

# Care Quality Commission

## Inspection Evidence Table

### Plashet Medical Centre (1-543805984)

Inspection date: 29 September 2021

Date of data download: 31 August 2021

## Overall rating: Good

### Well-led

### Rating: Good

At our previous inspection in December 2019, we rated the practice as requires improvement for providing well-led services. At this inspection we have rated the practice as **good** for providing well-led services because satisfactory action had been taken to make improvements to the service provided.

#### Governance arrangements

**There were clear 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.	Yes
Explanation of any answers and additional evidence:	
<p>At the last inspection we found that in the main part there were clear systems to support good governance, however, we found that the oversight of staff checks, and training needed to be improved.</p> <p>At this inspection, documents reviewed demonstrated that there were clear, embedded systems to support good governance and management. After the last inspection, the practice developed a time-based action plan on 20 February 2020 to meet the identified areas for improvement. This was updated with all actions completed on 26 November 2020. The practice supplied a comprehensive training schedule which included the training completed with date done and the frequency it was required. All training reviewed was up to date.</p> <p>The nursing team including the health care assistant had completed formal spirometry training. There was evidence that the nursing team had undertaken childhood immunisations and travel vaccination updates. We reviewed comprehensive CPD documents for each practitioner in the team and their training included consent, spirometry, travel health. Additionally, a training needs assessment had been conducted for each member of the nursing team and this identified when updates to training were due. We saw that where training was due, it has been booked.</p> <p>Documents reviewed demonstrated practice nursing and pharmacist roles had a system of embedded clinical oversight and annual appraisal discussions. The clinical oversight by the lead GP included competency assessments and on-going audits of nursing team consultations. Additionally, the GP partners with oversight responsibilities had undertaken Workplace Supervision in Primary Care training.</p>	

We saw there was a policy regarding clinical supervision, which had been reviewed.

## 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
Explanation of any answers and additional evidence:	
<p>At the previous inspection we found that although the practice had conducted their own survey to monitor access and patient satisfaction, the survey analysis did not include patient feedback on all healthcare professionals' consultations and did not address unsatisfactory levels of patient satisfaction with nursing consultations.</p> <p>At this inspection, documents reviewed demonstrated that the practice had made improvements to their systems regarding the management of patient surveys and taken action to address specific areas that required improvement.</p> <p>For example, practice surveys had been conducted in both 2020 and in 2021 in line with the annual GP Patient Survey to determine patient feedback. We saw that action plans were developed to address the results of each of these practice led surveys with identified areas for improvement of the patient experience and details of how to implement these changes. We saw that to improve the patient experience if making an appointment, the practice had considered and implemented an increase in online consultations, the use of a social prescribed to work with elderly and vulnerable patients where appropriate, the use of a Clinical Pharmacist who had undertaken independent prescribing training to support same day access and the management of long term conditions and that a Physician's Associate had joined the practice to support minor illness and same day emergency appointments with GP oversight.</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)	≥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](#) ). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- ‰ = per thousand.