

# Care Quality Commission

## Inspection Evidence Table

### Denham Medical Centre (1-566555252)

Inspection date: 1 July 2022

Date of data download: 26 June 2022

**Overall rating: Good**

**Effective Rating: Good**

- At our previous inspection in March 2020, the service was rated Good overall, however we identified concerns relating to an aspect of the provision of effective services for 'working-age people'. The specific concerns were due to cancer screening performance and cancer-related outcomes. We therefore rated the 'working-age people' population group as Requires Improvement. We have not provided a rating of the related key question as part of this inspection.
- As part of this desk-based review we reviewed information provided by the practice and found improvements had been made to address the concerns previously identified. Although we do not now rate population groups, the provider has made the required improvements.

## Effective needs assessment, care and treatment

Improvements had been made and patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance support. This included improvements in cancer screening performance, cancer-related outcomes and cancer indicators.

## Effective care for the practice population

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: 31/12/2021) (UK Health and Security Agency)	74.5%	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) (UKHSA)	71.0%	71.1%	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)	64.3%	69.8%	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) (UKHSA)	43.4%	52.9%	55.4%	No statistical variation

## Any additional evidence or comments

Following the March 2020 inspection, the practice reviewed cancer screening performance and cancer-related outcomes with a view to improve uptake. The review led to a variety of actions, including:

- The practice appointed a GP to become the practice 'Cancer Champion' – a designated lead role, to oversee how the practice managed cancer outcomes. They attended external training and meetings and shared findings with the full practice team.
- Practice staff joined an interactive primary care network (PCN) event facilitated by a leading cancer charity to enhance their skills and knowledge in cancer detection and care.
- Further PCN work, reviewed and benchmarked cancer performance across the four other GP practices within the PCN.
- An additional focus on early diagnosis initiatives, cancer related clinical audits and different tools of patient engagement.

- There was engagement with the Thames Valley Cancer Alliance, specifically in the early diagnosis and innovation pathway. This resulted in additional training and the practice was now ready to use a dermatoscope which would increase the likelihood of early detection for specific cancers. A dermatoscope is a hand-held imaging device used to examine skin, it can help diagnose certain conditions because it can show extra detail.

The practice provided evidence which demonstrated the actions had been successful and improvements had been made. This included improvements in cancer screening performance, cancer-related outcomes and cancer indicators. For example:

### **Cervical cancer screening**

- The practice told us all eligible patients were sent three separate invites and a reminder text message the day before their screening appointment. If a patient did not attend, the clinical system automatically contacted the patient requesting the patient re-book their appointment.
- The practice also told us they now have access to an informative educational video about cervical screening which is sent to patients to address any fears or anxieties they may have.
- During COVID-19 pandemic, the practice set up dedicated cervical screening clinics (during the day and one evening a week). These clinics were created as the practice were aware of an increase in people eligible for cervical screening were working at home and potentially available to attend the practice.
- Following changes in local and national COVID-19 lockdowns and the high attendance at the evening clinics, the practice continued to offer evening appointments for patients to attend cervical screening appointments.
- A snapshot of published and verified data by UK Health and Security Agency (UKHSA) for December 2021 showed that the practice uptake for cervical screening was 74.5%, this was below the 80% national target. The practice was aware of this target and the requirement to improve the uptake of the screening.
- The practice provided live, unpublished, unverified data which showed 79% of eligible people aged between 25 and 49 years and 84% of eligible people aged between 50 and 64 years had attended for cervical screening. The combined average was therefore 82% and an improvement when compared to the December 2021 snapshot.

### **Breast cancer screening**

- The practice told us, due to their location, many patients were reliant on the mobile screening service. This service had been impacted by local and national COVID-19 related lockdowns and regulations. To address this concern the practice had worked with the local commissioners and commenced a catch-up programme.
- We saw improvements had been made in patients taking part in the breast cancer screening programme, for example:
- 71% of females, aged 50-70, had been screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2020 to 31/03/2021). This was a 3% increase on the previous uptake reported at the March 2020 inspection and was now in line with the local clinical commissioning group (CCG) average and above the national average.

- As part of this inspection, the practice provided 'live' unpublished, unverified data from June 2022 which demonstrated gradual further improvements had been made, specifically the data snapshot indicated uptake had increased to 72%.

### **Bowel cancer screening**

- As part of the national bowel cancer screening programme, everyone aged between 60 to 74 who is registered with a GP was automatically sent an NHS bowel cancer screening kit as soon as they turned 60 years of age. The practice was aware of research findings which showed patients received the home kits with little information or prior communication. To address this barrier, in advance of patients 60<sup>th</sup> birthday, the practice used different forms of communication to highlight a bowel cancer screening kit would be sent to their home address.
- We saw improvements had been made in patients taking part in the bowel cancer screening programme, for example:
- 64.3% of people, aged 60-74, had been screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2020 to 31/03/2021). This was a 12.6% increase on the previous uptake reported at the March 2020 inspection and was now in line with the local CCG average and the national average.
- As part of this inspection, the practice provided 'live' unpublished, unverified data from June 2022 which demonstrated further improvements had been made, specifically the data snapshot indicated bowel cancer screening uptake had further increased to 71%.

### **Cancer detection**

- The practice reviewed the cancer referral processes, specifically the 'two-week wait' (TWW) referral process. (A 'Two Week Wait' referral is a request from a GP to ask the hospital for an urgent appointment, because the patient has symptoms that might indicate they have cancer). The review highlighted there had been an error within the coding of the referrals on the clinical system, although the referral was made, the code and clinical intervention was not reflected in the data submission to UKHSA.
- To improve the detection rate, the practice implemented an automatic upload of the consultation into the TWW referral. Furthermore, one of the practice's care coordinators, ensured all referrals were followed up and attended. If there was a problem, delay or non-attendance, this was acted on as a priority.
- We saw improvements had been made in the number of cancer cases from a TWW referral, for example: 43.4% of new cancer cases which resulted from a TWW referral (01/04/2020 to 31/03/2021). This was a 7.6% increase on the previous uptake reported at the March 2020 inspection and was now in line with the local CCG average and the national average.

## 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.