

Care Quality Commission

Inspection Evidence Table

St Peters Hill Surgery (1-566684918)

Inspection date:

Date of data download: 01 October 2018

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

Well-led

Leadership capacity and capability

Examples of how leadership, capacity and capability were demonstrated by the practice

The practice had a clear management structure and practice staff understood the management system and roles of each manager.

The practice had implemented an action plan following their previous inspection in October 2018 to target any issues which were previously found. We found on this inspection that the practice had implemented new systems and processes.

The management of the practice were actively involved with future planning of the practice and we saw evidence of regular discussions and agreements which had taken place.

Vision and strategy

Practice Vision and values

The practice aimed to provide innovative, high quality healthcare in a friendly and welcoming environment.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice completed ongoing prescribing audits which were identified through safety alerts or new guidance. The practice highlighted patients and reviewed their medication accordingly. The practice would rerun these on a regular basis to ensure patients continuously received appropriate care.

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
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Staff interview	This staff member reported positive feedback regarding working at the practice. The staff member reported that management had supported through a change in contract to suit her needs and that management were approachable at all levels.
Staff interview	A member of staff reported that they had worked at the practice a number of years like many staff members. The staff member reported they felt included and the management structure allowed the dissemination of any important information quickly.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	The practice had a suite of policies which were in the process of being reviewed and added to their computer system for staff members instant access.
GP Team net	The practice implemented a computer system called GP team net which was an online way of sharing documents with staff. GP team net allowed management to put in information to keep track of progress for example, any staff training
Complaints and incidents	The practice had implemented a system for raising, investigating and reporting on any complaints or incidents. We saw that all reports had been completed in a timely manner.
Staff training	The practice had introduced online training modules tailored to staff role. We saw that staff were working through the new modules during protected learning time.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Fire and health and safety	The practice employed an external company to complete full risk assessments of the practice and provide reports.
Infection control risk assessment	The practice had completed an annual risk assessment for the prevention of infection control. The lead had produced an action plan with agreed timescales and was monitoring the practices completion of these.
Action plan following the October 2017 inspection	The practice had produced an action plan covering how they were going to improve systems which were found to be issues previously. The

	practice had implemented these systems and had monitored systems following this. Systems to improve infection prevention control and complaints were well established and allowed the practice to effectively manage any risk.
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Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

Engagement with patients, the public, staff and external partners

Continuous improvement and innovation

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

Audit area	Improvement
Work flow audit	The practice had recently completed a workflow audit to highlight if any documentation or letters had been coded and actioned inappropriately. The audit reported that most of the documents had been appropriately dealt with and found one document had been incorrectly handled.
Continuous prescribing audits	The practice completed audits on prescribing from safety alerts or new guidance. We saw evidence that these prescribing audits were rerun regularly to ensure patients always received appropriate treatment.

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 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](#)).