

Care Quality Commission

Inspection Evidence Table

Marylebone Health Centre (1-570823648)

Inspection date: 30 September 2022

Date of data download: 30 September 2022

Effective

Rating: Requires Improvement

At the last inspection in November 2019 we rated the practice as requires improvement for providing effective services because:

- The practice had not met the targets for childhood immunisation uptake indicators and remained significantly below target.
- The practice had not met the targets for cervical cancer screening uptake indicators and remained significantly below target.

At this inspection, we saw evidence of efforts being made to increase the uptake of childhood immunisation and cervical cancer screening uptake but data from the UKHSA showed the practice were significantly below target for cervical cancer screening uptake.

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.

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 and Improvement)	63	71	88.7%	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)	46	62	74.2%	Below 80% uptake

(01/04/2020 to 31/03/2021) (NHS England and Improvement)				
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 and Improvement)	45	62	72.6%	Below 80% uptake
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 and Improvement)	49	62	79.0%	Below 80% uptake
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 and Improvement)	11	18	61.1%	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 recognised they were below target for the uptake of childhood immunisation within their practice population. The practice informed us:

- They had a high turnover of patients in the last two years, with patients resettling out of the UK and travelling back and forth. For example, many patients registered at the practice had financial means to travel abroad for healthcare. Such patients had a different vaccination schedule in their home countries and the practice told us they struggled to obtain evidence from them. The practice also had patients who came to the UK to work for a certain period and leave without informing the practice. Furthermore, the list size of the practice population had not always been reflective of the true population of the practice, and they have told us they had been chasing NHS England to deduct patients off their list. For example, the practice was chasing patients to be deducted who left the GP in February 2022 who still showed up on the data as outstanding for not completing their childhood immunisations.
- In October 2021, the practice registered over 200 adults and 40 child refugees. These patients had no medical records and were reluctant to attend for routine screening and immunisations. The patients moved on from the surgery in stages between May 2022 and July 2022.
- Parents were reluctant to attend with their children due to their own concerns about immunisations. A reluctance had also been formed during Covid-19 as patients only wished to attend when they were unwell and not for health promotion. Moreover, the practice reported patients carried out immunisations with private pediatricians without passing on evidence, despite the request from the practice.
- The practice no longer had a health visitor since 2019 and local baby clinics were no longer running. They told us, during the pandemic, the practice had staff shortages as they released nurses, administrators and GP's to attend and assist covid vaccination clinics.

- They had a small target population of patients which meant a few patients declining childhood immunisations reflected negatively on their uptake percentage.

The practice implemented a variety of methods to increase the uptake of childhood immunisation within their practice population:

- The practice run several campaigns to raise awareness of the importance of childhood immunisations. In May 2021, the practice ran a child fever awareness project which was managed by a team of medical students working with the practice nurse. They contacted and trained to contact all parents with information about how to manage fevers and keep young children well with advice provided on childhood immunisations where immunisations were outstanding. The practice was running an MMR campaign which is present on their website as well as a polio campaign in September 2022; all patients were offered to be seen at their surgery or a local GP Federation site to receive a polio booster.
- The practice worked with the Patient Participation Group (PPG) to advertise childhood immunisations. In Summer 2021, the PPG newsletter published the importance of vaccinations, statistics and information about their vaccination programmes.
- The practice formed a small working group consisting of a nurse, administrator, receptionist and a safeguarding GP. The group worked together to try to increase the uptake percentage by, for instance, amending patient registration questionnaires to include immunisations and safeguarding data and by logging new births automatically and inviting patients to have immunisations and postnatal check-ups on the same day. They created a waiting list for appointments missed so administrators were able to continue to invite patients in who did not attend.
- The practice nurse is the lead for immunisations who carried out regular 'look-back' and 'look-forward' searches for children who missed immunisations or had an appointment due. Letters had been sent to patients who did not respond to text/email/phone calls. After initial contact, further attempts were made which lead to the possibility of a letter advising parents a safeguarding GP may contact them.
- Improvements were made to the practice website so all information about childhood immunisations was current and easy to find.
- The practice reserved appointments for childhood vaccinations, so appointments were always available.

Cancer Indicators	Practice	SICBL 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: 31/03/2022) (UK Health and Security Agency)	39.4%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	46.1%	48.9%	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)	51.6%	57.1%	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) (UKHSA)	64.3%	56.0%	55.4%	No statistical variation

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Any additional evidence or comments
<p>The practice recognised they were below target for the uptake of cervical cancer screening within their practice population. The practice informed us:</p> <ul style="list-style-type: none"> • They had a high turnover of patients in the last two years. Many patients registered at the practice were from abroad and had financial means to travel to their home countries for healthcare. Such patients informed the practice they carried out cervical cancer screening abroad and the practice struggled to obtain evidence from them or struggled to encourage patients to have a smear test repeated. • Patients refused to attend and especially so during the pandemic whereby they feared attending the GP unless they were unwell. The practice also had patients who came to the UK to work for a certain period of time and leave without informing the practice. • The list size of the practice population was not always reflective of the true population of the practice as patients were not deducted straight away. <p>The practice implemented a variety of methods to increase uptake of cervical cancer screening within their practice population:</p> <ul style="list-style-type: none"> • They had an active recall system and administrators were continuously going through a list of patients to call and book appointments for smears tests.

- They ran campaigns to promote cervical cancer screening. In July 2022, they ran a campaign to target women where English may not be their first language. For example, they were contacted by an Arabic-speaking medical student to encourage uptake amongst Arabic female patients. The practice worked with the Patient Participation Group (PPG) to advertise cervical cancer screening and published information about smears test in their summer 2021 newsletter.
- They made further recruitments to increase capacity and availability of appointments; they recruited a healthcare assistant and a nurse associate.
- They displayed posters around the practice to remind patients to book a test before they leave and increased the amount of information available on the practice website.
- They targeted certain groups of patients at specific times to increase uptake. For example, they targeted female patients aged 25-49 when they came in for flu vaccinations and targeted the older age group outside of the winter months as they were less likely to attend the practice during months where covid-19 had been more widespread.
- They formed a small working group to look at cervical cancer screening uptake. They trained receptionists so they had better understanding and information on the importance of smears tests, learnt what language to use to encourage patients to carry out a test and promoted the use of chaperones.
- They requested information in relation to cervical cancer screening in their new patient health questionnaires.
- They worked with a Well Woman specialist who worked in a family planning clinic. The specialist called patients in from the practices list and advised patients to carry out a screening test on the same day of an appointment in the family planning clinic.

The practice showed us unverified data they have completed smears tests on 51.5% of female patients aged 25-49 in the last three and a half years and 71.9% of patients aged 50-64 in the last five and a half years.

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 SICBL 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 SICBL 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.

