

Care Quality Commission

Inspection Evidence Table

Pimlico Health @ The Marven (1-549246825)

Inspection date: 20 December 2022

Date of data download: 20 December 2022

Overall rating: Good

Effective

Rating: Good

At the previous inspection in December 2019, we rated the practice as **requires improvement** for providing effective services, because:

We identified the areas where the provider '**should**' make improvements. The following two '**shoulds**' were identified in the previous inspection report:

- Continue to implement processes to improve the uptake of childhood immunisations.
- Continue to implement processes to improve the uptake of cervical smears.

At this inspection in December 2022, we found the practice had been proactive in improving childhood immunisations and cervical screening uptake rates. Although uptake rates remained below national averages, the practice had worked independently and in collaboration with their primary care network to identify challenges facing the practice population and improve outcomes for patients. We rated the practice as **good** for providing effective services.

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.

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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	79	94	84.0%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	93	115	80.9%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	97	115	84.3%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	96	115	83.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	12	22	54.5%	Below 80% uptake

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

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Published performance data showed that the practice had not met the minimum 90% for all five childhood immunisation uptake indicators in 2020/21. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all five childhood immunisation uptake indicators in 2020/21.
- The practice explained that this was due to the transient population and challenges within the practice. For example, the practice faced additional challenges due to ongoing pandemic restrictions. They told us this had an impact on the national childhood vaccination programme.
- We have taken into account that disruption caused by the Covid-19 pandemic may have adversely affected vaccine coverage in 2020/21 and 2021/22, compared to earlier years.
- The practice identified that some children were not living in the country or had childhood immunisation carried out in their native countries, but this information was not shared with the practice.
- Some children had moved to the UK from abroad and had received vaccinations under different schedules to those recommended by the NHS England. The practice informed us it was difficult to record these vaccinations on the clinical system in line with the UK schedule despite the children being fully vaccinated.

The practice recognised the need to improve uptake rates for childhood immunisations and was proactive in finding ways to improve this. Since our last inspection they had undertaken the following steps:

- The practice appointed a GP and dedicated reception staff as childhood immunisation leads.

- The practice informed us they had implemented a new approach and childhood immunisation records were checked and translated if required at the time of new registrations.
- The practice offered six weeks' checks for the baby and mother with the GP at the same time avoiding multiple trips to the practice.
- The practice contacted the parents or guardians of children due to having childhood immunisations.
- The practice offered dedicated childhood immunisations clinics every Tuesday afternoon. In addition, flexible appointments were offered in the evening and weekends at the Enhanced Access Hubs. The practice worked closely with the primary care network (PCN) to improve uptake rates.
- The practice was participating in the Bi-Borough Children's Immunisation project whereby community vaccination pop-up clinics would be offered at local children's centres. These additional clinics were aimed at patients who were overdue for their vaccinations.
- We saw a documented childhood immunisation recall process which included a comprehensive 'hard to reach families' plan.
- The practice implemented a batch reporting process on the clinical system to ensure tasks were generated and assigned electronically to the dedicated staff member responsible for recalls.
- The practice informed us that if a childhood immunisation was declined, then a telephone appointment would be arranged with the GP to discuss any concerns. The parents were requested to complete a refusal disclaimer form if they still decided not to have their children vaccinated. Parents were reminded that children could start childhood immunisations at any time if they changed their minds. This was added as an alert on the clinical system, so they could be reminded and encouraged at every opportunity going forward.
- The practice had arrangements for following up on failed attendance of children's appointments for immunisation and would liaise with health visitors when necessary.
- The practice provided unvalidated data to demonstrate improvements. For example, 82% of children had received childhood immunisation. However, these figures cannot be directly compared with the published statistics due to differences in calculation. The practice informed us that 68% of children aged 5 had received childhood immunisation and they had plans in place to drive improvement in this area. The practice understood they were required to make further improvements.

Cancer Indicators	Practice	SICBL average	England average	England comparison
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (Snapshot date: 30/06/2022) (UK Health and Security Agency)	61.1%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	57.9%	48.9%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	55.7%	57.2%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	55.6%	55.1%	54.9%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments

- Published performance data showed that the practice was below the 80% coverage target for the national cervical screening programme (Snapshot date: 30/06/2022).
- The practice was aware of these results and explained that this was due to the transient population and known cultural challenges within the practice population, which had an impact on the cervical cancer screening uptake. The practice faced additional challenges due to ongoing pandemic restrictions.
- The practice had taken steps to encourage the uptake. For example, there was a policy to offer telephone reminders and send text messages to patients who did not attend their cervical screening test. All non-attendance was flagged on the patient's record so that the clinicians opportunistically encouraged patients to make their appointments.
- Patients who declined a cervical screening test were requested to attend an appointment with the practice nurse and complete a dissent form which was saved and coded on the clinical system.
- We saw a documented cervical screening recall process which included a comprehensive 'hard to reach' plan. The practice was actively managing the recall for the smear test and offered flexible appointments. In addition, flexible appointments were offered in the evening and weekends at the Enhanced Access Hubs. The practice worked closely with the primary care network (PCN) and Community Health and Wellbeing workers to improve uptake rates.
- The practice had shared unverified Quality Outcomes Framework (QOF) results and informed us they had achieved 80% cervical cancer screening rates for patients aged 25-49 years and 82% screening rates for patients aged 50-64 years old. However, this QOF data was not comparable with the UK Health Security Agency (UKHSA) published data (Snapshot date: 30/06/2022) included in this report. The cervical screening QOF indicator was used to calculate

the payment the practice received, not the number of women screened. It included women who had been invited but who had not attended. In addition, it did not measure whether women had been screened at the appropriate time according to their age.

- The practice had a system to ensure results were received for all samples sent for the cervical screening programme. The practice had established failsafe systems to follow up women who were referred to as a result of abnormal results.

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.