

Inspection Evidence Table

Figges Marsh Surgery

(1-605982467)

Inspection Date: 13/04/2023

Date of data download: 12/04/2023

Overall rating: Good

Safe

Rating: Good

At our last inspection in September 2021, we found that the practice had made the improvements identified as required in 2019 but that there were still some weaknesses in systems for monitoring high-risk medicines and access to blood test results.

At this inspection, we found that further improvements had been made.

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
Explanation of any answers and additional evidence, including from clinical searches. Since the last inspection, the practice had strengthened the systems for managing high-risk medicines, including ensuring that results of blood tests taken in secondary care were available to prescribers.	

Effective

Rating: Good

At our last inspection in September 2021, we rated the practice good for providing an effective service, but uptake of childhood immunisations and cervical screening was below the national targets. We noted that the practice had implemented a systematic approach to ensuring children received their immunisations and women their cervical screening, with dedicated staff, and that uptake had improved since this had been implemented.

At this inspection we found that childhood immunisation uptake and cervical screening had improved across all indicators, although they remained below national targets.

Uptake of childhood immunisations and cervical screening were common challenges for practices in the area. Published validated data showed a year-on-year improvement since 2020 and recent unvalidated data suggested this improvement was continuing.

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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	85	96	88.5%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	75	91	82.4%	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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	75	91	82.4%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	76	91	83.5%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	67	102	65.7%	Below 80% uptake

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 confirmed the system in place to manage invites for immunisation and follow-up of those who do not attend/reply. The practice sent us data (unvalidated, to the end of the year 2023) that suggested the improvement in uptake had continued. This improvement was also indicated by (unvalidated) nationally published data for the first two quarters of 2023.

Immunisation uptake was a common challenge amongst practices in the area. In the same period as the data above, the average uptake across NHS South West London was below 95% for all of the five childhood immunisation uptake indicators. The NHS South West London average for the age 1 immunisation indicator was 90%, the average for aged 2 indicators was 85.5% and the average for age 5 MMR uptake was 76.2%.

Cancer Indicators	Practice	SICBL average	England	England comparison
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	62.1%	52.3%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	55.5%	63.5%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	45.2%	53.7%	54.9%	No statistical variation
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (30/09/2022 to 30/09/2022) (UKHSA)	67.3%	N/A	80.0%	Below 70% uptake

Any additional evidence or comments

The practice confirmed the system in place to manage invites for cervical screening and follow-up of those who do not attend/reply. The practice sent us data (unvalidated, to the end of the year 2023) that suggested the improvement in uptake had continued.

Responsive

Rating: Good

The data and evidence we reviewed in relation to the responsive key question as part of this inspection did not suggest we needed to review the rating for responsive at this time. Responsive remains rated as Good.

Well-led

Rating: Good

At our last inspection in September 2021, we rated the practice as good for being well-led as we found that the practice had made improvements to governance and management systems.

We asked the practice to continue efforts to establish a Patient Participation Group (PPG). At this inspection, we found that this recommendation had been acted upon. A PPG had been established and efforts continued to improve engagement with patients.

Engagement with patients, the public, staff and external partners

	Y/N/Partial
The practice had an active Patient Participation Group.	Y
Explanation of any answers and additional evidence: A PPG had been established and efforts continued to improve engagement with patients.	

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.
- **UKHSA:** UK Health and Security Agency.
- **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.
- ‰ = per thousand.