

Care Quality Commission

Inspection Evidence Table

The Gainsborough Practice (1-568446667)

Inspection date: 11 December 2019

Date of data download: 05 December 2019

Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Effective

Rating: Good

We have rated the practice as good for providing effective services. The practice had reviewed their systems and processes for recalls and exception reporting and had achieved lower exception reporting outcomes when compared to previous data. Nurses were actively involved in clinical audit and quality improvement activity.

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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y

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) (01/10/2018 to 30/09/2019) (NHSBSA)	0.72	0.64	0.74	No statistical variation

Older people

Population group rating: Good

Findings

- 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.
- 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.
- Older patients who were unable to attend the practice were offered home visits for reviews of their care or treatment, including the flu vaccine.
- The practice carried out structured annual medication reviews for older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks, including frailty assessments, were offered to patients over 75 years of age.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	76.3%	78.7%	79.3%	No statistical variation
Exception rate (number of exceptions).	7.3% (38)	12.4%	12.8%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	79.0%	81.7%	78.1%	No statistical variation
Exception rate (number of exceptions).	10.4% (54)	7.2%	9.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	80.3%	81.5%	81.3%	No statistical variation
Exception rate (number of exceptions).	8.5% (44)	10.3%	12.7%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	82.9%	77.3%	75.9%	Tending towards variation (positive)
Exception rate (number of exceptions).	7.2% (48)	4.2%	7.4%	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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	91.0%	92.8%	89.6%	No statistical variation
Exception rate (number of exceptions).	7.5% (9)	9.1%	11.2%	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 (01/04/2018 to 31/03/2019) (QOF)	84.1%	82.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (60)	2.8%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	86.6%	91.0%	91.1%	No statistical variation
Exception rate (number of exceptions).	2.3% (4)	5.1%	5.9%	N/A

Any additional evidence or comments

The practice had reviewed their recall systems and processes to ensure there was clinical oversight of all decisions regarding exception reporting for patients with long term conditions. (Exception reporting allows a practice to exclude eligible patients from indicators or whole domains of the quality and outcomes (QOF) framework. Exceptions should be for clinical reasons, such as being too frail to undertake the required testing).

The practice had formulated a list of patients who had not responded to recall letters for review appointments and commenced a personal telephone contact by their named GP and individualised text messaging. Alerts were added to the practice computer system to enable staff to identify patients who had not attended for a review, but had made an appointment for another issue, to offer them an appointment for the review.

A spreadsheet of patients who had still not responded to, or made an appointment for review, following the personal contact, was being formulated ready for a clinical discussion in January 2020.

We reviewed the previous QOF data for long term conditions and found reductions in the exception reporting for 2018/19, compared with 2017/18:

- Patients on the diabetes register with a blood pressure reading of 140/80 or below in the preceding 12 months was 12.5% in 2017/18, 10.4% in 2018/19.
- Patients on the asthmas register with a record of a review in the preceding 12 months was 8% in 2017/18, 7.2% in 2018/19.
- Patients on the chronic obstructive pulmonary disease register with a record of a review in the preceding 12 months was 13% in 2017/18, 7.5% in 2018/19.
- Patients on the hypertension register (high blood pressure) with a record of blood pressure of 150/90 or below was 12.2% in 2017/18, 4.06% in 2018/19.
- Patients on the atrial fibrillation register with a record of a CHAD2DS2-VACs score of 2 or more treated with an anti-coagulant was 15.8% in 2017/18, 2.28% in 2018/19.

In addition to the above, the practice showed us data for their medication reviews, which showed 85% of patient on one or more repeat medications and 93% of patients on four or more medications had received a review in the preceding 12 months.

Findings

- The practice had met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three of four childhood immunisation uptake indicators. The fourth indicator was only 1.1% below also meeting the 95% WHO target.
- The practice contacted the parents or guardians of children due to have childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation 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 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) (01/04/2018 to 31/03/2019) (NHS England)	85	87	97.7%	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) (01/04/2018 to 31/03/2019) (NHS England)	77	82	93.9%	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) (01/04/2018 to 31/03/2019) (NHS England)	78	82	95.1%	Met 95% WHO based target
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2018 to 31/03/2019) (NHS England)	78	82	95.1%	Met 95% WHO based target

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>

Any additional evidence or comments

The practice showed us unverified data for childhood immunisations which demonstrated 100% uptake in October 2019 for the children aged two vaccination schedule and 96% uptake in October 2019 for the children aged one vaccination schedule (please refer to the table above for details).

The practice had achieved this by scheduling regular searches of children due their immunisations and contacting the parents through personal text messages or phone call. Non-attenders were followed up.

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 medication without the need to attend the surgery. Extended hours appointments were available via the federation.
- The practice had commenced using e-consult (an online access platform), which enabled patients to request GP contact within 48 hours of completing the online assessment.

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) (01/04/2017 to 31/03/2018) (Public Health England)	79.8%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.3%	70.0%	72.1%	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)	58.7%	50.7%	57.3%	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)	85.2%	79.3%	69.3%	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)	37.1%	48.1%	51.9%	No statistical variation

Any additional evidence or comments

We were shown more recent data (from March 2019 to June 2019, sourced from Public Health England) which showed the practice had achieved 80.9% for cervical cancer screening, thus meeting the 80% target.

Population group rating: Good

People whose circumstances make them vulnerable

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.
- The practice reviewed young patients at their place of residence, where necessary.

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.
- The Nurse Practitioner had undertaken a development and leadership course, incorporating enabling change with time and efficiency challenges. They chose patients with serious mental illness (SMI) as their course objective as an area to improve in practice. Following completion of the course, the nurse practitioner had commenced personalised contact and engagement with all patients on the SMI register and was encouraging them to attend for health checks and medication reviews.
- Same day contact and longer appointments were offered when required.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- 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.
- The practice was registered as dementia friendly and had considered environmental factors, such as different coloured door mats and improved signage. Staff had received dementia training
- Patients with poor mental health, including dementia, were referred to appropriate services.

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 (01/04/2018 to 31/03/2019) (QOF)	89.7%	93.3%	89.4%	No statistical variation
Exception rate (number of exceptions).	27.8% (15)	8.3%	12.3%	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 (01/04/2018 to 31/03/2019) (QOF)	90.5%	93.1%	90.2%	No statistical variation
Exception rate (number of exceptions).	22.2% (12)	5.7%	10.1%	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 (01/04/2018 to 31/03/2019) (QOF)	90.5%	83.1%	83.6%	No statistical variation
Exception rate (number of exceptions).	6.0% (4)	4.6%	6.7%	N/A

Any additional evidence or comments

The Nurse Practitioner held a list of patients on the mental health register (including those on the serious mental illness (SMI) register. They were using the list to contact patients using a personalised approach and engage with them, to encourage them to attend the practice for their medication and health reviews. Patients were offered 30 minute appointments and all their health and care needs were assessed in one appointment (including if they had a long term condition, such as asthma or diabetes).

The nurse had already undertaken 34% of face to face reviews for this group and had established contact with 100%.

The practice had reduced their exception reporting for this patient group significantly since the last inspection:

- Patients on the SMI register with an agreed care plan in the preceding 12 months was 49.1% in 2017/18, 27.78% in 2018/19 (43% reduction in exception reporting).
- Patients on the SMI register with a record of alcohol consumption in the last 12 months was 43.4% in 2017/18, 22.25% in 2018/19 (49% reduction in exception reporting).

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)	544.7	No Data	539.2
Overall QOF score (as a percentage of maximum)	97.4%	No Data	96.4%
Overall QOF exception reporting (all domains)	6.2%	5.6%	5.9%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Quality improvement activity was targeted at the areas where there were concerns.	Y
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

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

Valproate audit

A 2-cycle audit of patients taking Sodium Valproate (a medication used to reduce or prevent epileptic fits) identified all patients that required a review, had received appropriate contact and advice. None had been required to reduce or change the medication. The audits were carried out in December 2017 and September 2019.

Metformin prescribing audit

The practice carried out searches of patients with type two diabetes who were prescribed metformin (a medication to lower blood sugar levels). The individual notes were then reviewed to ensure that a specific blood level test had been taken and the result was within guideline amounts to continue prescribing the medicine.

The audit had been undertaken in November 2016 and repeated in August 2018. The practice had identified an improvement in the quality of care, with 98% of patients having had the appropriate blood test result which enabled the safe, continued prescribing of the metformin, compared with the November 2016 results which identified 66% of patients.

The audit was repeated again in May 2019 by the Nurse Practitioner, which showed 100% of patients were suitably blood tested and receiving their medication in accordance with guidance.

The Nursing team had commenced some clinical audit activity and had completed first cycle audits of Bisphosphonate (used to reduce fracture risk in osteoporosis), Vitamin B12 injections (for pernicious anaemia) and INR Star (a blood test for a specific blood thinning medicine). All the audits had recommended actions to implement, including patient access to appointments up to three months in advance and online booking be made available.

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. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2018 to 31/03/2019) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

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 (01/04/2018 to 31/03/2019) <small>(QOF)</small>	96.4%	-	95.0%	No statistical variation
Exception rate (number of exceptions).	0.7% (15)	-	0.8%	N/A

Consent to care and treatment

The practice always obtained 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.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Policies for any online services offered were in line with national guidance.	Y

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.