

# Care Quality Commission

## Inspection Evidence Table

### Felixstowe Road Medical Practice (1-572483825)

Inspection date: 4 November 2019

Date of data download: 28 October 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

## Safe

## Rating: Good

The practice was rated as requires improvement for safe because system for ensuring appropriate recruitment checks were in place when staff commenced employment was not always effective. The practice is rated good because appropriate recruitment checks, including obtaining references and a Disclosure and Barring Service check were now in place.

### Safety systems and processes

**The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.**

Safeguarding	Y/N/Partial
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes <sup>1</sup>
Explanation of any answers and additional evidence: <sup>1</sup> A DBS check had been completed for the GP who, at the last inspection, did not have this completed. We reviewed the recruitment files of two clinical staff who had been employed since our previous inspection. DBS checks had been completed for both staff before they started work at the practice. DBS checks were completed for all new staff employed at the practice.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes <sup>1</sup>
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes <sup>2</sup>
Explanation of any answers and additional evidence: <sup>1</sup> Improvements had been made to recruitment checks which were completed by the practice. The practice had updated their recruitment policy to ensure appropriate checks were completed. We reviewed the recruitment files for two clinical staff who had been employed since our previous inspection. Appropriate checks had been completed and documented. <sup>2</sup> On-going checks of the professional registration of clinical staff were made. The practice had a	

spreadsheet of when professional registration fees were due to be paid and the date of revalidation. Evidence of professional registration was checked at recruitment and as part of the registration renewal and these checks were documented.

### Safety systems and records

Explanation of any answers and additional evidence:

A five year fixed wiring test had been completed in April 2019. Recommendations which were essential had been completed and a new fixed wire certificate was issued in October 2019.

### 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
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). (01/07/2018 to 30/06/2019) (NHSBSA)	9.5%	9.1%	8.6%	No statistical variation

Explanation of any answers and additional evidence:

The practice had worked with the Clinical Commissioning Group (CCG) to reduce the number of prescription items for co-amoxiclav, cephalosporins and quinolones. The practice had a monthly meeting when they reviewed all patients to discuss whether the prescribing was appropriate and in line with current best practice. Action to improve prescribing was taken as appropriate.

## Effective

## Rating: Good

The practice was rated requires improvement for providing effective services for the population group, people experiencing poor mental health (including people with dementia) because the exception reporting for some of the QOF indicators for mental health were higher than the CCG and England averages. Although the practice excepted patients in line with QOF requirements, a significant number of patients were not receiving the interventions and there was no action plan in place to address this. The practice is now rated good for this population group because improvements had been made to reduce the number of patients with mental health needs who were excepted from the quality and outcomes framework.

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

### Population group rating: Good

#### Findings

The practice had made improvements to reduce the number of patients with mental health needs who were excepted from the quality and outcomes framework. Patients with mental health needs were reviewed appropriately. The practice had a mental health action plan in place. There was a lead administrator who invited patients to their review appointment by telephone or by letter, as deemed most appropriate for the patient. Patients were invited to a review with a nurse and a further review by a GP. Attendance was monitored, and a GP called patients who did not attend. If the GP was not able to contact the patient, they referred the patient to the mental health team. Patients who were housebound or unable to attend the practice, had their reviews undertaken in their own homes. Before a patient was excepted from the data, their case was reviewed by a GP.

Mental Health Indicators	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	90.3%	92.6%	89.4%	No statistical variation
Exception rate (number of exceptions).	12.7% (9)	12.8%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	95.4%	93.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	8.5% (6)	10.7%	10.1%	N/A

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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. Note that practices that have "Met 90% minimum" have not met the WHO target of 95%.
- 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.
- The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

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>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

## 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.