

Care Quality Commission

Inspection Evidence Table

Unsworth Group Practice (1-565635596)

Inspection date: 10 June 2021

Date of data download: 21 May 2021

Overall rating: Good

The overall rating for this practice is Good. At our previous inspection on 12 November 2020 the practice was rated requires improvement for providing a responsive service and a requirement notice for breach of regulation 16 was issued.

All population groups were rated requires improvement as the process for handling complaints required improvements.

We sought evidence and assurance that improvements had been made. This desktop review confirmed those improvements and key question Responsive and all population groups are now rated Good.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Medicines management

- An audit has been carried out on patients prescribed lithium then re-audited six months later. Changes were proposed and introduced to the recall system. These included a visual schedule for patients attending a mental health review. This detailed the physical and blood checks required at three monthly intervals for the following year.
- An audit has been carried out on patients prescribed oral anticoagulants then re-audited three months later. Changes were proposed to ensure that patients are monitored regularly, and A checklist is available for clinical and non-clinical staff to follow depending on the blood test results.
- Clinical meetings are held to discuss results and any proposed changes. Meetings included the pharmacist and the medicines safety lead.

Responsive

Rating: Good

The practice is rated as good for providing a responsive service. This review identified several improvements in different aspects of this key question.

Older people

Population group rating: Good

Findings

- Improvements were made in relation to complaints which impacted on all population groups.

People with long-term conditions

Population group rating: Good

Findings

- Improvements were made in relation to complaints which impacted on all population groups.

Families, children and young people

Population group rating: Good

Findings

- Improvements were made in relation to complaints which impacted on all population groups.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- Improvements were made in relation to complaints which impacted on all population groups.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Improvements were made in relation to complaints which impacted on all population groups.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Improvements were made in relation to complaints which impacted on all population groups.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Evidence or comments

- The practice reviewed and updated its complaints policy in April 2021
- We saw examples of letters sent to patients which included an apology and explained the investigation process and what to do if the patient was not happy with the response.
- We saw a log of complaints received during 2020 which included the date the complaint was received and acknowledged, whether it was verbal or written, a brief description of the complaint and which staff were involved, the learning outcome and the date the response was sent to the patient and closed.

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 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](#)).
- ‰ = per thousand.