

Care Quality Commission

Inspection Evidence Table

Maghull Family Surgery (1-2783297139)

Inspection date: 31 July 2018

Date of data download: 07 August 2018

Appropriate and safe use of medicines

| Indicator | Practice | CCG average | England average | England comparison |
|--|----------|-------------|-----------------|----------------------------------|
| Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2017 to 31/03/2018) NHS Business Service Authority - NHSBSA) | 0.29 | - | 0.95 | Significant Variation (positive) |
| The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2017 to 31/03/2018) (NHSBSA) | 7.0% | - | 8.8% | Comparable with other practices |

| Medicines Management | Y/N |
|---|-----|
| Prescriptions (pads and computer prescription paper) were kept securely and monitored. | Y |
| There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. | Y |
| The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held. | Y |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases. | Y |
| There was medical oxygen on site. | Y |
| A defibrillator was on site. | Y |
| Explanation of any answers: | |
| The provider had reviewed and updated their systems and processes to ensure that risks associated with high risk medicines were closely monitored to protect patient safety. A spreadsheet had been introduced to ensure a regular overview of patients requiring regular tests linked to the medicines they were prescribed. | |
| The process included ensuring that; | |

- Medicines that required monitoring with blood tests could only be authorised up until the patient's next blood test due date.
- Clinicians check recent monitoring of bloods results and these must be up to date (usually one to three months) before prescribing.
- If a blood test is required, the individual clinician's judgement whether the medicines can be issued (usually only short course i.e. one week) or stopped. In such a case a task would be sent immediately to staff to recall the patient for a blood test.
- An alert on the patients record informed clinicians about outstanding blood tests.
- In relation to the prescribing of warfarin - one of the GPs can access the Anti-coagulation clinic system to check a patients INR.
- A spreadsheet was used to record the checks for all patients prescribed high risk medicines to monitor these were up to date for all patients.

Blank prescription forms were stored securely and removed from surgery/consulting rooms when not in use.

A risk assessment has been carried out to identify a list of medicines, in line with best practice, that should be in place for use in an emergency situation. This had resulted in the provider holding a wider range of medicines to be used in an emergency.

| Safety Alerts | Y/N |
|---|-----|
| There was a system for recording and acting on safety alerts | Y |
| Staff understand how to deal with alerts | Y |
| <p>Comments on systems in place:</p> <p>The system for managing patient safety alerts had been reviewed to ensure all relevant alerts were acted upon and that information on the actions taken were documented. A spreadsheet showed each alert and the actions taken.</p> <p>The clinical alerts handling protocol included:</p> <ul style="list-style-type: none"> • An appointed person who was responsible to check email inbox for clinical alerts on daily basis. • Alerts were saved on the shared drive and details sent electronically to relevant staff. • The clinical lead reviewed the alerts and is responsible to take appropriate action and document this. • A spreadsheet provides an overview of all alerts received and actions taken when required. | |

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 comparable, 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 comparable 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 Band | Z-score threshold |
|---|----------------------------------|-------------------|
| 1 | Significant variation (positive) | $Z \leq -3$ |
| 2 | Variation (positive) | $-3 < Z \leq -2$ |
| 3 | Comparable to other practices | $-2 < Z < 2$ |
| 4 | Variation (negative) | $2 \leq Z < 3$ |
| 5 | Significant variation (negative) | $Z \geq 3$ |
| 6 | No data | Null |

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.

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:

<http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).