

Care Quality Commission

Inspection Evidence Table

Newbury Group Practice (1-556735363)

Inspection date: 07 December 2022

Date of data download: 07 December 2022

Overall rating: Good

Effective

Rating: Requires improvement

At our last focused inspection of this provider carried out on 3 December 2021, we identified that the practice did not have a consistent approach in its monitoring of patients with long-term conditions. We identified instances where timely monitoring for patients with diabetes, high blood pressure and high cholesterol had not taken place. In addition, our inspection identified missed diagnosis of patients whose test results had not been thoroughly reviewed and acted upon. The provider was issued with requirement notice under Regulation 12 of the Health and Social Care Act (Regulated Activities) 2014

This announced focused inspection of this provider was on held on 7 December 2022 to ensure compliance with the previously issued requirement notice. At this inspection, we identified whilst the provider had addressed some of our concerns raised in the December 2021, some areas still needed to show improvement. Timely monitoring for some patients with long-term conditions and medicines safety alerts as well as potential missed diagnosis for some patients were identified at this inspection.

As a result of this focused inspection held on 7 December 2022, the provider remains rated as requires improvement for the key question effective and rated good overall.

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were not always assessed, and care and treatment was not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing. ¹	P
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. ²	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated. ³	P
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y

Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>On the day of inspection, patient records we viewed showed areas where practice improvement was required with regards to their reviewing and monitoring of patients on medication for long term conditions, for patients diagnosed with hypothyroidism. Our clinical searches identified that patient records we viewed (which had been coded with this condition), showed timely monitoring by the practice had not always occurred. We undertook a review of patients on medication for hypothyroidism, where we looked at five patient records and found that all five records had evidence contained within the patient record of recent monitoring where practice was aware that required monitoring of patient was overdue (by way of issue of prescriptions), but there was no recorded actions within the patient record detailing next steps for the practice. We noted that of the five patient records we viewed, two patients had not had a blood test to measure their thyroid levels since January 2019.</p> <p>Our clinical searches showed that patients requiring high dose steroid treatment for severe asthma episodes were not always followed up in line with national guidance to ensure they received appropriate care. We noted one patient had received two courses of steroids but had not been followed up by the practice to check the patient response to the course of steroids. In addition, this patients' record did not show the clinical parameters used to reach the decision to prescribe the courses of rescue steroids.</p> <p>We identified five patients with a potential missed diagnosis of chronic kidney disease at stages three, four or five. Recommended national guidelines on interval testing for potential chronic kidney disease were not always being adhered to by the practice. Two of the patient records we reviewed identified that the two blood test readings required (to measure of how well kidneys are working) were taken more than three months apart. The timings of these tests did not meet the requirements of national guidance, which meant that the information contained within the identified records made it unclear whether these patients potentially had chronic kidney disease as the practice had not followed up these patients to request them to have further blood tests.</p> <p>Our remote clinic search also identified that the practice monitoring of safety alerts (recent and historical) required improvement in relation to timely monitoring and action. We noted that female patients (of childbearing age) prescribed teratogenic medicines had not always received timely information from the practice relating to the potential side effects of this type of medicine. Teratogenic medicines can be prescribed for conditions relating to acne, seizures, depression, thyroid and hormone imbalances and cancer. We noted that patients of child-bearing age had received a message from the practice regarding a review of their medicines on the day of our inspection.</p> <p>The inspection team identified 126 patients who were prescribed medicines to manage high blood pressure or prevent heart failure who had not had a blood test to check their U&E (urea and electrolytes) in the preceding 18 months. National guidance recommends that patients on this type of medicine have a blood test to ascertain U&E levels every 12 months.</p> <p>We spoke with the practice about the above patient records on the day of inspection and they told us that these records would be treated as priority to be followed-up at the earliest opportunity.</p>	

Effective care for the practice population

Findings

- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- All patients with a learning disability were offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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. 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 SICBL 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 SICBL 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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- $\%$ = per thousand.