

Inspection Evidence Table

Dr K Anantha-Reddy's Practice

(1-559610416)

Inspection Date: 3 and 4 May 2023

Date of data download: 24/04/2023

Overall rating: Requires improvement

The practice was rated as Requires Improvement at the Care Quality Commission (CQC) inspection in October 2022. Following the inspection, the practice was issued with a Warning Notice in respect of Regulation 12 (Safe care and treatment) and a Requirement Notice in respect of Regulation 17 (Good governance).

This follow-up inspection was undertaken in May 2023, to review compliance with the Warning Notice that was served following the October 2022 inspection. This inspection was not rated and therefore the ratings remain unchanged until we undertake a further rated inspection.

Safe

This inspection was not rated and therefore the rating of Inadequate from our inspection in October 2022 remains unchanged.

Safety systems and processes

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

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
Explanation of any answers and additional evidence: At the previous inspection in October 2022 we found: <ul style="list-style-type: none">The practice recruitment systems were not always effective, in particular in relation to staff immunisations. We were not assured that staff immunisations were implemented as per UKHSA guidance.	

At this inspection we found:

- Staff had received vaccinations or blood tests to check immunity as per UKHSA guidance. Some staff had refused vaccinations and the provider was able to demonstrate this had been risk assessed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
Explanation of any answers and additional evidence: At the previous inspection in October 2022 we found: <ul style="list-style-type: none">• The system for monitoring two week wait referrals was ineffective. We reviewed the folder which was used to monitor two week wait referrals and saw some gaps where the practice had not indicated whether a patient had attended an appointment. At this inspection we found: <ul style="list-style-type: none">• The practice had appointed and trained a new member of staff to monitor two week wait (urgent) referrals. All urgent referrals were documented in a logbook. The records we reviewed showed the scheduled appointment date and whether a patient had attended their appointment. If a patient had not received an appointment three weeks after the date of referral, the lead GP or referring clinician was notified. If a patient did not attend their appointment they would be contacted to ascertain why and re-referred. The practice carried out a monthly search to ensure there were no gaps in the log and there were provisions to monitor the log when lead staff were on leave.	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

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
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 held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <p>At the previous inspection in October 2022 we found:</p> <ul style="list-style-type: none"> • Issues with the monitoring of patients prescribed the high risk medicines angiotensin-converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs). • Issues with the monitoring and management of over-usage of medicines, in particular benzodiazepines (indicated for the short term relief of anxiety that is severe) and Z-drugs (indicated for the short term treatment of insomnia in adults). Clinical records did not consistently detail that patients were informed of the risk of addiction or evidence that the provider had sought to taper off and discontinue prescribing of benzodiazepines and Z-drugs. • The system for the storage of vaccinations was not consistent with Public Health England guidance. • The practice did not have an effective process for the monitoring of fridge temperatures. • The practice had not ensured that there were appropriate systems in place to ensure that medicines and supplies kept in the emergency medicines box on site were in date. <p>At this inspection:</p> <ul style="list-style-type: none"> • The practice informed us they had received resilience support from their local integrated care board (ICB) and the medicines management team since the last inspection. The practice were due to receive further support to address other areas of improvement as identified at the last inspection. • Our remote clinical searches identified 483 patients who were prescribed ACE inhibitors or ARBs. Of these 483 patients, the clinical searches identified 44 patients had potentially not had the required monitoring. We reviewed five of the patients identified in the clinical searches and found 4 had either received the required blood test monitoring prior to a prescription being issued or the medication had been stopped and no recent prescriptions had been issued to the patients. The practice had contacted the remaining one patient to book a blood test as this was overdue. • Our remote clinical searches identified 53 patients who had been prescribed more than 10 prescriptions for benzodiazepines or Z drugs. We reviewed 5 of the patients identified in the clinical searches and found all had been informed of the risk of addiction and there had been attempts to taper off and discontinue prescribing. • There was one fridge used to store medicines and vaccines. The practice had implemented plans to manage periods when more vaccines were received. For example, they had staggered delivery times of flu vaccines for the upcoming flu season and planned to purchase an additional fridge to ensure all vaccines were stored appropriately. • There were processes in place to check the fridge temperature twice a day and provisions were in place when lead staff were on leave. We observed the contents of the fridge were stored appropriately for air circulation and there were two thermometers (integrated and external) that were checked. The logs we reviewed showed the fridge temperature was checked twice a day. An additional data logger was present but not working at the time of inspection and the practice manager was already in the process of getting this fixed. • The practice held appropriate emergency medicines and there was a system in place to monitor stock levels and expiry dates. The emergency medicines and medical supplies we checked were within their expiry date. 	

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>At the previous inspection in October 2022 we found:</p> <ul style="list-style-type: none"> The system for managing and acting on Medicines and Healthcare Products Regulatory Agency (MHRA) alerts was not always effective to ensure that patients' healthcare needs were met. In particular, patients prescribed Sodium-Glucose Co-Transporter (SGLT-2) inhibitors (medicine used to treat type 2 diabetes) had not been informed of the rare but serious and potentially life threatening risk of Fournier's gangrene associated with these medicines. <p>At this inspection:</p> <ul style="list-style-type: none"> Our remote clinical searches identified 49 patients prescribed SGLT-2 inhibitors. We reviewed five of the patients identified in the clinical searches and found all had been informed of the risk of Fournier's gangrene. 	

Effective

This inspection was not rated and therefore the rating of Requires Improvement from our inspection in October 2022 remains unchanged.

Effective care for the practice population

Management of people with long term conditions

Findings

Explanation of any answers and additional evidence:

At the previous inspection in October 2022 we found:

- The practice did not always have effective systems and processes in place for the management of patients with long-term conditions, in particular patients with chronic kidney disease (CKD) stages 4 or 5, patients with hypothyroidism and patients with acute exacerbation of asthma.

At this inspection we found that the practice had improved its systems to manage patients diagnosed with these long-term conditions:

- Our remote clinical searches identified 8 out of 22 patients with CKD 4 or 5 had potentially not had Urea and Electrolytes monitored in the last 9 months. We reviewed five of these patients and found no issues with the monitoring of these patients.
- Our clinical searches identified 6 out of 156 patients who had potentially not had thyroid function test monitoring for 18 months. We reviewed 5 of these patients and found 2 out of 5 patients were overdue blood test monitoring and had been sent reminders by the practice. During our inspection the practice resent reminders to these patients to attend for monitoring.
- Our clinical searches identified 13 patients with asthma who had been prescribed two or more courses of rescue steroids in the last 12 months. We reviewed five of these patients and found one patient had not been followed-up to check response to treatment and had not been issued with a steroid card. We were told that the practice had since changed their policy so that doctors would book the follow-up appointment for patients to check response to treatment within a week of an acute exacerbation of asthma.

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.
- **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.