

Care Quality Commission

Inspection Evidence Table

Dr R W Shelly & Partners (1-549101303)

Inspection date: 21 July 2020

Date of data download: 20 July 2020

Overall rating: Good

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

Well-led

Rating: Good

At our previous inspection in April 2019, we rated the practice as Requires Improvement for providing well-led services due to a lack of oversight of governance systems and assurance measures. In particular, relating to the recording of actions taken following receipt of safety alerts and the appropriate investigations of significant events as well as the associated dissemination of learning from such events.

At this desk-based inspection on 21 July 2020, we rated the practice as Good for providing well-led services as the practice had introduced improved assurance systems to maintain oversight of its safety alerts and significant events processes.

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
Explanation of any answers and additional evidence: At our last inspection, we found the practice was reporting significant events appropriately through an online reporting tool. However, the practice's own investigations of its significant events were found to be limited, and on at least one occasion had not identified the root cause of an event. We also found the sharing of learning from significant events was limited. Staff were not made aware of certain significant events unless they were specifically involved in them. At this desk-based review, the practice provided an updated significant events policy. The practice told us they had identified a significant event lead who was responsible for reviewing all significant event reports prior to a review meeting. We asked if the significant event lead had undertaken any specific investigation training for reviewing significant events, and the practice told us that there was an intention to do this but with the arrival of the coronavirus pandemic the training had been temporarily postponed. We were told a significant events coordinator, an administrative post, was also in place to support the monitoring and actioning of identified tasks as well as the timely dissemination of learning to all staff at the practice. The practice told us it now invited all staff to attend its significant event	

review meetings. We were told this had been received well amongst all staff. The practice felt this had promoted a more open and inclusive, no-blame culture, and we were told that staff felt more assured that they could contribute to the learning from events to improve the practice moving forward.

At our last inspection, we found the practice was receiving and acting upon safety alerts but its system for recording those actions was limited. This meant the practice was not fully assured that all safety alerts had been appropriately actioned.

At this desk-based review, the practice provided a protocol to demonstrate it had implemented improved oversight for safety alerts. We also saw a copy of a new log for the recording of alerts and their associated actions. We saw from these documents that safety alerts were acted upon appropriately and recorded in a timely manner. Examples of alerts acted upon included those relating to the ongoing coronavirus pandemic. We reviewed examples of letters sent to patients in response to specific safety alerts it had received. The practice also demonstrated discussion of safety alerts took place during clinical meetings to ensure all clinicians were kept up to date.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
Explanation of any answers and additional evidence: At our last inspection, we found limited evidence to demonstrate the practice had effective processes for managing risks at the practice, particularly in relation to recording the actions from safety alerts and the completion of comprehensive investigations of significant events. At this desk-based review, the practice provided evidence to demonstrate it had amended its assurance systems to include a safety alert monitoring log, which allowed for the recording of actions, and the implementation of a significant event lead who led on the reviews of significant events to identify any associated learning. By identifying a lead clinician to review all the significant events at the practice, prior to a significant event review meeting, the practice had improved its oversight of the associated process. We saw an initial review of significant events to demonstrate that the practice had begun to identify themes from its significant events. The practice told us it was in the process of implementing new ways of working to reduce the risk of reoccurrences.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Explanation of any answers and additional evidence: At our last inspection, we found limited evidence to demonstrate the practice had effective processes	

for managing risks at the practice through the use of appropriate and accurate information, particularly in relation to recording the actions from safety alerts and the completion of comprehensive investigations of significant events.

At this desk-based review, we saw copies of recording logs to demonstrate the practice had amended its oversight processes of its safety alerts and significant events to ensure appropriate and accurate information was used to identify, manage and mitigate risks. We reviewed four significant event reporting forms and their associated documentation during this desk-based review. We found the practice had identified learning in all four events, and patients that may have been affected by an event had been appropriately informed.

Continuous improvement and innovation

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

	Y/N/Partial
Learning was shared effectively and used to make improvements.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection, we found the practice was identifying learning from significant events, but this was limited. Also, the dissemination of any learning to staff at the practice was also limited. Staff we spoke to during the inspection could not recall receiving information about a significant event that affected the practice as a whole.</p> <p>At this desk-based review, the practice confirmed it had introduced significant event review meetings that all staff could attend. Attendance was not compulsory as minutes of these meetings were then shared electronically to all staff. We saw examples of these meeting minutes and the emails that were sent to staff with the minutes attached. When we spoke with the practice, it confirmed its staff, particularly its non-clinical staff, had welcomed the new way of sharing information through these meetings. They told us staff reported they felt more informed about events at the practice.</p> <p>The practice was also beginning to, through an analysis of its significant events, identify themes that were causing significant events to occur. The practice told us this was acting as a starting point for it to proactively identify improvements it could make to its systems and processes to reduce the risk of repeat occurrences in the future.</p> <p>Examples of improvements that the practice had already identified by learning from significant events included:</p> <ul style="list-style-type: none"> • A revision of its emergency medicine bag to be more user-friendly. • New ways of working in the practice's reception area, such as actioning new patient registration requests away from the front desk to reduce the risk of distraction. • The creation of a monitoring log for the practice's patient group directions (PGDs) to monitor expiry dates proactively. <p>Since our last inspection, the practice told us one of its existing GPs had successfully completed their GP trainer qualification. As a result, the practice had received another GP registrar to support through their GP training process.</p>	

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 practice's 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. 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.