

Care Quality Commission

Inspection Evidence Table

Kings Park Surgery (1-551713614)

Inspection date: 9 June 2021

Date of data download: 28 April 2021

Overall rating: Good

Well-led

Rating: Good

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
Explanation of any answers and additional evidence:	
<p>At the previous inspection, Kings Park Surgery was Harold Wood Polyclinic which provided both GP services and two walk-in centres across three separate sites. The inspection found concerns regarding the system for oversight of the nursing team, specifically at one of the walk-in centres, where an annual appraisal had not been conducted. During a monitoring call on 11 December 2020, the practice told us that Kings Park Surgery had provided GP services only since 1 March 2020 and therefore the issue regarding nurse communication across three sites had been removed. They told us that immediate measures were established after the previous inspection regarding clinical oversight of the nursing and clinical team including one to one support and weekly clinical meetings.</p> <p>Documents received from the practice regarding this review detailed the current system of oversight for the nursing team, which is comprised of a part-time Advanced Nurse Practitioner (lead nurse), a Practice Nurse and a part time Health Care Assistant. Documents reviewed demonstrated that the practice held weekly clinical meetings which the nurse team were part of, and that the lead nurse met with the practice nurse and HCA on an individual basis, weekly. Records reviewed demonstrated that current operational issues were discussed. Additionally, minutes reviewed showed that a regular weekly supervision meeting had recently been established for the clinical team which focused on the Quality Outcomes Framework and long-term conditions.</p>	

The practice told us that the lead nurse was part of their senior operation team and that they met on a monthly basis with the Regional Manager to discuss current operational issues.

At the previous inspection we found that the system for the storage of vaccines had not always been effective or ensured safety and that managers had not retained oversight of this system to ensure it was carried out effectively. At a monitoring call in December 2020 the practice told us that they had taken immediate action to address shortfalls. For example, a decommissioned fridge which had been used to tissue adhesive glue which did not require a specific temperature had been stored in a decommissioned but unlabeled fridge, which could have been mistakenly used for other items, was sealed and depowered.

Documents submitted regarding this review demonstrated a comprehensive cold chain management system. The practice told us that there was a cold chain policy available electronically with a hard copy available in the nurse's treatment room.

The practice told us that fridge temperatures were taken twice daily, and the reading logged and that these were signed off each week. Additionally, automatic data loggers had been installed in each fridge to take readings every fifteen minutes and there was an inside fridge sensor to act as a third safety layer. Documents reviewed showed that the temperature had been logged twice daily across a four-week period.

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.