

Care Quality Commission

Inspection Evidence Table

HMC Health Bedfont (1-6339994778)

Inspection date: 13 July 2022

Date of data download: 13 July 2022

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Safe

Rating: Good

At the previous inspection in September 2021, we rated the practice as requires improvement for providing safe services, because:

- The practice had a system in place to manage safety alerts but it did not work effectively as we found some safety alerts were not actioned as required to ensure the safe care and treatment of patients.

At this inspection in July 2022, we found improvements had been made and we rated the practice as **Good** for providing safe services.

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• At the previous inspection in September 2021, We found the prescription box for uncollected prescriptions was not monitored effectively and a number of repeat prescriptions from July 2021 were still waiting to be collected. This was highlighted as a should in the previous inspection report.• During this inspection in July 2022, we found that the practice had established a system to support vulnerable patients with requesting and collecting prescriptions. The practice appointed dedicated staff members to check the prescription box for uncollected prescriptions. This involved checking the prescription box monthly and any uncollected prescriptions were removed and destroyed after the investigation. The practice informed us that they would contact the patients' to check if they still required the medication or if a new prescription was issued.	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

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> <ul style="list-style-type: none">At the previous inspection in September 2021, we found the practice had a system in place to manage safety alerts but it did not work effectively as we found some safety alerts were not actioned as required to ensure the safe care and treatment of patients.During this inspection in July 2022, we found the practice had improved the safety alert process with the involvement of the Primary Care Network (PCN) pharmacists' team in identifying patients and processing any relevant actions needed. The PCN pharmacists carried out regular audits to ensure that all current and future patients were reviewed accordingly. The results were discussed with the GPs at the practice and clear documentation into patient records was maintained. The practice reviewed and monitored this process regularly. The practice had shared recent clinical data which demonstrated improvements in patient outcomes.For example, the clinical searches carried out on 26 July 2022 identified the practice had acted adequately on safety alerts for all women of childbearing age on teratogenic medicines (These medicines present a significant risk of birth defects and developmental disorders in babies born to women who take these medicines during pregnancy and must no longer be used in any woman or girl able to have children unless she had a pregnancy prevention programme in place).We noted the practice had carried out a clinical audit to ensure safe prescribing of sodium valproate medicine. (Sodium valproate is a medicine that can be used to treat epilepsy and bipolar disorder. It is also sometimes used to prevent migraine headaches. While very effective and safe for many patients, there are substantial risks if valproate is taken while pregnant).	

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.
- **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.
- ‰ = per thousand.