

Care Quality Commission

Inspection Evidence Table

Wickham Surgery (1-542793602)

Desk-based review date: 23 September 2020

Date of data download: 14 September 2020

Overall rating: Good

Please note: Any Quality and Outcomes Framework (QOF) data relates to 2019/20.

We previously carried out an announced focused inspection at Wickham Surgery on 1 October 2019. The practice was rated Good overall and for each key question. However, the long-term conditions population group was rated as Requires Improvement. .

This focused desk-based review was undertaken to review the rating of the long-term conditions population group.

Effective

Rating: Good

At our previous inspection in October 2019, we rated the practice as Good for providing effective services. However we rated the long-term conditions population group as Requires Improvement due to some outlying Quality and Outcomes Framework (QOF) performance data. This was particularly related to the exception reporting rates for those patients diagnosed with asthma or chronic obstructive pulmonary disorder receiving an annual review.

At this desk-based review on 23 September 2020, we rated the practice as Good for its long-term conditions population, as changes to its recall system and provision of annual reviews had resulted in improved QOF performance data.

Effective needs assessment, care and treatment

	Y/N/Partial
Patients' treatment was regularly reviewed and updated.	Yes
Explanation of any answers and additional evidence: At our last inspection in October 2019, we found the practice's exception reporting rates for some Quality and Outcome Framework (QOF) indicators were higher than local and national averages. (Exception reporting rates relate to the number of patients who did not receive the treatment associated with the QOF indicator for a variety of reasons and were excluded from the practice's final performance figures). This indicated that a proportion of patient care and treatment had not been appropriately reviewed on a regular basis with the patients themselves. The practice confirmed it was aware of this prior to the inspection and had taken steps to improve this; for example, changes had been implemented to improve exception reporting processes and the annual recall protocol.	

At this desk-based review, we found the practice's exception reporting rates, for the QOF indicators specifically related to patients diagnosed with asthma and chronic obstructive pulmonary disorder receiving an annual review, had reduced. This demonstrated that less patients had been excepted. This indicated that more patients had received a regular review of the care and treatment of their long-term conditions. As a result of the actions taken by the practice to improve its exception reporting rates, the practice was now in line with or above the local and national average rates.

People with long-term conditions

Population group rating: Good

Findings

- At our previous inspection, we rated the population group as requires improvement due to sustained higher than local and national averages for exception reporting rates for indicators related to patients diagnosed with asthma and chronic obstructive pulmonary disorder (COPD). (Exception reporting rates relate to the number of patients who did not receive the treatment associated with the QOF indicator for a variety of reasons and were excluded from the practice's final performance figures).
- The practice's 2018/19 QOF data showed that the exception reporting rate for the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (that included an assessment of asthma control using the 3 RCP questions), was 36.5%. This represented 346 patients who had been excepted. The local clinical commissioning group (CCG) average rate of 11.5% and the national average rate of 7.7%. At this desk-based review we found the 2019/20 data demonstrated exception reporting was now in line with local and national averages.
- The practice's 2018/19 data showed that the exception reporting rate for the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, (that included an assessment of breathlessness using the Medical Research Council dyspnoea scale) in the preceding 12 months was 34.2%. This represented 68 patients being excepted. The local CCG average rate of 15.2% and the national average rate of 11.5%. At this desk-based review we found the 2019/20 data demonstrated exception reporting was now in line with local and national averages.
- The practice had already implemented new policies and processes to address its exception reporting at the time of our last inspection, but the impact of those changes had not had time to take effect.
- Since our last inspection, the practice told us it had re-structured the nursing team, which included specialist nurses working alongside GPs to cover urgent care. Therefore, the remaining practice nurses, with specific focus on respiratory and diabetes, were available to offer more focused chronic disease management care to patients.
- The practice made use of a technological application survey to remotely assist with identifying those patients that required a review, compared to those who had well-controlled conditions. Responses to that survey were reviewed by the nurses and face-to-face reviews were offered appropriately.
- The practice had identified a dedicated administrative staff member to oversee the booking and facilitating of clinics on behalf of clinical staff, relieving them of time-consuming administrative duties.
- The practice had also changed its whole appointment system to be a larger mix of e-consult, telephone and face-to-face consultations. This was partly in line with its longer term strategy

of ensuring its patients saw the right clinician as required, but it had also been fast-tracked in response to the COVID-19 pandemic.

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)	77.7%	76.5%	76.6%	No statistical variation
Exception rate (number of exceptions).	15.0% (156)	17.4%	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)	92.6%	91.9%	89.4%	No statistical variation
Exception rate (number of exceptions).	17.5% (37)	17.3%	12.7%	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. 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.