

# Care Quality Commission

## Inspection Evidence Table

### Wellington Practice (1-7654468542)

Inspection date: 11 September 2020

Date of data download: 11 September 2020

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20. Any Public Health England childhood immunisation and cancer screening data relates to 2018/19.

### Effective

### Rating: Good

At our previous inspection in September 2018, we rated the practice as Requires Improvement for providing effective services. We found a breach of regulation relating to the oversight and safety of recall processes for patients requiring a health review. In addition, cervical screening uptake rates were below the national target of 80% and childhood immunisations were recorded as below the World Health Organisation target of 95% and national minimum target of 90%.

During this desk-based review, the practice sent us evidence of changes the practice had made to improve clinical exception reporting, cervical screening rates and childhood immunisation rates.

#### Effective needs assessment, care and treatment

During our last inspection, we found the practice was inconsistent in offering patients health reviews for several Quality and Outcome Framework (QOF) indicators. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions, for example, diabetes and implementing preventative measures. QOF achievements and exceptions are published annually.

Since our last inspection, and specifically since September 2019, the practice had recruited several staff which had improved administration processes for the patient recall process and had offered a wider skill mix of clinical staff to patients. For example, a diabetes nurse specialist.

### Older people

### Population group rating: Good

#### Findings

At our last inspection in September 2018, we rated the service as Requires Improvement for the treatment of older people, as we found concerns relating to clinical performance that affected everyone in this patient group.

During this desk-based review, we found the practice had made improvements to clinical performance relevant to this population group.

## People with long-term conditions

Population group rating: **Good**

### Findings

At our previous inspection in September 2018, we rated the service as Requires Improvement for the treatment of people with long term conditions, as we found concerns relating to clinical performance that affected everyone in this patient group.

During this desk-based review, we found the practice had made improvements to clinical performance relevant to this population group:

At our previous inspection in September 2018, the practice had achieved 94.4% for patients receiving a chronic obstructive pulmonary disease (COPD) review, compared to the CCG average of 93.1% and England average of 90.4%. Exception reporting was 20.6% (compared to the CCG average of 11.8% and England average of 11.4%). At this desk-based review, the practice's 2019/20 Quality and Outcomes Framework (QOF) achievement had reduced for this indicator, but the exceptions had also reduced (see table below).

(Exception reporting is the exclusion of eligible patients from reported indicators for a clinical reason, such as they are unable to undertake an examination due to frailty or they are on the maximum dosage of a medication. In April 2020, exception reporting changed to personalised care adjustments, which enabled practices to offer a reason for removing a patient from that year's calculations if they did not attend when recalled on at least two occasions).

The practice did not currently employ a nurse who was trained to undertake COPD reviews and spirometry testing. (Spirometry is a test used to assess how well the lungs work). The practice had a long-term locum nurse who attended the practice and held COPD clinics on a regular basis. The GPs and the clinical pharmacist also offered COPD reviews when required. Due to COVID-19 restrictions, spirometry had not been undertaken for several months as it was classed as an aerosol generating procedure (as process that can produce droplets into the circulating air).

In order to improve the capacity of the number of respiratory reviews available for patients, the practice had supported one of its own practice nurses to complete an asthma management qualification. We were told the same nurse was planning to undertake further respiratory specialist and spirometry courses.

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. (01/04/2019 to 31/03/2020) (QOF)	70.2%	74.5%	76.6%	No statistical variation
Exception rate (number of exceptions).	6.4% (13)	12.4%	12.3%	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 (01/04/2019 to 31/03/2020) (QOF)	76.5%	87.0%	89.4%	Tending towards variation (negative)
Exception rate (number of exceptions).	15.0% (12)	11.3%	12.7%	N/A

Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2019 to 31/03/2020) (QOF)	91.1%	91.9%	91.8%	No statistical variation
Exception rate (number of exceptions).	10.2% (9)	3.8%	4.9%	N/A

#### Any additional evidence or comments

At our previous inspection in September 2018, the practice had achieved 93.9% for the indicator relating to patients with a diagnosis of atrial fibrillation (compared to the CCG average of 90.4% and England average of 88.4%). However, the exceptions were recorded at 23.4% compared to the CCG average of 6.5% and England average of 8.2%.

At this desk-based review, the 2019/20 QOF data showed the practice's achievement had remained in line with local and national averages but the exception reporting rate had reduced from 23.4% to 10.2%. This was still above local and national averages, but it demonstrated less patients had been excepted, therefore, the practice had improved the service it was providing to those patients.

## Families, children and young people

## Population group rating: Good

### Findings

In September 2018, we found concerns relating to the uptake of childhood immunisations for children aged one and two years. The data we reviewed showed the practice had not met the 90% minimum target for four specific indicators.

The data available to the CQC for reviewing childhood immunisations uptake was from April 2018 to March 2019.

During this desk-based review, the practice showed us data taken from a Public Health England source which outlined the total achievement for childhood immunisations up to the beginning of April 2020. We were also shown documents outlining the payments received by the practice for the total number of immunisations made. The records showed the practice had achieved the minimum 90% target for the ages one and two years, who had received immunisations from April 2020 until September 2020.

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)	42	48	87.5%	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) (01/04/2018 to 31/03/2019) (NHS England)	50	59	84.7%	Below 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)	50	59	84.7%	Below 90% minimum
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)	50	59	84.7%	Below 90% minimum

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: Requires Improvement**

## Findings

Following our September 2018 inspection, we rated this population group as requires improvement. Our concerns related to patient uptake rates and outcomes relating to cancer screening.

For this desk-based review, the practice showed us cervical screening uptake had improved from 66% in 2016/17 to 71% in December 2019. They showed us they had reviewed the recall and review processes and updated the policy on recall for this target population. Cervical screening services had been suspended in March 2020 due to COVID-19, and the practice had recommenced offering this service in July 2020. They had carried out searches of the number of eligible patients who were overdue their screening and were targeting these recalls as a priority. Although the uptake rates for cervical screening had improved, the practice was still below the national target of 80%.

In July 2020 one of the GPs undertook an audit of bowel screening rates and identified an action plan to improve the numbers of patients who were screened. The actions included ensuring the correct code was added to the patients record, when they did not respond to an invitation to participate in the screening process. The patient's GP was then tasked to review how they engaged with the practice, to add an alert to the patient record, and to task the administration team to add the patient's details to a list for follow up. The GPs were monitoring the information and were discussing them at quarterly quality meetings.

A bowel cancer screening non-responder policy had been introduced in July 2020, following the audit and recommended actions. A repeat audit was scheduled for July 2021.

It was too early to understand if these interventions had impacted on the uptake rates for bowel screening.

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: 31/12/2019) (Public Health England)	71.1%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	65.7%	74.0%	71.6%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2018 to 31/03/2019) (PHE)	59.1%	63.4%	58.0%	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. (01/04/2018 to 31/03/2019) (PHE)	79.2%	78.0%	68.1%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2018 to 31/03/2019) (PHE)	50.0%	45.0%	53.8%	No statistical variation

## People whose circumstances make them vulnerable

Population group rating: Good

Findings
At our previous inspection in September 2018, we rated the service as Requires Improvement for this population group as we found concerns related to the clinical performance that affected everyone in this patient group.
At this desk-based review, we found the practice had made improvements to clinical performance which indicated the risk has been reduced for this patient group.

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

**Population group rating: Good**

**Findings**

At our previous inspection in September 2018, we rated the service as Requires Improvement for the treatment for this population group as we found concerns related to the clinical performance that affected everyone in this patient group.

At this desk-based review, we found the practice had improved their achievement for the number of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months from 27% in 2016/17 to 88.6% in 2019/20.

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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	88.6%	87.3%	85.4%	No statistical variation
Exception rate (number of exceptions).	5.4% (2)	13.3%	16.6%	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 (01/04/2019 to 31/03/2020) <small>(QOF)</small>	95.9%	80.7%	81.4%	Variation (positive)
Exception rate (number of exceptions).	5.8% (6)	7.5%	8.0%	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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.