

# Care Quality Commission

## Inspection Evidence Table

### Ragstone Road Surgery (1-1256144138)

Review date: 29 June 2022

Date of data download: 23 June 2022

**Effective  
this inspection)**

**Rating: (Not rated as part of**

In May 2021 we inspected Ragstone Road Surgery and rated the practice Good overall. However, we issued a requirement notice due to a breach of regulation regarding the care for people with long term conditions, specifically those patients with diabetes and hypertension. The practice provided us with an action plan and undertook action to remedy the concerns.

At this review we found action had been taken to improve the uptake of reviews and care provision for people with long term conditions.

*QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.*

### Management of people with long term conditions

#### Findings

At our last inspection we identified that many patients on long term conditions had not received reviews of their long term conditions; specifically those patients with diabetes and hypertension. The practice had begun work in the previous year (2020) to our inspection to improve uptake of reviews among these patient groups. However, the COVID-19 pandemic had caused a key member of the clinical team, who undertook long term condition checks, to shield for long periods of time. This restricted the improvements to diabetes care and hypertension monitoring the practice was trying to make. The completion of long term conditions reviews and targets for care outcomes were at 53% overall for both diabetes and hypertension 2021, according to unverified data.

In June 2022, the practice were requested to send us evidence regarding their uptake of reviews of patients with specific long term conditions. This showed significant improvements to the care of patients with long term conditions. The data provided to CQC identified the following outcomes for the specific areas of long term condition care between April 2021 and March 2022:

## **Hypertension care**

- The proportion of patients aged 80 or over with hypertension in whom the last blood pressure reading /was 150/90 mmHg (millimeters of mercury is a measurement of blood pressure. 150/90 is considered borderline hypertension) or less was 79%.
- The proportion of patients aged 79 or under with hypertension in whom the last blood pressure reading is 150/90 mmHg or less was 79%.

## **Diabetes care**

- The proportion of patients with diabetes with moderate or severe frailty in whom the last HbA1C\* is 75 mmol/mol or less in the preceding 12 months was 63% (practice minimum target was 52%)
- The proportion of patients with diabetes without moderate or severe frailty in whom the last HbA1C is 58 mmol/mol or less in the preceding 12 months was 64% (practice minimum target was 35%)
- 84% of diabetics had attended foot checks.
- The proportion of patients with diabetes who had eye health checks was 46%. The practice had encouraged patients to attend for appointments to have this check via text message every quarter and the clinical team were using targeted discussions with patients who required this screening when discussing any other health needs. There had been a change to the templates used for reviewing diabetics at annual reviews which the practice believed improved communication about the importance of eye screening.

\*( HbA1C is a measurement of blood sugars over a long period of time enabling better monitoring of a patient's condition)

The practice undertook an audit in January 2022 to identify the needs of those patients with diabetes who were at risk high risk of diabetic and cardiovascular complications due to their blood sugar levels and management of their condition. The practice informed us that the close monitoring of diabetic patients at risk of complications had resulted in a reduction in their HbA1c readings. Successful interventions included a longer discussion about diet with signposting to specific resources to help with diet, changes to diabetic medication dosages and prompting the patient to frequently attend for follow up blood tests. A re-audit is due in August 2022.

## **Coronary Heart Disease**

- The proportion of patients aged 80 or under with CHD in whom the last blood pressure is 150/90 mmHG or less was 90%.

## **Mental Health**

- All 39 patients on the mental health register eligible for a review of their agreed care plan had an up to date care plan in place.

## **Chronic obstructive pulmonary disease**

- All but one of the 34 patients eligible for a review had received one.

#### 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)	$\leq -3$
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.
- **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.