

# Care Quality Commission

## Inspection Evidence Table

### Blaydon GP Led Surgery (1-1535497650)

Inspection date: 18 September 2018

Date of data download: 17 September 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Appropriate and safe use of medicines

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, audits for unusual prescribing, quantities, dose, formulations and strength).	N/a
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/a
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/a
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes

There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes*
Explanation of any answers:	
*Since the previous inspection in January 2018 the practice had reviewed their process for storing medicines requiring refrigeration and had purchased an additional refrigerator so they no longer needed to use the refrigerator in the walk-in entre. There was evidence of refrigerator temperatures being checked on a regular basis and a process was in place to govern what action should be taken if temperatures full outside of the permitted range (2°C to 8°C).	

## Effective

### Effective needs assessment, care and treatment

People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	71.7%	-	79.5%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	19.3% (11)	13.4%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) <small>(QOF)</small>	74.4%	-	78.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	31.6% (18)	9.8%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
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The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	88.1%	-	80.1%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	26.3% (15)	12.7%	13.3%	

<b>Other long-term conditions</b>				
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	83.5%	-	76.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.6% (8)	7.9%	7.7%	
<b>Indicator</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.7%	-	90.4%	Comparable with other practices
<b>QOF Exceptions</b>	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	14.3% (2)	10.6%	11.4%	

## People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	40.0%	-	90.3%	Variation (negative)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	37.5% (3)	13.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.7%	-	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	12.5% (1)	9.8%	10.3%	
	0 (0)	5.9%	6.8%	
<b>Any additional evidence or comments</b>				
<p>The QOF information above is the latest available published data which relates to the period 1 April 2016 to 31 March 2017.</p> <p>The provider was able to provide us with as yet unpublished or verified data to confirm that QOF attainment for 2017/18 showed improvement. Their overall QOF attainment was 94.1% compared to 91.6% for 2016/17 and they had achieved 100% for 14 of the 19 individual QOF indicators, including the mental health indicator.</p>				

## Well-led

### Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Trimethoprim in adults	The aim of the audit was to review prescriptions issued for Trimethoprim

	<p>between March and August 2018 to confirm that it had been appropriate to prescribe this medicine.</p> <p>The 1st cycle of the audit revealed that 4 of the 7 patients (57%) had not been prescribed the medicine appropriately or in line with best practice guidance. Clinicians were reminded of the guidelines for prescribing the medicine and a copy of the guidance was placed in all clinical rooms. A 2<sup>nd</sup> cycle of the audit is planned for April 2019.</p>
Topical acne preparations	<p>The aim of the audit was to review prescriptions of topical acne preparations issued between March and August 2018 conformed to local Clinical Commissioning group (CCG) guidelines which state that patients should have a trial of a non-antibiotic topical preparation before being prescribed an antibiotic topical preparation. It was also to ensure women of child bearing age prescribed teratogenic medicines were given appropriate contraceptive advice.</p> <p>The 1<sup>st</sup> cycle of the audit revealed that the guidance had been followed correctly for 12 of the 21 patients (57%) prescribed a topical acne preparation. Clinicians were reminded of the guidance and their responsibilities in relation to this. A 2<sup>nd</sup> cycle of the audit is planned for Sept 19.</p>
Gabapentin and pregabalin audit	<p>The aim of the audit (June 2018) was to ensure patients prescribed gabapentin or pregabalin were prescribed an appropriate dose based on renal function as recommended by the British National Formulary</p> <p>The 1<sup>st</sup> cycle of the audit identified that 2 of the 33 patients prescribed of the medicines required follow up. Review appointments were therefore arranged for September 2018. A 2<sup>nd</sup> cycle of the audit is planned for June 2019</p>

### Any additional evidence

The provider had undertaken clinical audit activity since the last inspection. It was clear that these audits were part of a first phase. The practice assured us that there were second cycles planned for each of these audits. In order to ascertain if the required improvements had been made and sustained the provider was in the process of developing a standardised rolling programme of clinical audit and improvement across all their locations.

## 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](#)).