

Care Quality Commission

Inspection Evidence Table

Essex Lodge (1-582393811)

Inspection date: 15 June 2021

Date of data download: 07 May 2021

Overall rating: Good

Well-led

Rating: Good

At our previous inspection in October 2019 we rated the practice as requires improvement for providing well-led services because:

- There was a need to improve elements of governance, including in relation to risk.
- Leadership and management cohesion needed further embedding and improving.

At this review we have rated the practice as **good** for providing well-led services because:

- Leaders worked together to deliver high quality sustainable care.
- Staff told us they thought the partners and management team worked together effectively.
- The practice had made changes to the meeting notes structure to ensure that any identified actions were followed up appropriately.
- Staff knew how to report significant events and the practice had systems to learn from and identify trends in significant events.
- The practice had put processes in place to manage risks identified at the previous inspection, for example by ensuring an effective system was in place to monitor referrals.

Leadership capacity and capability

Leaders worked together to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Explanation of any answers and additional evidence: At our previous inspection in October 2019, we found there were difficulties between the GP partners, including evidence of a breakdown in day-to-day communication. At this review, staff told	

us they thought the GP partners work together effectively and said they feel supported by the partners and by management. Staff described the practice as friendly and supportive. The practice had a management team structure, which involved not only the two GP partners but also six other management and secretarial staff; each member of the management team had an equal vote and we saw management meeting minutes which demonstrated that the team worked together and discussed business strategy and finances for the practice. The GP partners told us they have been working together more closely since the practice became a COVID-19 vaccination site. Both GP partners advised they have no concerns about the stability of the practice.

Governance arrangements

The practice had made changes and improvements to ensure effective governance arrangements.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection, the practice's meeting notes structure lacked a clear method to ensure actions agreed were time scaled, reviewed and followed up. At this review, we checked a sample of different meeting minutes including management meetings, clinical meetings and reception meetings, and saw the practice had changed the structure of the meetings to ensure actions were followed up appropriately. The first agenda item for practice meetings was to follow up agreed actions from previous meetings to check progress, with any outstanding actions highlighted in red in the minutes and the actions carried over to subsequent meetings until complete.</p> <p>At our previous inspection, there were no systems in place to identify trends in significant events. At this review, staff knew how to record and report significant events. We reviewed the two most recent significant events and found that they were dealt with appropriately, discussed in meetings to share learning, and with evidence of adherence with the duty of candour. The practice had a significant events log in which all events are recorded, with a brief summary, action taken and any lessons learned documented; we were told the practice uses this log and discussions of any significant events in meetings to monitor and identify any trends. We were provided with a significant events analysis completed for all significant events from March 2020 to May 2021, which identified that the majority of the significant events were clinical in nature, which the practice felt highlighted the need to provide further GP education around those specific areas through formal meetings.</p>	

Managing risks, issues and performance

The practice had put processes in place to manage risks identified at the previous inspection.

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection, we found there was insufficient insight into some cancer care performance data that was lower than average. At this review, we looked at the practice's cancer</p>	

care performance data and saw it was better than the national average. The percentage of the practice's patients diagnosed with cancer within the preceding 15 months who had a patient review within six months of diagnosis was 100% for the period 1 April 2019 to 31 March 2020 (compared with the national average of 93%).

At our previous inspection, we found there was insufficient oversight to monitor referrals. At this review, we saw the practice had a system in place to monitor referrals to other services. A specific staff member was responsible for monitoring referrals made, both routine and urgent. The electronic referral worklist was checked daily to ensure the referrals have been actioned properly, and the 'advice and guidance' referrals checked twice per week (with the response from the other provider then attached to the patient's record and a task sent to the GP to review). In relation to urgent two-week wait referrals for suspected cancer, the practice had started using a safety netting template on the clinical system when referrals are made, with a specific staff member using these to run weekly searches and confirm the patients have obtained and attended an appointment.

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 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