Care Quality Commission

Inspection Evidence Table

The Fairlands Practice (1-570926398)

Inspection date: 13 March 2019
Date of data download: 12 March 2019

Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

Safe Rating: Good

Risks to patients
Appropriate and safe use of medicines

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

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) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.87	0.86	0.94	No statistical variation
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). (01/10/2017 to 30/09/2018) (NHSBSA)	10.3%	9.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.39	5.73	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	2.06	1.71	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	N/A
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Any additional evidence or comments
At our previous inspection we noted that the system for tracking prescriptions was not robust and medicines which had expired were found within the emergency medicines. At this inspection we found: Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We checked the emergency response bag and found all medicines were within their expiry date. The practice also had oxygen, a pulse oximeter and a defibrillator on site. We saw evidence that these were checked monthly and these checks were recorded on a spread sheet. We saw there was a prescribing audit conducted for the nurse practitioner in December 2017. The next audit was planned for the end of March 2019 (it had been delayed due to the nurses' absence). We reviewed two patients on methotrexate and saw they had been correctly monitored and had a re-call system in place for clinical review. Staff we spoke with informed us of the process in place for repeat medication and reviews required. The patient record prompts patient reviews and if prescriptions are issued it is highlighted that a review is required before the patient can have their repeat medication. If the prescription goes to the dispensary, the dispensing staff will inform the GP and the patient is informed that a review is required. If the GP agrees that the patient is able to have their medication before the review, the dispensing staff will inform the patient that a review needs to be booked. Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure. In 2017 two of the senior GPs had looked at a single day of practice for the nurse practitioner. They had reviewed the notes and reviewed the appropriateness of the prescribed medications particularly in relations to antibiotic prescribing. The audit had been repeated in January 2019 and was planned to be re-done in January 2020.

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	Y
The practice had clear Standard Operating Procedures which covered all aspects of the dispensing process, were regularly reviewed, and a system to monitor staff compliance.	Y
Dispensary staff who worked unsupervised had received appropriate training and regular checks of their competency.	Y
Prescriptions were signed before medicines were dispensed and handed out to patents. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	Y
Medicines stock was appropriately managed and disposed of, and staff kept appropriate records.	Y
Medicines that required refrigeration were appropriately stored, monitored and transported in line with the manufacturer's recommendations to ensure they remained safe and effective.	Y
If the dispensary provided medicines in Monitored Dosage Systems, there were systems to ensure staff were aware of medicines that were not suitable for inclusion in such packs, and appropriate information was supplied to patients about their medicines.	N/A
If the practice offered a delivery service, this had been risk assessed for safety, security, confidentiality and traceability.	N/A
Dispensing incidents and near misses were recorded and reviewed regularly to identify	Y

themes and reduce the chance of reoccurrence.	
Information was provided to patients in accessible formats for example, large print labels, braille, information in a variety of languages etc.	P
There was the facility for dispensers to speak confidentially to patients and protocols described the process for referral to clinicians.	Y

Any additional evidence or comments

At our previous inspection we noted that errors in dispensing medicines that reached patients were not recorded so could not be investigated. The dispensary had no process for collecting near-miss error data and as such was unable to identify potential areas for improvement to keep patients safe. There was a standard operating procedure (SOP) and a process was in place for these issues but this was not used in practice. The controlled drug register was incorrectly completed and had no evidence contained within this to demonstrate that expiry dates and balance checks of medicines were being undertaken.

At this inspection we found:-
We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Systems were in place to deal with any medicines alerts or recalls, and we reviewed records kept of any actions taken.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

We saw evidence that staff had received update training for the management of controlled drugs and how these should be recorded. We reviewed the controlled drugs register and saw this was completed correctly.

DRUM's (a dispensing review of use of medicines) were completed by the dispensing staff. Staff we spoke with told us that these were conducted at the dispensary hatch but that a private room could be offered to patients.

Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process. We saw evidence of regular review of these procedures.

Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP. This process ensured patients only received medicines that remained necessary for their conditions.

A bar code scanner was in use to check the dispensing process. A second check was in place when dispensing certain medicines for example controlled drugs

There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training. Staff we spoke with told us there was limited opportunity for learning and development. We spoke with a partner and the PM who told us they were aware that training was limited and was looking to other avenues of learning to support the dispensary staff with their development.

We spoke with staff in relation to providing information in accessible formats. Staff informed us that currently they had no patients who required additional formats but would review how this could be achieved in the future.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of dispensary medicine management errors recorded in last 12 months:	4
Number of dispensary errors that required action:	0

Any additional evidence or comments
At our previous inspection we noted that there had been a limited number of significant events raised and there were none from the dispensary. At this inspection we saw that significant events had been discussed with staff and the threshold for events lowered. We saw that in the past 12 months 20 significant events had been raised and four of them from the dispensary. All significant events were discussed with the individual and the team involved and any actions required taken. Significant events were completed onto a standard form which was further discussed at a weekly meeting involving the partners, practice manager, nurses and heads of administration and reception. This ensured that any learning could be disseminated to all teams. The practice manager informed us that due to the increase in significant events it had been decided to have a dedicated monthly meeting to ensure that learning had been disseminated to all staff and to review actions taken. We reviewed the dispensary medicine management errors and noted that the practice had identified these as human error.

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

Any additional evidence or comments
At our previous inspection we noted that the dispensary did not have a register to document medicine alerts. At this inspection, we found that safety alerts were centrally managed by an administrator who sent the safety alerts to all staff required. The dispensary printed these alerts and stored them in a folder for reference. They had ensured that any action required was completed and this information was recorded onto the print outs as well as being sent back to the administrator. The administrator kept a spreadsheet of all alerts received, who they were sent to and the action required and when completed.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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.
- 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.

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

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.