

# Care Quality Commission

## Inspection Evidence Table

**Dr Gulzar Ahmed (1-520580465)**

**Inspection date: 20 July 2021**

**Date of data download: 15 July 2021**

## Overall rating: Not rated

We carried out this inspection to follow-up a warning notice issued after our previous inspection on 12 December 2020. We focused specifically on the quality of clinical record keeping and safety of repeat prescribing. We did not rate any key questions or population groups at this inspection.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

## Safe

### Information to deliver safe care and treatment

**Staff recorded the clinical information needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y
Explanation of any answers and additional evidence: We carried out a set of standardised searches of the practice's clinical records system and repeated some specific searches which had identified problems with clinical record keeping at the previous inspection. The results showed that individual care records and care plans were now being completed in line with guidance. For example, consultation records now included clear notes on medical history, safety-netting and consideration of risk.	

## Appropriate and safe use of medicines

The practice had systems for the appropriate and safe prescribing of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHS Business Service Authority - NHSBSA)	0.47	0.51	0.70	Variation (positive)
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). (01/04/2020 to 31/03/2021) (NHSBSA)	10.3%	11.1%	10.2%	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 (01/10/2020 to 31/03/2021) (NHSBSA)	6.85	5.55	5.37	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/10/2020 to 31/03/2021) (NHSBSA)	123.7‰	59.2‰	126.9‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2020 to 31/03/2021) (NHSBSA)	1.74	0.52	0.66	Variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2020 to 31/12/2020) (NHSBSA)	18.5‰	4.8‰	6.7‰	Significant Variation (negative)

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

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
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At this inspection we found improvements to medicines management:</p> <ul style="list-style-type: none"> <li>• Patients who had been prescribed repeat medicines were receiving structured medicines reviews at appropriate intervals.</li> <li>• Patients prescribed medicines that required ongoing monitoring (for example with regular blood tests) were being monitored appropriately. We saw evidence that the practice was actively managing those cases where monitoring became overdue, for example by contacting the patient or referring to community services for follow-up.</li> <li>• The practice monitored potential medicines overuse and "polypharmacy" (that is the risk of experiencing harmful drug interactions when taking multiple medicines).</li> <li>• There was improved clinical record keeping around medicines management. For example, the records showed that risks associated with particular medicines had been considered and discussed with patients.</li> <li>• The practice was monitoring antibiotic use. We reviewed the recent prescribing for one antibiotic (Nitrofurantoin) in more detail as this was identified as a risk at the previous inspection. We found that the practice was now generally prescribing this medicine appropriately.</li> </ul>	

Safety alerts	Y/N/Partial
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>The practice had effective systems in place to implement safety alerts. Since the previous inspection, the practice had taken steps to ensure that historical alerts had been checked and implemented.</p>	

## Well-led

### Governance arrangements

**There were clearer responsibilities, roles and systems of accountability to support good governance and management.**

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:  At this inspection we reviewed governance in relation to medicines management and oversight of clinical record keeping and found improvement:  The practice had made significant changes to its repeat prescribing policy and protocols. We were told that prior to the previous inspection, the repeat prescribing process had been managed centrally. This system had been changed with the reception and administrative team now having designated roles and tasks in processing repeat prescriptions. This meant that the wider team had a clear understanding of the process and it was more efficient, for example reducing bottlenecks and delays.	

### Appropriate and accurate information

**There was a demonstrated commitment to using data and information proactively to drive and support decision making.**

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Explanation of any answers and additional evidence:  At this inspection we reviewed the use of information in relation to medicines management and oversight of clinical record keeping and found improvement: <ul style="list-style-type: none"><li>The lead GP was conducting a monthly individual clinical records audit with the senior clinical pharmacist and other GPs. The senior clinical pharmacist carried out a similar exercise for other members of the clinical team. The audit benchmarked the quality of record keeping against the Royal College of General Practitioners' standards of good practice. Results were discussed with the clinicians concerned and summarised. The audits showed evidence of improved record keeping over time.</li></ul>	

- The practice was carrying out relevant audits which impacted on clinical practice. For example, it had carried out three cycles of an audit of its prescribing of a medicine (to help with sleep) which carried a risk of dependency. The audit showed that the clinicians were prescribing more appropriately.

## Continuous improvement and innovation

**There was greater evidence of systems and processes for learning, continuous improvement and innovation.**

	Y/N/Partial
There was a focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At this inspection we reviewed improvements particularly in relation to medicines management and oversight of clinical record keeping.</p> <p>We found that the practice had worked hard to address the issues identified in the warning notice. For example, the lead GP and senior clinical pharmacist had attended a course on good clinical record keeping following the previous inspection. They had shared their learning with the wider clinical team and monitored the implementation of improvements in this area.</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)	$\leq -3$
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.