

Care Quality Commission

Inspection Evidence Table

Bridge Surgery (1-558852239)

Inspection date: 26 May 2021

Date of data download: 24 May 2021

Overall rating: Good

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

At our previous inspection on 29 October 2019, we rated this practice as good overall and in all key questions except for safe which we rated as requires improvement.

We conducted a desk-based review on 26 May 2021, we found that the practice had actioned and put measures in place to comply with the Regulatory breach. In particular we found:

- Systems were in place to ensure that the required recruitment information was obtained for existing and newly recruited staff.

We also found that the practice had taken action to address the areas identified for improvement. In particular we found:

- The security of blank prescriptions had been improved.
- Environment and health and safety risk assessments had been completed and were available for review.
- Systems were in place to record the dates of annual appraisals for staff.
- An induction policy had been developed and introduced, and a competency framework was due to be introduced in the near future
- The practice continued to take action to improve the uptake of cervical cytology screening. Unverified data provided by the practice for Quality and Outcomes Framework (QOF) indicator CS005 (Smear performed in last 3 years, 6 months age 25 – 49) was 74% on 31/03/21 and has increased to 75.1%. There were plans to re-start sending reminder letters to patients who are due/overdue a smear in addition to the centrally generated reminders. Clinicians continued to remind patients during consultations, booking an appointment if possible, at the time of the consultation. The GP Trainee planned to conduct an audit in this area. The practice was looking at offering Saturday morning cervical cytology clinics during the extended access sessions, approximately four times a year.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in October 2019, we found that we found recruitment records did not demonstrate that checks were carried out in accordance with the regulations. We found an absence of photographic identity, gaps in referencing and in obtaining staff vaccination and immunity histories. Staff for a service the practice contracted had not supplied the practice with evidence of the DBS checks, references or training for their role.</p> <p>The practice told us in their updated action plan dated 21 May 2021 that action had been taken to rectify any gaps identified in recruitment files including where appropriate referral to Occupational Health. This had also been completed for staff not employed directed by the practice.</p> <p>The practice had introduced a checklist to ensure that the required recruitment checks were obtained. We reviewed the files of two recently employed members of staff and saw that the required checks had been undertaken. The practice manager told us that there were delays in staff being seen by occupational health, and where appropriate, risk assessments had been completed in the interim.</p>	

Health and safety	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 08/04/2021	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice manager told us that the practice was responsible for all risk assessments relating to the building. They used an external company to undertake the fire and health and safety risk assessments. As part of the desk-based review the practice provided evidence that these risk assessments had been completed.</p>	

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
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in October 2019, we found that although blank prescriptions were held securely, access to the keys was not secure.</p>	

Medicines management	Y/N/Partial
<p>During the desk-based review, we found that the security of blank prescriptions had improved. The practice manager told us that the keys were now kept securely within key safes, which only practice staff had access to. Photographic evidence was provided to support the key safes have been installed.</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 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.