

Care Quality Commission

Inspection Evidence Table

Frizinghall Medical Centre (1-556053580)

Inspection date: 2 June 2021

Date of data download: 18 May 2021

Overall rating: Good

At an inspection in March 2019, the practice was rated as good overall and in each key question. However, they were rated as requires improvement for providing services to patients with long-term conditions.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

Effective

Rating: Good

At this inspection we found that outcomes for patients had improved, and the practice had reviewed their processes for the management of long-term conditions.

People with long-term conditions

Population group rating: Good

Findings

- Outcomes for patients with long-term conditions were generally above the local Clinical Commissioning Group (CCG) and national averages.
- The practice had ensured that during the COVID-19 pandemic, patients with long-term conditions were offered a review of their health and medicines needs. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. This included liaison with secondary care providers, education programmes and dieticians.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Additional staff had been recruited to increase the number of clinics offered and concentrate on specific conditions to improve outcomes. The practice were aware of the need to focus resources on the management of patients with unstable diabetes.
- A holistic team approach to long-term condition reviews had been introduced. Patients were recalled using a variety of different methods. For patients who initially declined to attend reviews, the team periodically audited and reviewed their needs and offered additional opportunities for patients to attend.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- Adults with newly diagnosed cardiovascular disease were offered statins. Data from 2019/2020 showed that the percentage of patients with diabetes, on the register, aged 40 years or over, with no history of CVD and without moderate or severe frailty, who were treated with a statin was 90.8%, which was better than the CCG average of 88.4% and the national average of 85.2%.

- Patients with suspected hypertension were encouraged and supported to monitor their own blood pressure throughout the pandemic, the results were then reviewed by the GP. Devices were distributed to patients as the practice was able.
- Data showed that outcomes for patients with hypertension had significantly improved. For example, in 2018/2019 the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 68.6% which was 14% below the national average. In 2019/2020, despite the parameters being reduced; the percentage of patients (aged under 79) with hypertension in whom the last blood pressure reading was 140/90 mmHg or less was 80.2%, which was 7.8% above the national average.
- Patients with asthma were offered a person-centred asthma management plan. Outcomes for patients with asthma were comparable to CCG and national averages.

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2019 to 31/03/2020) (QOF)	79.7%	78.6%	76.6%	No statistical variation
PCA* rate (number of PCAs).	1.4% (3)	7.7%	12.3%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	90.4%	89.3%	89.4%	No statistical variation
PCA rate (number of PCAs).	8.8% (5)	10.1%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	80.2%	82.8%	82.0%	No statistical variation
PCA rate (number of PCAs).	2.4% (2)	4.5%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	47.8%	64.8%	66.9%	Variation (negative)
PCA rate (number of PCAs).	4.6% (11)	13.1%	15.3%	N/A

The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	80.3%	74.9%	72.4%	No statistical variation
PCA rate (number of PCAs).	7.8% (24)	6.2%	7.1%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2019 to 31/03/2020) (QOF)	100.0%	90.9%	91.8%	Variation (positive)
PCA rate (number of PCAs).	5.3% (2)	6.7%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	87.0%	74.9%	75.9%	Tending towards variation (positive)
PCA rate (number of PCAs).	3.3% (8)	8.8%	10.4%	N/A

Any additional evidence or comments

There are various situations where a patient can be exempt from Quality Outcomes Framework indicators, these are now called Personalised Care Adjustments (PCA). The new PCA enables practices to differentiate between reasons for removing a patient from an indicator.

At this inspection we saw that PCA rates for the practice were positive.

A protocol was in place to exempt patients from QOF outcomes. Towards the end of the QOF year, a whole team approach was taken to recalling and reviewing patient needs. Overall, the PCA rate was more than 2% lower than CCG or national averages, this had reduced from previous years. This meant that more patients were receiving the appropriate support and intervention.

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 practice's 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](#)).
- ‰ = per thousand.