

Care Quality Commission

Inspection Evidence Table

Clay Cross Medical Centre (1-543764372)

Inspection date: 3 July 2019

(Date of data download: 28 June 2019)

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18

Effective

Rating: Good

At our previous inspection, we rated the practice as requires improvement for providing effective services. We found that issues had been addressed at this inspection and the practice is therefore now rated as good for providing effective services. This was because:

- There had been a significant improvement in QOF outcomes in the preceding 12 month period.
- The nursing team had been restructured to enhance the care the practice provided to patients with a long-term condition.

We rated all population groups as good with the exception of patients with a long-term condition. This was because:

- Further work was required to increase the outcomes for patients with diabetes.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care and treatment were 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.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• We saw that new guidance was regularly discussed at clinical meetings. We observed that the standard of minutes had improved significantly since our previous inspection.	

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) (01/04/2018 to 31/03/2019) <small>(NHSBSA)</small>	1.14	0.62	0.77	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/04/2018 to 31/03/2019) (NHS Business Service Authority - NHSBSA)	1.20	0.84	0.88	Tending towards variation (negative)
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/04/2018 to 31/03/2019) (NHSBSA)	10.7%	7.6%	8.7%	No statistical variation

The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was monitoring antibiotic prescribing by regular audits which were undertaken by one of the advanced nurse practitioners. Action was taken in response to the audits to ensure prescribing was undertaken in line with recommended guidance. The practice engaged with the CCG's medicines management team to review prescribing performance. Prompts to support prescribing guidance was readily available for reference in all consulting rooms. 	

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their prescribed medications. The practice team worked effectively with community-based health and care staff including the community matron as part of an integrated approach to care. Regular multi-disciplinary meetings reviewed the ongoing care and support for patients who were at risk of hospital admission or had complex health and care needs. A member of the practice team worked some hours as a care coordinator to ensure the changing needs of these patients were kept under review and met. The practice followed up on older patients who had received treatment in hospital or through out-of-hours services. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs. Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs. Specialist advice was accessed via a locality geriatrician service (a geriatrician is a medical doctor who specialises in the diagnosis, treatment, and prevention of disease and disability in older adults). The geriatrician would provide advice and undertake home visits when required, and this helped to reduce the number of hospital admissions.

People with long-term conditions

Population group rating: Requires improvement

Findings

- Data provided by the practice for 2018-19 showed a significant increase in their QOF achievement. This was approximately 20% higher than the previous year's achievement. This achievement was supported by low levels of exception reporting which were below local and national averages.
- Whilst outcomes for indicators relating to diabetes had improved, the practice was aware that further work was required to achieve results in alignment with local and national averages. The practice had developed clear actions to improve their performance in this area.
- 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 practice team 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.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- Results from the latest national GP patient survey showed that 72% of respondents at the practice said they had received enough support from local services or organisations in the last 12 months to manage their long-term condition(s). This was below the CCG and national average of 79%.

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) <small>(QOF)</small>	55.2%	79.7%	78.8%	Significant Variation (negative)
Exception rate (number of exceptions).	7.7% (37)	19.1%	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) <small>(QOF)</small>	62.9%	78.9%	77.7%	Tending towards variation (negative)
Exception rate (number of exceptions).	5.6% (27)	11.9%	9.8%	N/A

Any additional evidence or comments

The above data is based on the most recently published data for the year 2017-18. The practice was able to provide us with their own data for the year 2018-19 which remains subject to verification, prior to publication later this year.

- The practice data for 2018-19 showed that 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 had risen from 55.2% to 63.8%.

	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) <small>(QOF)</small>	74.5%	81.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.9% (48)	17.6%	13.5%	N/A

Any additional evidence or comments

The practice had a plan to improve outcomes for patients with diabetes, this included:

- A dedicated practice nursing team had been established, reducing reliance on agency staff and therefore providing greater continuity. This team aimed to offer personalised care for patients with well-controlled symptoms through to those with more complex needs.
- One of the two advanced nurse practitioners was trained in diabetes management and was able to initiate insulin and oversee the management of patients with more complex needs.
- A practice nurse was leading on the three NICE recommended treatment targets with the initial focus being towards HbA1c (blood sugar) stabilisation. This nurse was awaiting training on insulin initiation.
- Another practice nurse who had previously undertaken training in diabetes was being supported to update their training with a view to then leading on those patients with well-controlled diabetes.
- The practice was signed up to a local initiative in recognition that the practice and local area was an outlier in diabetes management. In addition, the practice was part of a working group through their local federation to improve performance in diabetes.
- The community diabetes nurse specialist attended the practice and offered additional advice on managing patients with more complex needs.
- The practice was directing patients with pre-diabetes to a local structured education programme and reviewing them on an annual basis, with a view to prevent progression into type 2 diabetes.

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) <small>(QOF)</small>	71.5%	77.3%	76.0%	No statistical variation
Exception rate (number of exceptions).	2.5% (13)	8.7%	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	76.6%	89.7%	89.7%	Variation (negative)

31/03/2018) (QOF)				
Exception rate (number of exceptions).	1.6% (3)	13.7%	11.5%	N/A

Any additional evidence or comments

The above data is based on the most recently published data for the year 2017-18. The practice was able to provide us with their own data for the year 2018-19 which remains subject to verification, prior to publication later this year.

- The practice data for 2018-19 showed that 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 had risen from 76.6% to 97.2%. This was achieved with low rates of exception reporting and was above the local and national average.

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)	77.0%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.2% (14)	4.1%	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)	83.2%	93.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (2)	7.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were above the target percentage of 90% or above. Most of these indicators exceeded the World Health Organisation's target of 95% uptake.
- The practice had arrangements for following up failed attendance of children's appointments in secondary care or for immunisation.
- Monthly safeguarding meetings were held to ensure any children at potential risk of harm were kept under review and received appropriate support from the practice and the wider health care team. In addition, an annual safeguarding meeting was held with the area's child safeguarding named GP.
- The practice worked with midwives, health visitors and school nurses to support families.
- Expert advice was available from a paediatric consultant and referrals could be made to a rapid access clinic to enable children to be seen within the consultant-led service on the same day.

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) (i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	74	78	94.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	81	82	98.8%	Met 95% WHO based target (significant variation positive)
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) (01/04/2017 to 31/03/2018) (NHS England)	81	82	98.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	81	82	98.8%	Met 95% WHO based target (significant variation positive)

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
<ul style="list-style-type: none"> The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme, but higher than the national average. Non-attenders had a flag marker added to their screen so that this could be discussed and encouraged when the patient attended for a consultation. The practice's uptake for breast and bowel cancer screening was in line with local and national averages. 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 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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	73.0%	76.9%	71.7%	No statistical variation

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) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	71.3%	74.9%	69.9%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	60.3%	60.2%	54.4%	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. (01/04/2017 to 31/03/2018) (PHE)	38.2%	67.7%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	50.0%	47.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Care plans were developed and agreed with patients.
- The practice offered annual health checks to patients with a learning disability. The practice told us that 14 patients (61% of those patients on their learning disability register) had received an annual review of their health needs in the 12 months prior to our inspection. This had improved from 52% at the previous inspection.
- Longer appointments were available to accommodate the needs of vulnerable patients when this was required.
- The practice offered care, support, and advice to patients with a history of substance or alcohol abuse. When necessary, the practice worked with other services to ensure that patients were directed to the most appropriate service to meet their needs.

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, and access to 'stop smoking' services.
- A community psychiatric nurse (CPN) held a weekly joint clinic at the practice with the GP. This usually involved a 30 minute consultation with the CPN, and a ten minute consultation with the GP. This offered more holistic and joined-up care for the patient, and we were informed that this was producing good outcomes for patients and the practice team. When necessary, patients

could be referred onto a consultant psychiatrist.

- 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.
- Results from the latest national GP survey showed that 81% of patients felt the healthcare professional they saw recognised or understood any mental health needs during their last consultation (CCG average 90%; national average 87%).

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>	83.3%	92.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	2.7% (1)	17.0%	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>	55.6%	92.3%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	2.7% (1)	14.2%	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>	35.3%	83.4%	83.0%	Significant Variation (negative)
Exception rate (number of exceptions).	3.8% (2)	7.1%	6.6%	N/A

Any additional evidence or comments

The above data is based on the most recently published data for the year 2017-18. The practice was able to provide us with their own data for the year 2018-19 which remains subject to verification, prior to publication later this year.

- The practice data for 2018-19 showed that 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) had risen from 55.6% to 100%. This was above local and national averages.
- The practice data for 2018-19 showed that the percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months had risen from 35.3% to 80.8%. This was in alignment with local and national averages.
- Both of the above indicators demonstrated lower rates of exception reporting.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	440.3	546.2	537.5
Overall QOF score (as a percentage of maximum)	78.8%	97.7%	96.2%
Overall QOF exception reporting (all domains)	4.7%	6.3%	5.8%

Any additional evidence or comments

The above data is based on the most recently published data for the year 2017-18. The practice was able to provide us with their own data for the year 2018-19 which remains subject to verification, prior to publication later this year, and this showed a significant increase in achievement from 78.7% in 2017-18, to 94% in 2018-19.

- This had been achieved through the establishment of a dedicated nursing team. In the previous two years, there had been some significant staffing changes which had disrupted the continuity of the service and required input from agency staff. The team was now stable and were enhancing their skills and levels of sustainability.
- The practice had also made improvements to their coding procedures to ensure that all information recorded for QOF was accurate. A systems trainer had attended the practice to enhance the templates being used within patient consultations to make sure these were fit for purpose.
- The practice had developed a team approach to manage QOF, so that all staff had a role in achieving good outcomes. For example, non-clinical staff had a defined lead area of responsibility around recalls.
- Exception reporting rates were below local and national averages.

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.1%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (10)	0.8%	0.8%	N/A

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.
- 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.