

Care Quality Commission

Inspection Evidence Table

Country Park Practice (1-8174941800)

Inspection date: 25 – 27 January 2023

Date of data download: 23 December 2022

Overall rating: Good

When we inspected in 2021, we found no breaches of regulations but rated the practice as requires improvement for effectiveness. All of the other key questions were rated as good.

We also asked the practice to:

- take action to increase the number of carers identified, in order that they can provide support to these patients
- review arrangements for meeting with the patient participation group.

The practice told us that they had carried out a specific piece of work to identify more carers and to align the practice approach to their care to national guidance. The practice told us there were now 101 patients on the Carers Register and described the support being provided, including 81% uptake of carer health checks.

The practice told us that the patient participation group had resumed meeting, currently monthly, with a plan to move to a quarterly schedule later in 2023. The practice shared some of the topics discussed with the group recently. The practice had also hosted a Community Fayre in October 2020, at the same time as the flu clinic. A number of local health and community groups participated and gave information to the 200+ patients who attended.

Following this inspection we have rated the practice as good for effectiveness. The overall rating remains good.

Effective

Rating: Good

At the last inspection in 2021 we rated the practice as requires improvement for effectiveness because:

- Staff files we reviewed showed not all staff had received an appraisal when it was due or had an appraisal date scheduled.
- The practice had not demonstrated it had an effective strategy to improve their performance for cervical screening.
- Childhood immunisation uptake rates were below the World Health Organisation (WHO) targets. Uptake rates for the vaccines given were below the target of 95% in all five areas where childhood immunisations are measured.

At this inspection we have rated the practice as good for effectiveness because:

- The practice had reviewed and improved the process for recording and monitoring appraisals. Staff had received appraisals.
- Although the uptake of cervical screening and childhood immunisations were still below target, the practice had action plans in place, which were being monitored, with additional strategies being considered if actions underway did not increase uptake satisfactorily.

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

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) (UKHSA COVER team)	79	100	79.0%	Below 80% uptake
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) (UKHSA COVER team)	78	99	78.8%	Below 80% uptake

The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (UKHSA COVER team)	75	99	75.8%	Below 80% uptake
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) (UKHSA COVER team)	76	99	76.8%	Below 80% uptake
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) (UKHSA COVER team)	49	86	57.0%	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

The target for uptake of childhood immunisations is 95%, as recommended by the World Health Organisation (WHO) to achieve herd immunity. We look at five childhood immunisation uptake indicators.

When we inspected in May 2019, all of the childhood immunisation uptake rates were below 95% and for four indicators uptake was below 80%. Uptake for immunisations given aged 2 was lowest, at 65.57% - 67.21% (01/04/2017 to 31/03/2018 data).

When we inspected in 2021, we looked at data from 01/04/2019 to 31/03/2020. Uptake was still well below the 95% target, but had increased for all but one of the indicators. Uptake was above 80% for three of the five indicators. Uptake for immunisations given at age 2 had increased to 79.1% - 80.9%. However, the percentage of children aged 5 who had received immunisation for measles, mumps and rubella (two doses of MMR) had fallen to 60%.

At this inspection, the latest published annual data (01/04/2020 to 31/03/2021) showed a slight downward trend. The three uptake indicators that were above 80% in 2021 had fallen to below 80% but the falls were slight and the denominators (the number of children eligible for the immunisations) was lower than in 2021.

Nationally published (but unverified) data for April 2022 – September 2022 data showed a mixed picture, with a higher uptake of two doses of MMR, broadly similar uptake for age 1 immunisation but lower uptake of immunisations given at aged 2.

The practice sent us data for 2023. This was unverified. It suggested higher uptake for aged 1 immunisations and aged 5 immunisations than in 2020/2021, but lower uptake of immunisations age 2.

Low rates of childhood immunisation was a common issue amongst practices in the area. In the same period as the data above, the average uptake across NHS South West London was below 95% for all of the five childhood immunisation uptake indicators. The NHS South West London average for the age 1 immunisation indicator was 90%, the average for aged 2 indicators was 85.5% and the average for

age 5 MMR uptake was 76.2% - with practices in Croydon, like Country Park Practice, particularly affected.

The practice had a systematic approach to contacting parents of children due to have immunisations, starting with contacting parents of newborn babies. Parents were then contacted to arrange later child immunisations, with reminders sent with birthday messages.

A weekly audit process identified which children had not received immunisations, with detailed records kept of attempts to contact parents. Any parents who didn't respond or didn't bring their children were followed up by text message, telephone and letter by the practice nurse or social prescriber. Clinical staff would also discuss immunisation with parents opportunistically.

The practice sent us an anonymized version of their tracking spreadsheet. We looked at children due to receive immunisations by age 2 in 2020/2021 (the year of the last published data), who had not received them. The tracker showed that the practice had attempted contact at least three times with all of the parents, and some parents had been contacted eight or more times.

A three-month pilot was underway to try to increase childhood immunisation uptake by using care co-ordinators – based on a successful initiative at another local practice. Staff told us that the involvement of clinical staff was being made more consistent and systematic, in cases where parents do not respond to repeated contacts. Staff told us of additional strategies being considered if these did not increase uptake satisfactorily.

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)	62.5%	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)	61.3%	52.3%	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)	63.0%	63.5%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	50.0%	52.8%	55.4%	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

The practice had not met the national cervical screening target of 80% uptake. This was a long-standing issue, and a common one amongst practices in the area. In the same period as the data above, the average uptake across London was 66% and the average uptake in South West London was 69%.

The practice had an action plan in place to improve the uptake of cervical screening. In addition to contacting patients by at least two methods, the practice:

- increased capacity for cervical screening by through the local practice network
- enabled patients to self-book, from a text message invitation, an appointment at a convenient time
- supported nervous patients by booking them into the local specialist clinic.

Staff told us that the uptake was improving. There was some evidence that indicated this, although this cannot be compared directly with the verified data. An additional 56 patients had booked an appointment for cervical screening in January 2023, which staff estimated could take uptake to 73%.

The practice was supporting the professional development of two Trainee Nursing Associates. Staff told us that this would increase capacity further, when these Trainee Nursing Associates had completed their training.

Staff told us that they aimed to reach our 80% within the next six months.

Effective staffing

	Y/N/Partial
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
Explanation of any answers and additional evidence:	
At the last inspection, appraisals were not consistently documented in the practice staff record system, and some appraisals had not been completed in line with the practice policy.	
At this inspection, the practice told us about how policies had been reviewed, updated and shared with staff. Staff told us that following a review of the policy and process, appraisals were now logged on a shared online system for ease of record-keeping and audit. We saw evidence from this system of completed appraisals.	

Responsive

The data and evidence we reviewed in relation to the responsive key question as part of this inspection did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as Good.

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.
- **%_o** = per thousand.