended the practice or received a prescription for over two years. There was evidence which demonstrated this patient no longer lived in the area and had been sent a removal from the practice letter. • Reminder letters and telephone calls had been sent to a minority of patients who required to attend the practice for monitoring. A system had been implemented to reduce the time of prescribing to encourage patients to attend the practice. • Additional systems had been implemented to aid identifying patients who required monitoring. • Where patients had been contacted and did not wish to attend for monitoring, the practice had contacted their cardiologist to discuss the risks with continued prescribing. 	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Yes
Staff understood how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in June 2022, the practice was required to provide evidence that it effectively acted upon safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). We had found through our remote searches that three patients were prescribed a combination of Clopidogrel (an antiplatelet medicine to prevent clots) and Omeprazole (a medicine used to treat excessive acid in the stomach). A safety alert had been published advising of the risk of the combination of these medicines as the omeprazole inhibits the effect of the clopidogrel. There was no evidence to identify the reason for this or that alternative treatment had been considered.</p> <p>At this inspection on 2 November 2022, action had been taken and there were no patients who had received prescriptions for this combination of medicines.</p> <p>There were two patients who were over the age of 65 and were prescribed Citalopram (a medicine used to treat low mood). Both of these patients had been followed up and the outcome recorded clearly within their records.</p>	

Effective

Rating: Not rated

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

At the last inspection in June 2022 we rated the practice as requires improving for providing effective services in part due to the patients' needs were not consistently assessed. Not all of the patients had received a medicines review and some patients with long-term conditions had not received the appropriate monitoring to ensure their care and treatment was effective and safe.

We served a warning notice which required improvements to be made.

At this inspection on 2 November 2022, we found the practice had taken action to meet the requirements of the warning notice.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated. ³	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice prioritised care for their most clinically vulnerable patients.	Yes

Management of people with long term conditions

Findings

- At the last inspection in June 2022, the practice was unable to evidence that patients received safe care and treatment in relation to the management of diabetes. Our searches had identified a number of patients as being pre-diabetic, but they had not had reviews and relevant tests performed such as blood tests, as recommended within national guidance.
- At this inspection on 2 November, we found eight patients had been coded as being pre-diabetic and that they had all been coded appropriately within the clinical records system, recalled and followed up.
- Our searches showed 15 patients with chronic kidney disease who required additional monitoring and follow up appointments. One patient out of the 15 had not been monitored at the practice but had been cared for and treated within the local NHS hospital. The results had been shared with the practice.

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 SICBL 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 SICBL 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.
- UKHSA:** UK Health and Security Agency.
- 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.
- %o** = per thousand.