

Care Quality Commission

Inspection Evidence Table

Dr R Mapara and Partners (1-542760797)

Inspection date: 27 June 2019

Date of data download: 21 June 2019

Overall rating: Good

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

Safe

Rating: Good

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
Explanation of any answers and additional evidence: During our previous inspection in November 2018	
<ul style="list-style-type: none">We found not all staff had received training on sepsis awareness. The practice advised that further training was planned for all staff working at the practice shortly after our inspection.	
During our inspection in June 2019 we found:	
<ul style="list-style-type: none">Sepsis training had been delivered to all staff in February 2019 with a refresher session delivered in June 2019.	

Appropriate and safe use of medicines

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

Medicines management	Y/N/Partial
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
There was a process for the safe handling of requests for repeat medicines and evidence	Y

Medicines management	Y/N/Partial
of structured medicines reviews for patients on repeat medicines.	
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.	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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2018 we found:</p> <ul style="list-style-type: none"> Blank prescriptions were not being stored securely overnight due to personnel access throughout the building during these times. Following our discussions with the provider during the inspection, they took immediate steps to address identified risks and improve the security of blank prescriptions overnight. 14 patients who had been prescribed a medicine at an unsafe level. These patients had not had their medicines effectively reviewed in line with evidence-based guidance. The practice took immediate steps following our inspection to review these patients. <p>During our inspection in June 2019 we found:</p> <ul style="list-style-type: none"> The practice had developed effective arrangements to ensure blank prescriptions were kept securely and their use monitored in line with national guidance. A process had been implemented for the safe handling of requests for repeat prescriptions and evidence of structured medicines reviews for patients on repeat medicines were evident. We randomly reviewed the records of ten patients that were prescribed medicines which required regular monitoring and found appropriate checks were made before a repeat prescription was issued. The practice had undertaken audits of patients that received medicines which required regular monitoring, for example those that were prescribed disease-modifying antirheumatic drugs (DMARDs) which ensured they were being reviewed and managed as per evidence-based guidance and shared care agreements. 	

Track record on safety and lessons learned and improvements made

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
<p>Explanation of any answers and additional evidence:</p> <p>During our inspection in November 2018 we found:</p> <ul style="list-style-type: none"> One MHRA alert had not been acted upon as required. As a result, a patient group had been prescribed a medicine at a dose which was not in accordance with the requirements of the safety alert. This affected 14 patients in total. Following our inspection, the practice took immediate action to address this issue. A system to ensure safety alerts were safely responded to had been implemented at the practice since June 2016 and we found that all alerts had been responded to appropriately since that time. However, the practice had failed to safely prescribe one drug to 14 patients and medicines reviews had not identified this. <p>During our inspection in June 2019 we found:</p> <ul style="list-style-type: none"> The practice had audited the specific prescribing issue identified during the November 2018 inspection. We reviewed the results of the latest (June 2019) audit which showed the prescribing of 	

this medicine was in accordance with the requirements of the safety alert.

- The practice had reinforced the system for recording and acting on safety alerts which included a log that provided greater traceability of actions taken. Alerts were discussed and reviewed during the weekly clinical meetings.

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.