

Care Quality Commission

Inspection Evidence Table

Dr Hafiz Rehman (1-497451343)

Inspection date: Tuesday 5 March 2019

Date of data download: 8 March 2019

Effective

Rating: Good

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.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	1.08	0.81	0.81	No statistical variation

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	82.7%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	18.4% (39)	10.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	88.4%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.6% (14)	7.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	71.8%	75.3%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.3% (24)	13.6%	13.5%	N/A

Other 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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	87.2%	77.7%	76.0%	Variation (positive)
Exception rate (number of exceptions).	1.6% (3)	3.8%	7.7%	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 (01/04/2017 to 31/03/2018) (QOF)	95.5%	90.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	8.3% (2)	9.5%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	91.2%	82.8%	82.6%	Variation (positive)
Exception rate (number of exceptions).	4.2% (11)	3.4%	4.2%	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 (01/04/2017 to 31/03/2018) (QOF)	80.0%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	7.7%	6.7%	N/A

Any additional evidence or comments

At our previous inspection on 15 November 2017, we rated the practice as requires improvement for providing effective services.

Previously we rated the population groups of people with long-term conditions and people experiencing poor mental health as requires improvement for receiving effective services. The remaining population groups, older people, families, children and young people, working age people and people whose circumstances make them vulnerable were rated as good for receiving effective services.

We said the provider should:

- Continue to review and improve the care and treatment provided to people living with long-term conditions, including those living with diabetes, and for people experiencing poor mental health, including people living with dementia.

We also found that data from the Quality and Outcomes Framework showed patient outcomes were lower than the local and national averages.

Improvements had occurred when we undertook a follow up inspection on 5 March 2019. The practice is now rated as good for providing effective services.

People with long-term conditions:

- We checked a sample of anonymised records of patients living with diabetes and asthma and found some effective use of templates and care plans as well as appropriate exception reporting and prescribing. We saw that overall performance for diabetes related indicators was now comparable with local and national averages.
- We looked at the QOF achievement report which showed that the provider had achieved 78 out of 86 points, 91% for diabetes, previously 49%. QOF performance for Asthma related indicators showed 100% of the QOF points had been achieved, previously 72%.
- We were shown visual aids that enabled patients to understand portion sizes for meals. These picture aids were used during consultations by the GPs and the nurse.

The provider was taking steps to further improve the care provided to these patients. There was a yearly recall system and medication reviews, more frequent reviews were held if required.

- Patients with long-term conditions had 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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.

The practice had improved on their 2017/18 QOF indicator achievements from the 2016/17 data. For example:

- Diabetes performance was now comparable with other practices. Current achievement was 91%, previously 49%.
- Mental health performance was now comparable with other practices. Current achievement was 88%, previously 76%.

Mental Health Indicators	Practice	CCG average	England average	England comparison
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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.5%	92.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	9.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	90.2%	90.0%	Variation (positive)
Exception rate (number of exceptions).	0 (0)	8.5%	10.5%	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 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	100.0%	85.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.0%	6.6%	N/A

Any additional evidence or comments

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months, previously 100%. This is higher than the national average of 83%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months, previously 100%. This is significantly higher than the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100%, which is significantly higher than the national average of 89%, previously 100%.
- The practice informed patients who experienced poor mental health how to access various support groups and voluntary organisations.

All staff had received training in supporting patients who lived with dementia.

Monitoring care and treatment

The practice had a 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)	538.2	540.9	537.5
Overall QOF exception reporting (all domains)	7.2%	5.7%	5.8%

Coordinating care and treatment

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

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- QOF results were now comparable to or above the local and national averages.
- The practice was actively involved in quality improvement activity and had a programme of clinical audits in place to monitor the quality of care.
- The practice had engaged with patients via the Patient Participation Group. The last meeting was held on the 25 September 2018 where diabetes was discussed in detail. The practice manager told us that six monthly meetings have been placed in the diary for 2019 and 2020.

The provider told us that the practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, a recent DMARD (disease-modifying antirheumatic drug) audit was undertaken. A sample of 11 patients were discussed and medication amendments made as a result.

The provider told us that this audit would be repeated on a six-month cycle. The practice routinely attended local CCG protected learning sessions for updates and MRC (Medical Research Council) advice was discussed at documented practice meetings. The GPs were aware of CKS (Clinical Knowledge Summaries) and National Institute for Health and Care Excellence (NICE) guidance.

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 Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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.
- 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.

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>

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.