

Care Quality Commission

Inspection Evidence Table

The Wilbraham Surgery (1-6825002898)

Inspection date: 11 July 2022

Date of data download: 12 July 2022

Overall rating: Good

At the previous inspection in May 2021, the practice was rated good overall, with a requires improvement rating in the well-led key question and a requirement notice was issued for a breach of regulation 17, Good governance. We undertook a desktop assessment on 11 July 2022 to determine if improvements had been made to these areas and found that they had. The practice was therefore rated good for the well-led key question and demonstrated that they had complied with the requirement notice.

Well-led

Rating: Good

At the last inspection in May 2021, the practice was rated requires improvement for providing well-led services because, although we saw improvements made in relation systems for patient safety, training, recruitment and oversight; further work and development was needed to ensure governance arrangements were fully effective and working as intended.

At this desk top review, the practice was rated good for providing well-led services because they had demonstrated that all areas of concern raised in the previous inspection had been suitably addressed.

Leadership capacity and capability

Leaders demonstrated that they had the capacity and skills to deliver high quality sustainable care.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Explanation of any answers and additional evidence: At the last inspection in May 2021, the provider had not been able to demonstrate that quality improvement activity was effective. At this desk top review, the practice demonstrated that a comprehensive array of clinical audits had been started and that some had been completed with improved outcomes for patients. The practice had implemented a system of running audits based on medicine safety alerts to ensure best practice was maintained. For example, a diabetes medicine and a pain killer medicine audit had been completed.	

Culture

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

	Y/N/Partial
There was a strong emphasis on the safety and well-being of staff.	Y
Explanation of any answers and additional evidence: At the previous inspection, the practice did not have a control of substances hazardous to health (COSHH) risk assessment in place but had established this immediately post inspection. At this inspection, we saw that this had been suitably embedded and was a business as usual process.	

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.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: Previously we had found that there were gaps in the governance arrangements, including for example, emergency medicines, vulnerable child registers and do not attempt cardiopulmonary resuscitation (DNACPR) oversight. We also found that meetings and in particular, clinical meetings had not taken place formally. This desk top review demonstrated that all these areas had been addressed and these new systems had been fully embedded. In relation to DNACPR oversight, a new system was established by the practice during the inspection process and the provider assured us that this would become embedded going forward. This new system ensured that discussions about DNACPRs were had in line with guidance and were recorded with a clear audit trail of capacity and with whom the discussions had taken place. The provider was able to demonstrate that they had sought assurances that these documents were in place appropriately at the care home in which these patients resided.	

Managing risks, issues and performance

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

	Y/N/Partial
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence: Previously we had seen that quality improvement systems were not effective or as comprehensive as they could have been. During this inspection, we found that the provider had established a system of quality improvement activity that maximized learning opportunities. For example, we saw audits that had been started in relation to patient safety alerts. Some of these audits had not yet been completed, but these were part of an ongoing process of improvement.	

Previously, we found that there were areas where risk identification and mitigation were not effective, but the practice demonstrated during this inspection that these areas had been addressed and that systems related to risk were effective and working as intended.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Explanation of any answers and additional evidence: At the last inspection, the provider was unable to demonstrate that they had used performance information to drive quality improvement. For this desk top review, they showed us that areas that had been lacking, such as high antibiotic prescribing had improved. They had invited the integrated care system (ICS) medicines management team to audit this area and were able to demonstrate small improvements. The provider remained committed to continuing to improve this going forward and had identified the areas of practice that were causing the levels of prescribing that remained higher than average.	

Continuous improvement and innovation

There was evidence of systems and processes for learning and continuous improvement.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Explanation of any answers and additional evidence: This desk top review identified that areas of concern in relation to systems for improvement had been addressed. Regular clinical meetings were undertaken, and a suite of audits were in progress and this supported a continuous system of internal scrutiny.	

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.