

# Care Quality Commission

## Inspection Evidence Table

### Steppingstones Medical Practice (1-537648487)

Inspection date: 24 July 2020

## Well-led

## Rating: Good

At the inspection on 12 February 2019 the practice was rated as requires improvement for providing well-led services. The practice is now rated as good for providing well-led services as the provider has made improvements to the systems and processes to ensure good governance in accordance with the fundamental standards of care.

### Managing risks, issues and performance

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

	Y/N/Partial
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"><li>In addition to medicines management audits carried out by Dudley Clinical Commissioning Group (CCG), the practice could also evidence that there was a programme of clinical and non clinical audits taking place. We saw examples of audits which had been completed by the practice on infection control in June 2020 and steroid use and bone protection in COPD patients in April 2020. A diarised electronic system was in place to ensure that audits were scheduled and reviewed as part of ongoing monitoring and best practice.</li><li>The practice had systems and registers in place to identify vulnerable adults and children on their clinical system. This was addressed during the last inspection but had since been further embedded. Local safeguarding teams could now update notes on their clinical system and searches were regularly carried out by the practice as part of multidisciplinary reviews to ensure information was accurate and in date.</li><li>The practice had an electronic system in place to manage areas of health and safety and risk management. There was a formal system in place to review policies procedures, risk assessments and audits. Alerts were added to the system which identified when policies, audits and areas of risk assessments required updating. This also gave an audit trail to track and monitor.</li><li>The referral tracking system had been reviewed and strengthened and there was a system in place to ensure this was checked daily and streamlined efficiently. Evidence we saw indicated that this was being managed in timely manner.</li></ul>	

## 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)	$\leq -3$
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.