

Care Quality Commission

Inspection Evidence Table

Hollow Way Medical Centre (1-543177293)

Inspection date: 17 June 2019

Date of data download: 19 June 2019

Well-led

Rating: Good

We previously rated the practice good overall following a comprehensive inspection in November 2018. However, we also rated the practice requires improvement for being well-led. At this inspection we identified improvements had been made to governance arrangements and identification of risks; we have rated the practice good for this domain.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
The practice had implemented a new system to ensure that any actions from multi-disciplinary meetings were acted on and recorded appropriately. For example, we found that meetings regarding children on the at-risk register had related actions followed up by GPs or staff and were recorded on the clinical record system.	
The system for ensuring test results, such as blood tests, were acted on, filed and had been amended. A buddy system was in place to ensure that GPs reviewed any results from tests they requested or that the duty doctor ensured that these were viewed in the event of the relevant GP being away. We looked at the various inboxes of GPs' test results and saw that any over a day old had been reviewed. We checked a sample of two test results to ensure that any relevant action required was recorded on the clinical record system and found that this had taken place.	
The practice had amended the system for monitoring patients on high risk medicines. A clinical pharmacist was reviewing the coding of patients whose care was shared with secondary providers, such as hospitals. They amended coding on the clinical system for some patients where the responsibility for monitoring these patients was external, but ensured there were inbuilt searches on the clinical record system to monitor that the relevant test results were being collected and analysed. The clinical pharmacist was planning to transfer this responsibility to support staff once the relevant monitoring systems were embedded and fully operational. This would be overseen by GPs. An additional system had been implemented to identify risky prescribing and alert this to clinicians for them to review relevant	

patients. Closer monitoring of Direct Oral Anticoagulants (DOACs) had been implemented to allow greater responsive monitoring and change of dosage when required.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Explanation of any answers and additional evidence:	
<p>The system to respond to and share medication and safety alerts had been reviewed and altered. These were responded to in a timely way. We saw that searches were added to the clinical record system to enable patients to be identified if prescribing indicated a potential risk indicated by alerts. The searches could be repeated periodically as they were built into the system. We saw actions listed as a result of medication alerts from a recent medicines management meeting in May 2019. Any actions and learning from these alerts were posted on the practice's shared IT portal.</p> <p>A new log of equipment had been implemented to ensure that any requiring calibration had been tested in line with manufacturer's instructions. We saw from the log that calibration of all the relevant equipment had been undertaken in 2019.</p>	

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
<p>Since the last inspection the practice had implemented initiatives to improve cancer screening rates. This included information on TV screens, endorsement letters sent from the practice to patients prior to prompt letters from national screening programmes and improvement of flags for patients who miss appointments to enable more effective follow up.</p> <p>The practice had met projected targets so far in 2019 for bowel cancer screening rates and informed us that there had been improvements within the current year in cervical screening rates compared to last year.</p> <p>The practice had implemented a comprehensive consent tool for the fitting of contraceptive devices. This included prompts to discuss the risks and rates of side effects following fitting. It also provided clinicians with a clear assessment tool prior to the procedure. This enabled a clear audit trail for consent and</p>	

assessment prior to 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 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.
- 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.