

Inspection Evidence Table

Dr Barber and Partners

(1-569094694)

Inspection Date: 26 September 2023

Date of data download: 25/09/2023

Overall rating: Good

Context

Information published by Public Health England shows that deprivation within the practice population group is 7 out of 10. The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 95.7% White, 1.6% Asian, 1.1% Black, 1.4% Mixed, and 0.2% Other.

The age distribution of the practice population closely mirrors the local and national averages, although there are more older people registered at the practice compared to averages.

Well-led

Rating: Good

The practice was previously rated as requires improvement for providing Well-Led services because:

- Staff in leadership roles were unable to demonstrate that they were effectively monitoring training needs.
- We found multiple gaps in staff training records including but not limited to safeguarding, infection control, fire safety and equality and diversity. Practice leaders advised all outstanding mandatory training would be completed during December 2022.

The practice is now rated as **Good** for providing Well-Led services as we found improvements had been made to the management and delivery of staff training.

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence:	

During our inspection in December 2022, we found not all staff had completed equality and diversity training. During this inspection, we reviewed evidence to demonstrate all staff had completed this training.

Managing risks, issues and performance

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

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
<p>Explanation of any answers and additional evidence:</p> <p>In December 2022, we found staff in leadership roles were unable to demonstrate that they were effectively monitoring training needs. We found multiple gaps in staff training records including but not limited to safeguarding, infection control, fire safety and equality and diversity. Some training modules had not been refreshed for several years and for others evidence of face-to-face training undertaken was not reflected in the training matrix. Training records to demonstrate clinical and non-clinical staff had completed safeguarding training to the appropriate level were incomplete. Not all staff had received safeguarding training to the level stated in the intercollegiate guidance published by the Royal College of Nursing (RCN) in 2019. The practice was prompt to respond and assigned appropriate training to all staff. During the December 2022 inspection, the practice reviewed its online training system settings, making some training modules mandatory and requiring regular refresher training.</p> <p>Evidence submitted as part of this inspection demonstrated improved systems for the management of staff training. Practice records were readily available to demonstrate all staff had completed required training.</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)	≤ -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 persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those 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.