

Care Quality Commission

Inspection Evidence Table

Briton Street GP Surgery (1-4057869524)

Inspection date: 16 August 2022

Date of data download: 17 August 2022

Overall rating: Good

Safe

Rating: Good

Safety systems and processes

The practice had/did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: At our previous inspection, we found that MDT meetings were not occurring due to the covid pandemic. At this inspection we were told that face to face meetings had been reinstated in January 2022. These meetings were minuted and were ran quarterly.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
There was a documented approach to the management of test results and this was managed in a timely manner.	Y ¹
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y ²
Explanation of any answers and additional evidence: 1. At the time of our inspection we found there was an effective system in place for reviewing test results and correspondence in a timely manner. There were no outstanding documents at the time of our clinical review of the computer system. The practice told us they had implemented new systems to	

ensure results and correspondence are reviewed when the requesting clinician was not working within the practice. The practice had planned an annual audit to review handling and management of patient test and results.

During our clinical review of the patient records, we reviewed patient's who's test results may indicate a potential diagnosis of diabetes or pre-diabetes. We saw evidence that the practice was attempting to contact patients when their results indicated potential diagnosis. Of 192 patients identified, we found two patients had been referred to the pre-diabetes education programme due to borderline results, however their results may have indicated a diabetes diagnosis. We raised this with the practice and they immediately contacted the patients and updated the patient record.

2. The practice told us they ran monthly reviews of patient results to ensure that results had been acted on appropriately and reduce the likelihood of any potential missed diagnoses.

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 ¹
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines. ¹	Y ²
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	Y ³
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ol style="list-style-type: none"> 1. The practice previously did not have a formal documented process to provide assurance in relation to prescribing competence of non-medical prescribers within the practice. The practice had improved their systems and introduced a supervision contract which we saw within the practice. There was a formal documented record seen for a practice pharmacist which included reviewing the consultation records, decisions made and advice given to patients. 2. At our previous inspection we found that structured medication reviews were not always in place for patients on regular medicines. At this inspection we reviewed medication reviews completed by the clinical pharmacy team who delivered structured medication reviews. The practice had implemented a system to identify patients requiring a medication review and assign to the clinical pharmacist aligned to the practice through the PCN. 3. At our previous inspection we found some patients required monitoring for medicines was overdue. At this inspection we found that most patients monitoring was up to date for the medicines they were taking, and any patients who were overdue were being actively contacted by the practice to request for them to attend the surgery. The practice had introduced regular monitoring for patients taking medicines to ensure the requirements are up to date. <p>Our review of the clinical system found that patients prescribed DMARD medications had systems and documents in place on the patient records and appropriate recalls were in place to ensure patients had the required monitoring conducted in a timely manner. We also reviewed patients taking high risk medicines and found that patients were being monitored in line with guidance. For example, we found 209 patients who were on medicines to control blood pressure and found that 5 of these patients were identified as being potentially overdue monitoring. We reviewed these five patients and found three patients were no longer taking the medicine, one patient was newly registered with the practice and the other patient was under care of the hospital where appropriate monitoring occurred.</p>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. ¹	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we found there was no system in place to document safety alerts and actions which had been taken. At this inspection we were told a new policy had been implemented and systems were in place to capture safety alerts and actions which had taken place. During our review of the clinical system, we reviewed recent safety alerts and found evidence of the practice contacting patients who could potentially be affected by safety alerts and advising them of the risks and acting on them appropriately.</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)	≤-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.
- **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.
- ‰ = per thousand.