

# Care Quality Commission

## Inspection Evidence Table

### Prestbury Park Medical (1-569250274)

Inspection date: 29 September 2021

Date of data download: 21 September 2021

## Overall rating: Good

We carried out a comprehensive inspection of Prestbury Park Medical in February 2020 when we rated the provider as Good overall. Specifically, we found the practice to be good for providing safe, caring, responsive, and well led services, but requires improvement for providing effective services.

On 29 September 2021 we carried out a desktop review of the evidence supplied to us by the practice, which addressed the shortfalls identified under the effective key question. The provider was able to demonstrate that improvements to the service had been put in place. This included improvements to exception reporting and uptake of immunisation and cervical cancer screening. The practice is now rated as good for providing effective services.

## Effective

## Rating: Good

At the previous inspection in February 2020 we found that the practice should continue to monitor Quality and Outcomes Framework (QOF) exception reporting and continue to implement appropriate measures to reduce this in line with local and national data, continue to monitor and seek to improve the take up of child immunisations, and implement actions to improve uptake for the cervical screening programme to meet the national target of 80%. At this inspection we found that the provider had taken appropriate steps to address these issues.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was 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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes

There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>The practice carried out structured annual medicines reviews for older patients.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks, including frailty assessments, were offered to patients over 75 years of age.</li> <li>Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</li> </ul>

## People with long-term conditions

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.</li> <li>Staff who were responsible for reviews of patients with long-term conditions had received specific training.</li> <li>GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.</li> <li>The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.</li> <li>The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.</li> <li>Adults with newly diagnosed cardio-vascular disease were offered statins.</li> <li>Patients with suspected hypertension were offered ambulatory blood pressure monitoring.</li> <li>Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.</li> <li>Patients with COPD were offered rescue packs.</li> <li>Patients with asthma were offered an asthma management plan.</li> </ul>

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)	81.5%	77.5%	76.6%	No statistical variation
PCA* rate (number of PCAs).	18.8% (75 )	13.6%	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) <small>(QOF)</small>	100.0%	92.5%	89.4%	Significant Variation (positive)
PCA* rate (number of PCAs).	10.6% (9 )	14.8%	12.7%	N/A

Indicator	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>	65.2%	59.2%	57.5%	No statistical variation
PCA* rate (number of PCAs).	6.7% (8 )	5.3%	4.6%	6.7%
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>	48.0%	52.0%	50.7%	No statistical variation
PCA* rate (number of PCAs).	14.2% (33 )	9.1%	7.9%	14.2%
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>	61.3%	50.5%	48.2%	No statistical variation
PCA* rate (number of PCAs).	7.7% (40 )	5.9%	4.5%	7.7%
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 (01/04/2020 to 31/03/2021) <small>(QOF)</small>	93.4%	91.8%	90.6%	No statistical variation
PCA* rate (number of PCAs).	1.9% (2 )	2.8%	2.9%	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 (01/04/2020 to 31/03/2021) <small>(QOF)</small>	52.5%	51.9%	50.6%	No statistical variation
PCA* rate (number of PCAs).	12.4% (29 )	9.7%	8.0%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Although the practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) in one of the five childhood immunisation uptake indicators, and the 90% minimum uptake in another it had missed the other three by just under 3%. The number of

children who were eligible was small in comparison to the practice population and this had affected the overall performance. For example, if they had immunised two more children in the under two age group, where an uptake of 87.2% had been achieved, then they would have achieved an uptake of 92.3%.

- In April 2020, the practice looked in to why the national statistics were showing that they were not hitting the national target of 90%. The audit showed that the clinical system was reporting above 90% and, after investigation it was established that reports being submitted did not contain updated information. A system of checking was introduced to ensure the accuracy of data submission and it was then established that the majority of children had in fact been vaccinated.
- Due to the small numbers involved, the practice was aware of children who were missing vaccinations and runs regular search reports for children who are overdue for their vaccinations. The parents/guardians are sent several reminders and if they still fail to respond then a list is given to one of the GPs who contacts the child's parents/guardians to ascertain if there are any worries or concerns that could be stopping the child from attending.
- The practice had also completed a social media campaign, highlighting the benefits of immunisation, in April 2021 and will continue with them periodically.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care, or for immunization, and would liaise with health visitors when necessary.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Young people could access services for sexual health and contraception.
- Staff had the appropriate skills and training to carry out reviews for this population group.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
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)	50	52	96.2%	Met 95% WHO based target
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)	34	39	87.2%	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)	34	39	87.2%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles,	34	39	87.2%	Below 90% minimum

mumps and rubella (one dose of MMR)(01/04/2019 to 31/03/2020) (NHS England)				
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)	50	54	92.6%	Met 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>

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- 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.
- Patients could book or cancel appointments online and order repeat medicines without the need to attend the surgery.

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: 31/03/2021 to 31/03/2021) (Public Health England)	76.2%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)(01/04/2019 to 31/03/2020) (PHE)	77.0%	74.0%	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)	66.7%	68.0%	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 (01/04/2020 to 31/03/2021) (PHE)	100.0%	81.8%	90.9%	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)	80.0%	62.6%	54.2%	No statistical variation

### Any additional evidence or comments

- Although 76.2% was still below the 80% target figure for cervical screening, the practice had managed to increase uptake since the last inspection where achievement was 70.3%. The practice

had sent reminder letters and text messages to eligible women requesting that they contacted the practice to arrange a cervical screening appointment. Prior to the pandemic, screening had been made available during extended hours but this had to be cancelled during the pandemic period and patients did not attend during the lockdown or shortly after. However, the practice was now again able to offer appointments at times that were convenient to patients and this had helped to increase uptake.

- In March 2021, the practice completed a social media campaign where they tried to dispel any myths around cervical screening and answer any questions or concerns that patients might have.
- Most recently, in August 2021, they set up a survey, highlighting why people with autism, ADHD and mental health are less likely to attend for cervical smear tests and to try to understand any barriers and how primary care can help. The results of this are yet to be analysed but will be discussed and an action plan completed.
- Unverified figures from the practice clinical system showed that cervical smear uptake for patients aged 25-49 was 79.40% and for patients aged 50-64 it was 83.7%
- Breast screening figures were down by just over 1%, due to the reduction of face to face appointments during the pandemic, but all other cancer indicators showed a marked improvement over the figures reported at the time of the last inspection.

## People whose circumstances make them vulnerable

Population group rating: **Good**

### Findings

- Same day appointments and longer appointments were offered when required.
- 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 demonstrated that they had a system to identify people who misused substances.

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

Population group rating: **Good**

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Same day and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medicines.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Mental Health Indicators	Practice	CCG average	England average	England comparison
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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 (01/04/2020 to 31/03/2021) (QOF)	51.8%	41.0%	46.6%	No statistical variation	
PCA* rate (number of PCAs).	10.7%	9.7%	7.4%	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(01/04/2020 to 31/03/2021) (QOF)	44.4%	47.4%	43.1%	No statistical variation	
PCA* rate (number of PCAs).	6.3%	(3 )	8.3%	8.0%	N/A

### Any additional evidence or comments

- At the last inspection, the practice's high QOF exception reporting meant the practice could not demonstrate that patients care and treatment was being reviewed and monitored appropriately. Exception reporting was the removal of patients from QOF calculations due to a number of reasons, such as not attending reviews, declining tests or treatment or where optimal treatment is having little or no impact.)

As of 1 April 2019, exception reporting was replaced with Personalised Care Adjustments (PCAs) which allows practices to differentiate between the reasons for adjusting care and removing a patient from the indicator denominator. Unlike exception reporting, PCAs are extracted in the same order for all indicators, enabling more robust insight to be gained from their analysis.

Since then, the practice had looked at their previous recall and review process and made improvements including in-house training. The practice will now only exception report patients who are clinically not able to attend for review or if they have declined to do so.

- During COVID 19 the practice continued to complete long term conditions and mental health patient reviews using telephone calls where possible. After discussion within the clinical and admin teams, dedicated mental health 20-minute appointments and 45-minute (specialised) appointments for patients living with dementia and complex long-term conditions were set up. The administration team booked the specialised appointments and continued to monitor and invite patients in. The practice also worked with the practice pharmacist to ensure that patients were monitored, and reviews were completed in a timely manner.

### Monitoring care and treatment

**The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.**

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533.2	542.6	533.9
Overall QOF score (as a percentage of maximum)	95.4%	97.1%	95.5%
Overall QOF PCA reporting (all domains)	Not Available	Not Available	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<ul style="list-style-type: none"> <li>A new cancer diagnosis audit had been completed for the period August 2020-2021 to ensure that continual improvements were being made in diagnostic processes so that the proportion of patients with cancer who experience diagnostic delays was minimised.</li> </ul> <p>The first dataset revealed that some standards were not being met. For instance, a standard of 75% had been set for patients with a possible cancer presentation to receive safety netting, and for this to be recorded. However, the audit showed a result of 57%. The audit also revealed that the length between presentation and referral (Primary Care Interval, PCI) less than 60 days had shown an achievement of 86% against a standard of 87.5%.</p> <p>After the follow up audit, data confirmed that as of September 2021 the surgery had achieved 100% appropriate safety netting for two week wait referrals for suspected cancer diagnosis, which exceeded the standard set of 75%.</p> <p>All other standards had also been met.</p>
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### Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
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.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

### Coordinating care and treatment

**Staff worked together and with other organisations to deliver effective care and treatment.**



Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

### Helping patients to live healthier lives

#### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

### Consent to care and treatment

#### The practice always obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

## 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> 1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.
- **%** = per thousand.