

Care Quality Commission

Inspection Evidence Table

Marlowe Park Medical Centre (1-8970380005)

Inspection date: 26 April 2022

Date of data download: 20 April 2022

Overall rating: Good

Effective

Rating: Good

QOF requirements were modified by NHS England 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.

We rated the practice as Good for providing effective services because:

- Improvements had been made as well as maintained so that patients with long-term conditions were receiving relevant reviews and follow up where necessary in line with best practice guidance.
- Improvements had been made as well as maintained in how the practice identified and treated patients with commonly undiagnosed conditions such as diabetes.
- Patients who were prescribed mirabegron had been informed of the risks associate with taking this medicine in line with best practice guidance.

Effective needs assessment, care and treatment

Patients' needs were assessed, and care as well as treatment were delivered in line with current legislation, standards and evidence-based guidance.

The practice had systems and processes to help keep clinicians up to date with current evidence-based practice.	Yes
Staff had access to guidance from NICE and used this information to deliver care and treatment that met patients' needs.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Additional evidence or comments

At our inspection in November 2021 we found that patients with long-term conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, hypertension, atrial fibrillation (AF)

and patients experiencing poor mental health (including dementia) were receiving relevant reviews. However, records showed that one patient had not received an AF review since September 2019 and another patient had not been followed up since July 2021 when their diabetes blood test result at the time of their review was higher than normal limits.

During our inspection in April 2022 we found that improvements had been made as well as maintained so that patients with long-term conditions, such as diabetes and AF, were receiving relevant reviews and follow up where necessary in line with best practice guidance.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Effective care for the practice population

Findings
<p>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty.</p> <p>Those identified received a full assessment of their physical, mental and social needs.</p> <p>Health checks, including frailty assessments, were offered to patients over 75 years of age.</p> <p>Influenza, shingles and pneumonia vaccinations were offered to relevant patients in this age group.</p> <p>The practice had systems to inform eligible patients to have the meningitis vaccine. For example, before attending university for the first time.</p> <p>Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74.</p> <p>There was an automated blood pressure monitoring device in the reception area for patients to self-check their blood pressure readings.</p> <p>Patients with suspected hypertension were offered ambulatory blood pressure monitoring.</p> <p>All patients with a learning disability were offered an annual health check.</p>

End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

The practice demonstrated that they had a system to identify people who misused substances.

The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.

Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long-term conditions

Findings

Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

At our inspection in November 2021 we looked at the records of:

- Five patients who were diagnosed with diabetes. Records showed that all five patients had received a diabetes review in line with best practice guidance. One of these patient's records showed that their diabetes blood test result from 12 July 2021 required further action by the practice. However, we looked but could not find evidence to show that any action had been taken. After our inspection the provider wrote to us and told us that they had carried out searches of their computer records and identified patients whose blood test results from July 2021 required further action by the practice. They also told us that two of these patients were receiving care and treatment from the local community diabetes team and the remaining patient failed to attend two appointments with practice nursing staff and had now been referred to the local community diabetes team.
- Five patients who were diagnosed with atrial fibrillation (AF). However, we looked but could not see that one of these patients was on the practice's AF register. Another of these patient's records showed that they had not received an AF review since September 2019. This was not in line with best practice guidance. After our inspection the provider wrote to us and told us that a review of all patients suspected or confirmed with AF had been undertaken and they were confident that their AF register was now up to date. They also told us that the patient that had not received an AF review since September 2019 had now been reviewed.

During our inspection in April 2022 we looked at the records of:

- Ten patients who were diagnosed with diabetes. Records showed that all ten patients had received a diabetes review in line with best practice guidance.
- Ten patients who were diagnosed with AF. Records showed that all ten patients had received an AF review in line with best practice guidance. Records also showed that all ten patients were either prescribed appropriate anticoagulation medicine or had a risk assessment carried out to demonstrate why prescription of anticoagulation medicines was not appropriate.

Staff who were responsible for reviews of patients with long-term conditions had received specific training.

GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.

The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.

At our inspection in November 2021 we completed a series of searches on the practice's clinical record system. These searches were completed to review if the practice was assessing and delivering care and treatment in line with current legislation, standards and evidence-based guidance. Our searches identified:

The practice could demonstrate how they identified patients with commonly undiagnosed conditions. For example, chronic kidney disease (CKD). However:

- Ten patients were identified as having a potential missed diagnosis of diabetes. We reviewed all ten of these patients' records and found all ten met the criteria for having a diagnosis of diabetes. The national recommendation for diagnosing diabetes is a blood test result (HbA1c) of 48mmol/mol and above. All of these patients' records contained a record of an HbA1c over the national recommendation. It was unclear if these patients had diabetes as they had not been followed up appropriately in line with national guidance and diabetes management. We looked but could not find evidence to show that any of these patients had been referred to eye screening, commenced medication, received a foot check or been invited for further or annual reviews.
- After our inspection the provider wrote to us and told us that they had taken action to help ensure these patients were followed up appropriately.
- 69 patients (out of a total of 228) who were diagnosed with hypothyroidism had not had a thyroid stimulating hormone blood test carried out and results noted in their records in the last 18 months. This was not in line with best practice guidance for the management of this condition.
- After our inspection the provider wrote to us and told us that, following investigation, they had discovered significant historic coding issues existed that were inherited from the previous provider of services at Marlowe Park Medical Centre. They also told us that the coding issues had been rectified since our inspection and an updated search revealed that 177 patients were diagnosed with hypothyroidism, of which 21 had not had a thyroid stimulating hormone blood test carried out and noted in their records in the last 18 months.

During our inspection in April 2022 we found that improvements had been made as well as maintained in how the practice identified and treated patients with commonly undiagnosed conditions. For example, diabetes.

- Six patients were identified as having a potential missed diagnosis of diabetes. We looked at all of these patients' records and saw that they had all been contacted by the practice to arrange relevant repeat blood tests in order to establish if a diagnosis of diabetes was appropriate.
- Records showed that nine patients who were diagnosed with hypothyroidism had not had a thyroid stimulation hormone blood test carried out and results noted in their records in the last 18 months. However, the records of one of these patients showed that relevant blood tests had been carried out recently, the results of which were pending. The records of the remaining eight patients showed that the practice had contacted them multiple times in order to arrange relevant blood tests to be arranged.

At our inspection in November 2021 we looked at the records of five patients who were prescribed mirabegron but could not find evidence to show that any of these patients had been informed of the risks associated with taking this medicine. This was not in line with best practice guidance.

During our inspection in April 2022 we looked at the records of five patients who were prescribed mirabegron and found that all had been informed of the risks associated with taking this medicine in line with best practice guidance.

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) (01/04/2020 to 31/03/2021) (NHS England)	48	50	96.0%	Met 95% WHO based target
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England)	37	45	82.2%	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) (01/04/2020 to 31/03/2021) (NHS England)	38	45	84.4%	Below 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England)	36	45	80.0%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England)	53	63	84.1%	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>

Additional evidence or comments

Childhood immunisations were carried out in line with the national childhood vaccination programme.

At our inspection in November 2021 NHS England results (published in March 2020) showed that uptake rates were lower than the target percentage of 90% or above in one out of the five indicators. However, unverified data showed that uptake rates had improved since then and 100% had been achieved for the indicator that had been below the target percentage.

At our inspection in April 2022 NHS England results (published in March 2021) showed that uptake rates were lower than the target percentage of 90% or above in four out of the five indicators. However, unverified data showed that uptake rates had improved since then and was above the target rate of 90% for all of the four indicators that had been below the target percentage.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 30/09/2021) (Public Health England)	75.6%	N/A	80% Target	Below 80% target
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021) (PHE)	11.9%	63.3%	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) (PHE)	56.0%	68.1%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (PHE)	55.6%	56.3%	55.4%	No statistical variation

Additional evidence or comments

At our inspection in November 2021 published results showed that the practice's uptake for cervical screening as at March 2021 was below the 80% coverage target for the national screening programme. However, unverified data showed that uptake rates had improved since then and:

- 85% of eligible patients aged 50 to 64 years registered at the practice had received cervical screening.
- 80% of eligible patients aged 25 to 49 years registered at the practice had received cervical screening.

At our inspection in April 2022 published results showed that the practice's uptake for cervical screening as at September 2021 was below the 80% coverage target for the national screening programme. However, unverified data showed that uptake rates had improved since then and:

- 87% of eligible patients aged 50 to 64 years registered at the practice had received cervical screening.
- 80% of eligible patients aged 25 to 49 years registered at the practice had received cervical screening.

At our inspection in April 2022 published results showed that the practice's uptake for breast cancer screening was significantly below local and national averages. Unverified data showed that uptake rates had improved since then from 11.9% to 46%. However, this was still below that local average of 63.3% and national average of 66.8%.

The provider was aware of and monitoring this performance. They were also taking further action to continue to increase uptake. For example, patients who failed to present for breast screening were sent a letter by text message encouraging attendance. Patients who then went on to fail to present again were sent a letter by post to encourage their attendance at this important screening.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

There was an induction programme for new staff.	Yes
The learning and development needs of all staff were assessed.	Yes
All staff were up to date with essential training.	Yes
All staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation.	Yes
Clinical staff were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice.	Yes
There was a clear approach for supporting and managing staff when their performance was poor or variable.	Yes

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centered care when they moved between services.	Yes

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.	Yes

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes

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.
- ‰ = per thousand.