

Care Quality Commission

Inspection Evidence Table

Picton Green Family Practice (1-547225172)

Review date : 10 & 16 June 2021

Date of data download: 09 June 2021

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20

Effective

At our last inspection we rated the population group of people with long term conditions as requires improvement. This was because:

- There had been poor uptake of health reviews.

The rating has improved from requires improvement to good because:

- The practice had monitoring systems in place for long term conditions.
- The practice's performance linked with the management of patients with long-term conditions had improved.

People with long-term conditions

Population group rating: Good

Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. Patients who did not attend these reviews were sent reminder letters and followed up with a telephone call to support patients to attend the practice for a review.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- 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. Multidisciplinary meetings and shared access to patient records supported this.
- 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 atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with asthma were offered an asthma management plan.

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	77.2%	76.7%	76.6%	No statistical variation

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)				
PCA* rate (number of PCAs).	3.6% (6)	16.6%	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 the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	82.2%	88.5%	89.4%	No statistical variation
PCA rate (number of PCAs).	2.7% (2)	11.9%	12.7%	N/A

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) (QOF)	73.9%	82.2%	82.0%	No statistical variation
PCA rate (number of PCAs).	4.2% (2)	5.9%	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) (QOF)	59.4%	64.8%	66.9%	No statistical variation
PCA rate (number of PCAs).	12.2% (23)	18.0%	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) (QOF)	56.7%	73.3%	72.4%	Variation (negative)
PCA rate (number of PCAs).	6.5% (17)	8.9%	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) (QOF)	76.9%	92.1%	91.8%	Tending towards variation (negative)
PCA rate (number of PCAs).	0.0% (0)	5.9%	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) (QOF)	60.2%	75.3%	75.9%	Tending towards variation (negative)
PCA rate (number of PCAs).	11.7% (22)	12.9%	10.4%	N/A

Any additional evidence or comments

At our previous inspection some of the data showed negative variations. Since our inspection the practice had continued to work to improve attendance rates and ensure all patients had ample opportunity to attend for a review. The practice patient demographic was diverse and the practice proactively worked to encourage patients to attend reviews by providing written invitations and telephone calls. The practice's performance had improved and had monitoring systems in place.

Well-led

Rating: Good

At the previous inspection, we rated the practice requires improvement for well-led because there was a breach of regulation. The rating has improved from requires improvement to good because:

- The requirement notice had now been met and the recommendations had been actioned.
- We saw improvements in the monitoring and improving of patient outcomes.

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
There was a realistic strategy to achieve their priorities.	Y
Explanation of any answers and additional evidence: At our previous inspection the practice did not have a clear and specific action plan in place to improve performance on the Quality Outcomes Framework (QOF), staffing review and developing online services for the planned strategy. Following our review, we saw the provider had a QOF action plan with supporting evidence to demonstrate improved performance for the planned strategy.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Explanation of any answers and additional evidence: At our previous inspection the provider was unaware of the role of the Freedom to Speak Up Guardian and the contact details were not included in the Whistleblowing policy for staff to access. Following our inspection the provider updated the Whistleblowing policy to include information for staff about Freedom to Speak up with contact details. We were told this had been discussed at one the practice training meetings.	

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.	Y
Explanation of any answers and additional evidence: At our previous inspection the provider did not have a clear and documented system to monitor, review and show progress against performance targets for improving patient outcomes. Following our inspection the provider had put an audit system in place to monitor patient outcomes and referrals. At the previous inspection we reviewed the system to manage complaints and found there was a lack of trend analysis for complaints. Since our last inspection, we found the complaints policy had been reviewed. However, we found the policy had three contradicting timescales of three, seven and 10 days to acknowledge a complaint. We raised this with the practice manager during our review and the practice manager amended the policy to reflect three days to acknowledge a complaint. At the time of our review there had been three verbal complaints in the last 12 month period. The practice told us there had been a reduction in complaints following the pandemic and the main theme of the three complaints received were related to referrals to secondary care.	

Managing risks, issues and performance

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

	Y/N/Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
Explanation of any answers and additional evidence: Following our review we found the provider had effective arrangements for identifying, managing and mitigating risks including for patients with long-term conditions.	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y

There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At the time of our review, all staff were working at the practice. During the pandemic staff had been supported to work remotely from home.</p> <p>The practice had completed audits to monitor and manage the backlog of referrals and delays to treatment.</p>	

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	N/A
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice website and Information Technology (IT) systems provided information for patients on record storage and privacy settings.</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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)).
- **%** = per thousand.