

Care Quality Commission

Inspection Evidence Table

Essex Lodge (1-582393811)

Inspection date: 11 October 2021

Date of data download: 08 October 2021

Overall rating: Good

Effective

Rating: Good

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/03/2021) (Public Health England)	58.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	53.0%	59.3%	70.1%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2019 to 31/03/2020) (PHE)	53.8%	52.5%	63.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2019 to 31/03/2020) (PHE)	39.3%	51.6%	54.2%	No statistical variation

Any additional evidence or comments

At a previous inspection on 7 October 2019, we rated the population group of working age people as requires improvement as we saw that the cancer clinical performance two week wait (TWW) referral indicator was 30.6% (PHE data 01/04/2017 to 31/03/2018) and tending toward a negative variation. The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (01/04/2018 to 31/03/2019) was 60%. Staff were unsure why the data measures were lower than average.

At this inspection 11 October 2021, we reviewed cancer clinical performance data and changes to the practice systems and processes regarding patient's cancer screening, identification and reviews. We saw that:

- Clinical performance TWW referral indicators (01/04/2019 to 31/03/2020) had improved to 39.3% and no longer indicated a tendency toward negative variation. The practice had undertaken cancer audits during 2019-2020 and 2020-2021, including to identify TWW cancer detection rate in the practice between 1st April 2020 and 31st March 2021. Unverified cancer audit data from the practice indicated TWW new cancer cases detection rate was 57% in 2020-2021 and a continuing improving trend.
- Cervical cancer screening remained a challenge in the locality and the practice was aware it was below target. The practice had an action plan that involved the practice nurse, business management and administrative staff. Improvement actions included targeted patient call and recall including via text messaging and letter.
- There was opportunistic booking and undertaking of cervical screening, a dedicated cervical screening clinic, evening practice nursing appointments and an extended hours Saturday clinic from 8am to 1pm.
- The cervical cancer screening service was put on hold 1 April 2020 due to the COVID-19 pandemic and resumed from 7 June 2020 for high-risk patients. The screening services fully resumed 19 August 2020 for all eligible patients which the practice implemented.
- Despite uptake rates being affected by COVID-19, locally held unverifiable data from the practice system indicated cervical screening performance was improving and was forecast to achieve 68% (within 3.5 years for women aged 25 to 49), and 82% within 5.5 years for women aged 50 to 64) in the current reporting year.
- Data for breast and bowel cancer screening was 18 months old at the time of our inspection. The provider had taken action to improve uptake rates; for example, by engaging with patients to raise awareness and encourage uptake. Bowel cancer screening uptake data showed an improving trend with ongoing improvement in uptake rates year on year since 2017. The most recent practice performance data was slightly higher than the local Newham Clinical Commissioning Group (CCG) average. The practice was continuing to focus on increasing breast cancer uptake rates.

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.
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- ‰ = per thousand.