

Inspection Evidence Table

Cossington Park Surgery

(1-1213755711)

Inspection Date: 24 January 2024

Date of data download: 25/01/2024

Overall rating: Requires Improvement

The practice was rated as requires improvement at the Care Quality Commission (CQC) inspection in September 2023. Following this inspection, the practice was issued with a warning notice in relation to the breach of regulation 17 (good governance).

This inspection was undertaken in January 2024 to review compliance with the warning notice that was issued which had to be met by October 2023. This inspection was not rated and therefore the ratings remain unchanged. The practice will receive a further inspection to review progress in all areas in due course and that inspection will be rated.

Safe

Rating: Requires improvement

	Y/N/Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	N
Explanation of any answers and additional evidence: During the previous inspection it was identified that a number of medical records had not be summarised. At this inspection we were told that the backlog had been cleared however, the practice were only able to summarise 85% of patient records. We were told that around 5% of these remaining records were new patients whose records had not been sent to the practice to summarise at the time of our inspection, however it was unclear if the practice had assessed the remaining 10% of unsummarised records and were unable to provide a processes in place to ensure risks to patients were mitigated.	

Medicines management	Y/N/Partial
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Y ¹

There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y ²
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ol style="list-style-type: none"> At our previous inspection in September 2023, we found that medication reviews were taking place however these reviews did not always pick up overdue monitoring. At this inspection, we found systems had improved for ensuring monitoring had been completed. We reviewed five medication reviews completed by the practice pharmacist which were found to be completed at a high standard. At our previous inspection we found that the system for ensuring monitoring of patients taking some medications was not always effective. However, at this inspection we saw this had improved. <p>In September 2023, we found patients taking some medicines to control blood pressure were not always up to date with monitoring and had been overdue required tests for a number of years. We reviewed this at the inspection in January 2024 and found that the practice had significantly improved monitoring for these patients. We found that three patients out of 928 patients who had been prescribed these medicines were overdue monitoring, however the practice had attempted to contact these patients and arrange reviews which at the time of our inspection they had not attended. The practice intended to continue attempting to arrange these reviews and would put a process in place for non-compliant patients to encourage them to attend.</p> <p>In September 2023 we also reviewed high risk medicines Disease Modifying Anti-Rheumatic Drugs (DMARDS) and found patients had not always received required monitoring in order to ensure the medicine remained safe to prescribe. At this inspection, we found that systems had improved in relation to monitoring patients with DMARDS. We reviewed two patients records who were identified as potentially overdue monitoring however, both had received appropriate blood tests but were awaiting recent blood pressure and weight readings, in line with national guidance.</p>	

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our inspection in September 2023, we found not all safety alerts were being received and acted upon. At this inspection in January 2024, we found the practice had a system to receive and act on safety alerts and review patients if necessary. We reviewed the clinical system and found evidence that the practice had dealt with and responded to historical safety alerts appropriately.</p>	

Effective

Rating: Requires Improvement

This inspection was not rated and therefore the rating of requires improvement from our inspection in October 2023 remains unchanged.

	Y/N/Partial
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Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y ¹
Patients' treatment was regularly reviewed and updated.	Y ²
<p>Explanation of any answers and additional evidence:</p> <ol style="list-style-type: none"> At our inspection in September 2023, we found evidence of patients with blood test results which indicated they had an undiagnosed long-term condition and had not been followed up or coded appropriately. We reviewed the clinical system at this inspection in January 2024, and looked into patients whose blood test results could indicate a possible diagnoses of chronic kidney disease. We reviewed two patients and found that the practice had appropriately reviewed these results and there was no evidence of missed diagnoses. At our previous inspection in September 2023, we found that people with long term conditions were not always receiving effective reviews of their care. At this inspection in January 2024, we saw evidence that patients with long term conditions were receiving reviews of their care and treatment. We found evidence that: <ul style="list-style-type: none"> Patients with asthma were receiving annual asthmatic reviews however, there were some inconsistencies with patients receiving a timely follow up if they received a course of steroids for their asthma. All patients diagnosed with chronic kidney disease (CKD) at stage 4 or 5 had received monitoring within the last nine months appropriately. All patients diagnosed with hypothyroidism had received relevant monitoring within the last 18 months. There were good systems to ensure patients with diabetes and raised HbA1c results were reviewed appropriately. We found evidence of two patients who were overdue a review however, these had appointments booked in and were awaiting test results for these. 	

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 persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those 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.