

Care Quality Commission

Inspection Evidence Table

Oaks Park Medical Centre (1-3906790157)

Inspection date: 13/05/2021

Date of data download: 29 April 2021

Effective

Rating: Good

At the last inspection the practice was rated as requires improvement for providing effective services because child immunisation rates were below the World Health Organisation target. Also, patients with long term conditions, mental health and cervical screening data were below the local and national averages.

At this review we found the practice had taken all necessary steps possible to contact patients to improve patient uptake. Whilst child immunisation rates were slightly below the World Health Organisation target, and cervical screening was slightly below the England average, there had been an improvement since the last inspection. Data regarding patients with long term conditions, and mental health had also improved since the last inspection.

PCA: Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table.

People with long-term conditions

Population group rating: Good

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	73.4%	75.7%	76.6%	No statistical variation
PCA* rate (number of PCAs)	20.1% (88)	11.6%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in	94.0%	90.2%	89.4%	No statistical variation

the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)				
PCA rate (number of PCAs).	28.1% (39)	11.7%	12.7%	N/A

Any additional evidence or comments

- The practice provided an audit they had conducted for the period 2019/2020 which showed why patients had justifiably been excepted from the figures. The practice also provided unverified data for 2020/2021 which showed there had been only three exceptions reported for COPD.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	79.6%	83.1%	82.0%	No statistical variation
PCA rate (number of PCAs).	3.0% (3)	4.5%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	58.4%	65.2%	66.9%	No statistical variation
PCA rate (number of PCAs).	9.6% (31)	12.4%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	66.5%	71.9%	72.4%	No statistical variation
PCA rate (number of PCAs).	1.9% (13)	6.6%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) <small>(QOF)</small>	90.6%	89.3%	91.8%	No statistical variation
PCA rate (number of PCAs).	7.0% (4)	5.2%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) <small>(QOF)</small>	65.2%	75.7%	75.9%	No statistical variation
PCA rate (number of PCAs).	12.4% (40)	9.4%	10.4%	N/A

Families, children and young people

Population group rating: Good

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2019 to 31/03/2020) (NHS England)	107	119	89.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2019 to 31/03/2020) (NHS England)	100	116	86.2%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2019 to 31/03/2020) (NHS England)	104	116	89.7%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	103	116	88.8%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	76	88	86.4%	Below 90% minimum

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- We were informed the practice makes every effort to encourage attendance for childhood immunisations.
- The practice provided us with unverified data which showed the practice had recently met the 90% target in three out of four indicators for children aged two.
- For children aged five, the practice had done an audit, the audit showed the practice had contacted each patient and tried various ways to engage with the patients such as letters, text messages and telephone calls.
- The practice also informed us of a system error originating from information held by NHS England and the Clinical Commissioning Group (CCG) relating to the practice's childhood immunisation cohorts. SE London started sending practices a list each week of immunisations due or outstanding and in the early few months there were a number of patients they believed were registered at the practice but upon checking, the information was inaccurate.
- During the COVID pandemic the practice continued to provide childhood vaccinations.

Working age people (including those recently retired and students)

Population group rating: Good

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 30/09/2020) (Public Health England)	69.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	62.2%	64.8%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	50.1%	N/A	63.8%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2019 to 31/03/2020) (QoF)	100.0%	92.1%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	79.2%	56.8%	54.2%	No statistical variation

Any additional evidence or comments

- The practice informed us they made every effort to encourage attendance for cervical screening, they provided unverified data for the year ending 31 March 2021, which showed for woman aged 25-49 they had 75% uptake rate and for woman aged 50-64 they had a 78% uptake rate.

People whose circumstances make them vulnerable

Population group rating: Good

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

Population group rating: Good

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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	93.5%	86.1%	85.4%	No statistical variation
PCA rate (number of PCAs).	67.8% (97)	12.3%	16.6%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2019 to 31/03/2020) <small>(QOF)</small>	78.6%	79.6%	81.4%	No statistical variation
PCA rate (number of PCAs).	12.5% (4)	7.4%	8.0%	N/A

Any additional evidence or comments

- We saw the practice had completed an audit on patients that had been excepted for schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2019 to 31/03/2020). The audit showed that invites had been sent at 9-month intervals, out of the 20 patients on the practice audit list nine had a review. The practice informed us they do try and engage with patients via various methods including telephone, getting the nurse to call, and text message.

Effective staffing

	Y/N/Partial
There was an induction program for new staff.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> At the last inspection an induction checklist was in place for newly recruited staff; however, these were not always being completed. At this review the practice submitted a completed new employee starter checklist. Since the last inspection, the practice had five new staff members join, the practice informed us all new staff members had their inductions done and completed a new started checklist. 	

Any additional evidence or comments

- The practice had continued to monitor and act upon patient accessibility with telephone access.
- The practice increased the number of lines which allowed more patients into the queue. Also, the practice decreased the number of messages, as they realised that listening to these affected call-waiting times.
- The practice had conducted their own internal patient survey to monitor patient access. This was an online survey sent out to all Patient Participation Group members (120) in May 2021, the survey was available for six days. The survey results showed that almost 60% of the participants found it "very easy" to get through to someone at the practice on the phone. 15% found it "fairly easy", 5% found it "not very easy", 7.5% found it "not at all easy" and 15% "did not ring the surgery recently".

Latest published data from the National GP Patient Survey;

Indicator	Practice	CCG average	England average	England comparison
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 (01/01/2020 to 31/03/2020)	52.4%	N/A	65.2%	No statistical variation
Published data from previous inspection				
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 (01/01/2018 to 31/03/2018)	40.6%	N/A	70.3%	Significant Variation (negative)

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- **‰** = per thousand.