

Care Quality Commission

Inspection Evidence Table

West Lodge Surgery (1-547256701)

Inspection date: 4 June 2019

Date of data download: 03 June 2019

Overall rating: Good

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

Recruitment systems	Y/N/Partial
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Explanation of any answers and additional evidence: Since the previous inspection on 7 June 2018, the provider had introduced a “rolling programme” of checking the immunisation status of staff. The practice had organised for staff to have blood tests to check their immunity levels. Any staff who required immunisation had received the appropriate vaccination. A policy had been developed in line with Public Health England advice and additional information added to employee forms.	

Effective

Rating: Good

At the previous inspection, we rated the population group of people with long-term conditions as requires improvement. This was because we saw that the practice had a higher rate of exception reporting for some of the Quality and Outcomes Framework (QOF) indicators.

At this inspection we reviewed a range of reports and patient records linked to exception reporting for these areas. We found that a clear rationale had been documented. We have rated this population group as good.

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.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition had a structured annual review to check their health and medicines needs were being met. Patients received an individualised care plan as part of their review.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- For patients with the most complex needs, clinicians worked with other health and social care professionals to deliver a coordinated package of care.
- Patients who were newly diagnosed with diabetes were referred to a local education programme.
- Asthma care plans were given to support parents/carers regarding the management of mild, moderate and severe exacerbations of asthma in their children.
- Staff were able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. Care and treatment were provided in line with local and national guidance.
- Adults with newly diagnosed cardio-vascular disease were offered appropriate treatment.
- Clinicians ensured that the care plans and prescriptions of those patients who had recently received treatment in hospital or through the out-of-hours services were updated to reflect any changes.

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)	92.0%	78.6%	78.8%	Variation (positive)
Exception rate (number of exceptions).	30.0% (262)	14.1%	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) (QOF)	82.5%	76.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	17.5% (153)	10.6%	9.8%	N/A
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)	84.5%	78.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	21.9% (191)	15.1%	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	93.0%	76.7%	76.0%	Significant Variation (positive)

assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	30.3% (328)	7.5%	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)	92.1%	89.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	14.8% (62)	9.7%	11.5%	N/A

Any additional evidence or comments

The Quality and Outcomes Framework (QOF) is a voluntary reward and incentive programme. It rewards GP practices in England for the quality of care they provide to their patients and helps standardise improvements in the delivery of primary care. Exception reporting is 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.

We discussed the 2017/18 QOF figures with the practice and asked them to provide data regarding their QOF submission for the subsequent year of 2018/19 (which at the time of inspection had not been verified or published). In that period, the exception reporting had reduced a small amount and the numbers of patients diagnosed with a long-term condition had increased. For example, there had been an increase of 4.5% of diagnosed diabetic patients and a reduction of approximately 2% in exception reporting in this area.

We reviewed a range of patient records regarding the exception reporting for the areas identified above and found that a clear rationale was documented. For example, where patients were either on the maximum tolerated treatment or were unsuitable for treatment. Patients who were unsuitable for treatment were assessed by a clinician. Decisions were recorded on an exception template which identified the specific reasons for unsuitability. We saw that comprehensive advice and treatment plans were recorded where patients' results were higher than guidance recommended. It was also noted that some of the patients were under a secondary care diabetes service and had not achieved the appropriate results with optimal treatment.

It was noted that some patients had declined having blood tests, blood pressure readings or attending the practice. We were informed of the policy and processes followed by the practice with regards to patients who were non-responders or refused to attend. For example, patients had been repeatedly contacted via letter, telephone or face to face. The final decision to exempt on a non-responder status was made by a GP who had clinical oversight. However, we did see evidence where some patients had attended for a review shortly after the period of QOF submission had passed.

We saw data to show that new patients with a long-term condition, such as diabetes or asthma, had been identified and not yet achieved optimal treatment due to the limited timescale before being counted towards QOF. As a result, these patients had also been included in the exception report.

We were informed of the work the practice was doing to support attendance of patients and the provision of care and treatment. There were comprehensive processes in place to support this work. QOF and

patient outcomes were a regular discussion in staff meetings, along with ensuring the most up to date best practice clinical guidance was used regarding diabetes.

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 weightings 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.