

Care Quality Commission

Inspection Evidence Table

The Clapham Family Practice (1-548164953)

Inspection date: 11 June 2021

Date of data download: 01 July 2021

Effective

Rating: Good

During the last inspection we rated the practice as requires improvement for providing effective services because the uptake of childhood immunisations and cervical screening were below average; some of the non-clinical staff we spoke with said that staffing levels were not sufficient; there were gaps in staff training in the areas of Safeguarding, Sepsis and Mental Capacity Act.

At this review we found that staffing levels were sufficient, and all staff had completed mandatory training. Although the uptake of childhood immunisation and cervical screening remained below national average, the practice had improved their performance in this area.

Families, children and young people

Population group rating: Good

Findings

- 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.
- The practice has not met the minimum 90% target for any of the four childhood immunization uptake indicators. The practice has not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for any of the four childhood immunisation uptake indicators. However, the practice has taken steps to improve performance and uptake has increased over the previous 18 months.
- Due to the low uptake of childhood immunisations the provider had undertaken a review of all patients who had not received an immunisation.

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) (01/04/2019 to 31/03/2020) (NHS England)	146	169	86.4%	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) (01/04/2019 to 31/03/2020) (NHS England)	128	150	85.3%	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) (01/04/2019 to 31/03/2020) (NHS England)	130	150	86.7%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2019 to 31/03/2020) (NHS England)	130	150	86.7%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2019 to 31/03/2020) (NHS England)	147	177	83.1%	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>

Any additional evidence or comments
<p>The practice told us they continued to offer face to face appointments for childhood immunisations and baby checks throughout the pandemic. However, parents and guardians were reluctant to bring children to the practice, particularly during the early stages of the pandemic.</p> <p>The practice provided data demonstrating that they were monitoring performance and they were aware that uptake was below WHO targets. Since the previous inspection, uptake had improved for children aged one but had fallen for the remaining three indicators.</p> <p>The practice told us they have taken action to improve the uptake of childhood immunisation including:</p> <ul style="list-style-type: none"> • A pre-school catch up programme commenced in October 2020 where patients with overdue immunisations were recalled. • The practice added an extra member of staff to assist with the immunisation recall process. • The practice updated their website to include further information about immunisation. • The practice provided examples of when they had discussed hesitancy with parents and recorded these decisions in the patient records.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

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 medicines without the need to attend the surgery.

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: 31/12/2020) (Public Health England)	62.3%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	60.0%	64.8%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	53.1%	55.1%	63.8%	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 (01/04/2019 to 31/03/2020) (QoF)	100.0%	92.1%	92.7%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	52.9%	56.8%	54.2%	No statistical variation

Any additional evidence or comments

The practice told us that the three month suspension of cervical screening during the pandemic impacted their performance, and hence uptake had fallen slightly since the previous inspection. They have taken action to improve the uptake of cervical screening including:

- Dedicated time allocated to the nurse and health care assistant team to recall patients who are overdue their screening.
- The practice nurse receives all cervical screening and colposcopy results to ensure consistency.
- The practice routinely identified patients who had left the practice so they could be removed from the patient list.
- The practice employed a nurse with the sole duty of catching up with overdue cervical screening and childhood immunisations.
- The nursing team offered extra Saturday clinics dedicated to cervical screening to improve access for patients.
- The practice updated their website to include a page dedicated to information about cervical screening.
- The practice displayed cervical screening information for transgender patients in the practice toilets.
- The practice provided unverified data indicating that cervical cancer screening uptake is improving with 63% uptake for the 25-49 age range and 73% for the 50-64 age range, with a total uptake of 64% (CCG average 57%).

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
<p>During the previous inspection, we found that some staff had not completed Mental Capacity Act training and staff we spoke with informed us that they had not completed Sepsis training. We were also told by some staff members that staffing levels were not sufficient, and they often had to take on work outside of their roles.</p> <p>During this review we found that all staff had completed Mental Capacity Act and sepsis training within the last year.</p> <p>The practice told us that they had closed the branch site during the pandemic and moved staff to the main site to ensure that staffing levels were adequate. We had sight of staff rotas which confirmed staffing levels were adequate.</p>	

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.
- ***PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#)). Personalised Care Adjustments allow practices to remove a patient from the indicator for limited, specified reasons.
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- % = per thousand.