

# Care Quality Commission

## Inspection Evidence Table

### Hove Medical Centre (1-572957960)

Inspection date: 24 June 2021

**Overall rating: Good**

**Safe**

**Rating: Good**

At our previous inspection on 27 March 2019 the practice was rated as requires improvement for providing safe services. It is now rated as good.

#### 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 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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in March 2019, we saw that stock levels and expiry dates of emergency medicines and medical gases were checked by two nurses fortnightly. All medicines were seen to be in date. However, there was no risk assessment within the practice as to which emergency medicines to keep as stock and the practice did not have a diuretic (for the treatment of heart failure) in stock.</p> <p>At this inspection we saw that the practice had updated its list of emergency medicines held on site. The list included a clear risk assessment that determined the range of medicines held. It stated clearly why the practice had determined not to stock a diuretic due to quick response times and proximity of emergency services. All medicines seen were in date.</p>	

**Track record on safety and lessons learned and improvements made.**

**The practice learned and made improvements when things went wrong.**

<b>Significant events</b>	<b>Y/N/Partial</b>
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	17
Number of events that required action:	17
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection in March 2019, we found that the significant event log and meeting minutes did not contain detail in terms of the specifics of the incidents and the action taken, which meant that ongoing monitoring of improvements, reviews and the identification of trends was difficult to demonstrate.</p> <p>At this inspection we saw the practice had revised the way it recorded significant events in the log and in the meeting minutes so they could be cross referenced and monitored more easily.</p>	

<b>Safety alerts</b>	<b>Y/N/Partial</b>
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the last inspection in March 2019, we saw evidence of some safety alerts having been acted on. The management of safety alerts did not have one person taking a lead role and managing the process to conclusion. We saw evidence that alerts relating to inappropriate placement of pulse oximeter probes (December 2018) had not been actioned. We were told that these would be actioned and that safety alerts would be added as a standing agenda item to clinical meetings.</p> <p>At this inspection we saw that the practice had implemented a web-based platform that shared and tracked the dissemination of safety alerts to staff and ensured there was a clear audit trail of action taken. The practice manager received all alerts and was responsible for deciding who needed to see the alerts, assigning action and seeing this through to completion. The majority of alerts were allocated to the clinical pharmacist. We spoke with the pharmacist who demonstrated a clear understanding of how alerts were</p>	

dealt with. We saw evidence that alerts were actioned appropriately. For example, the re-call of certain hand gel products. The practice could also demonstrate that safety alerts were a standard agenda item at clinical meetings.

## Caring

## Rating: Good

At our previous inspection on 27 March 2019 the practice was rated as good for providing caring services. However, we told the practice that they should continue to work to improve areas of patient satisfaction with feeling listened to and treated with care and concern.

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2020 to 31/03/2020).	84.1%	89.5%	88.5%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2020 to 31/03/2020).	85.2%	88.2%	87.0%	No statistical variation

### Any additional evidence or comments

At our last inspection in March 2019, the results from the GP patient survey showed that the practice was performing below average for patients feeling listened to and feeling like they were treated with care and concern (at 77% and 78% respectively).

At this inspection, the results from the national patient survey showed an improvement in patient satisfaction in these two areas which were now in line with the local and national average. Action taken included offering double appointment slots for patients with language barriers including physical impairments. For example, deafness.

## 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.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- $\text{‰}$  = per thousand.