

Care Quality Commission

Inspection Evidence Table

Arbury Road Surgery (1-542699003)

Inspection date: **20 December 2021**

Date of data download: 22 November 2021

Effective

Rating: Good

At our last inspection in May 2019 we rated the practice as Requires Improvement for providing effective services because;

- The practice's uptake of cervical screening was below the 80% Public Health England target rate and below CCG and England averages.
- The practice's uptake of childhood immunisations was below the 90% World Health Organisation target rate and the practice told us this rate had reduced further in unpublished data.
- The practice's performance for outcomes for patients experiencing poor mental health was mixed and the practice told us this rate had reduced further in unpublished data. The practice's exception reporting rate for mental health indicators was also higher than the CCG and England averages.
- The practice had only completed 4 health checks out of 79 eligible patients diagnosed with a learning disability.

At this inspection we have rated the practice as good for providing effective services because;

- Despite the COVID-19 pandemic the practice had improved the uptake for cervical cancer screening and baby immunisations.
- The practice had reviewed their systems and processes to ensure the needs of patients who may be experiencing poor mental health received appropriate and timely care and treatment.
- The practice had been proactive in offering and undertaking structured reviews for patients with a learning disability. The practice had increased the number of these that were completed in the patient's own home where the patient was more comfortable.

QOF requirements were modified by NHS England 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

Effective care for the practice population

Findings

- All patients with a learning disability were offered an annual health check. Despite the COVID-19 restrictions the practice had completed 70% of reviews for patients in the past nine months. This had included undertaking many within the patient's own home enhancing their experience in an environment that they knew. The practice had prioritized these patients for flu vaccination and had, where possible, administered them when the annual health check was undertaken.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness and personality disorder. The practice recognised there had been an increase in the number of patients seeking advice and support for poor mental health as a result of the pandemic. The practice referred and signposted patients to other appropriate organisations such as counselling and voluntary agencies.

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) (01/04/2019 to 31/03/2020) (NHS England)	112	125	89.6	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) (01/04/2019 to 31/03/2020) (NHS England)	122	133	91.7%	Met 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)	120	133	90.2%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	122	133	91.7%	Met 90% minimum
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)	117	150	78.0%	Below 80% uptake

Any additional evidence or comments

The practice had continued to offer and encourage parents/guardians to attend for their children's routine vaccinations. Despite the pandemic the practice had improved on their performance.

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) had increased from 89.5% to 89.6%.

The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) had increased from 88.8% to 91.7%.

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) had increased from 87.5% to 90.2%.

The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) had increased from 88.8% to 91.7%.

At the time of our last inspection we did not report on the percentage of children aged 5 who have received immunisation for measles, mumps and rubella and therefore we do not have any comparative figures. The practice was aware of their performance being lower than the 80% uptake target.

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) (Public Health England)	59.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	56.0%	68.1%	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)	56.7%	63.6%	63.8%	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)	52.8%	62.2%	54.2%	No statistical variation

Any additional evidence or comments

Despite the pandemic the practice had been proactive in encouraging patients to attend for their routine cervical screening appointments. They had completed an audit to identify and look at the reason for the women not attending their appointments. Invitations were sent to the patients in the patients first

language which included Bengali and Urdu. The practice found there was a good uptake following this approach and told us they would use this approach for contacting and engaging with patients in the future.

The CCG confirmed the practice had taken part in a project which supported additional appointments for cervical screening. Additional evening and weekend appointments were available at the local GP hub.

Unverified data shared with us by the practice showed;

- 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) was 85%.
- 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 50 to 64) was 92%.

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 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.
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- ‰ = per thousand.