

# Care Quality Commission

## Inspection Evidence Table

### Dr McManus and Partners (1-552120490)

Inspection date: 12 May 2022

Date of data download: 11 May 2022

## Overall rating: Good

### Effective

### Rating: Good

Following our inspection in February 2020, we rated the practice as Requires Improvement for providing Effective services because we found:

- The practice had not met the minimum 90% target for three of four childhood immunisation uptake indicators.
- The percentage of women eligible for cervical screening was below the national average of 80%.
- Exception reporting for patients with long-term conditions, mental health and dementia were above the local and national averages.

During this inspection, we found the practice had invested considerable efforts to improve in these areas. The practice is now rated as **Good** for providing Effective services.

*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.*

### Effective care for the practice population

### Management of people with long-term conditions and those experiencing poor mental health, including dementia.

#### Findings

At our inspection in February 2020, we found exception reporting for patients with long-term conditions and those experiencing poor mental health was above local and national averages. Exception reporting is a part of the Quality and Outcomes Framework (QoF) and is the removal of patients from QoF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. Exception reporting is now known as Personalised Care Adjustment (PCA).

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Instead to follow up on concerns identified at our previous inspection we undertook remote clinical searches of patients with long- term conditions and those experiencing poor mental health, including dementia. We found evidence to demonstrate recall systems were in place and effectively managed to ensure patients received timely reviews of their health and medication. For example:

- A search to review the monitoring of patients with chronic kidney disease at stages four or five, identified patients who were coded as having this diagnosis did not receive all required monitoring tests. However, we found these patients were not at risk. For example, patients who were also under the care of a renal specialist were being reviewed every six months.
- We carried out a search to review the monitoring of patients with hypothyroidism, specifically patients with hypothyroidism who had not had a thyroid function test within the previous 18 months. Our search identified patients who had not received an appropriate test within this period. Clinical records showed that tests for these patients were approximately a month overdue and all had been sent appointment reminders.
- A search carried out during our inspection, to review the monitoring of patients diagnosed with diabetic retinopathy; a complication of diabetes caused by high blood sugar levels showed all these patients had received both a diabetic review and a medication review within the last 12 months.
- A further search reviewed the management of patients with asthma who had been prescribed two or more courses of rescue steroids within the last 12 months. Our search identified patients who had been prescribed two or more course of rescue steroids. We undertook a detailed review of five patients' records, which showed all patients had an asthma and medication review within the last 12 months and were appropriately assessed at the time of treatment and had been followed up.
- We reviewed a random sample of care plans for patients experiencing poor mental health and saw that care plans contained comprehensive information as required.
- Finally, we reviewed a random sample of care plans of patients diagnosed with dementia and found appropriate information was being recorded.

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)	209	233	89.7%	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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	219	246	89.0%	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 and Improvement)	216	246	87.8%	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 and Improvement)	219	246	89.0%	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 and Improvement)	210	239	87.9%	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>

### Any additional evidence or comments

During our inspection, in February 2020, we found the practice had failed to reach the minimum 90% target for three out of four childhood immunisation indicators.

During this inspection, we reviewed available data which demonstrated the practice had not achieved the minimum 90% target for all childhood immunisation indicators. However, evidence reviewed confirmed the practice had dedicated considerable effort towards improving uptake amongst its patient population. For example, a member of the administration team were calling all parents/guardians the day before the appointment to remind them to attend. In addition, a SMS text message reminder was sent for upcoming immunisation appointments. The practice had an escalation protocol in place should an immunisation appointment be cancelled or the patient fail to attend. In the first instance, this involved a further telephone call to rebook the appointment. Further actions included sending information on the benefits of immunisations to parents/guardians, or in cases where appointments were repeatedly

cancelled, missed or refused a significant event was raised for discussion at a partners meeting to agree next steps.

The practice had ensured appointments for childhood immunisations continued to be available throughout the pandemic. The practice had segregated the building to ensure patient safety when attending for immunisation appointments. Additional appointments were made available outside of standard immunisation clinic times to accommodate for patients impacted by illness, self-isolation requirements or general anxiety over attending due to perceived Covid risks.

At the time of this inspection, the practice offered between three and four childhood immunisation clinics (30 to 40 appointments) per week, including appointments in both mornings and afternoons. The immunisation programme was promoted by the practice to further encourage uptake, this included via the practice's social media platforms.

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)	65.3%	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)	70.8%	69.1%	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)	60.5%	64.4%	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)	55.3%	56.8%	55.4%	No statistical variation

#### Any additional evidence or comments

At our previous inspection, in February 2020, we found the practice had not met the minimum uptake target of 70% for cervical cancer screening. At this inspection we found that whilst the practice had still not met the 70% target, they had made continued, targeted efforts to encourage patient uptake of the service.

The practice had made appropriate adjustments and provisions to ensure appointments for cervical cancer screening were offered through the pandemic. However, despite these efforts patient uptake for the service was low. Evidence we reviewed demonstrated the uptake for cervical screening appointments declined from 96 in January 2021 to six in May and 17 in June 2021. This increased to 74 in July 2021 when the practice resumed a full cervical screening service. The practice was proactive in encouraging uptake at the time by directly contacting patients who were due appointments and advertising the service on the practice's website. Recall systems were in place which ensured patients who had not responded to previous appointments sent by the cervical screening admin service (CSAS) received a third invite directly from the practice.

The practice offered between 40 to 50 appointments for cervical screening per week (including some Saturday mornings) and there were female sample takers in place. Despite these efforts some patients were resistant to attend. The practice recognised there was an increasing population of patients from Eastern Europe who were particularly hesitant to attend for cervical screening as they preferred to attend appointments privately in their home country, records of which were often not shared with the practice. The practice offered translation services for patients if needed. The practice followed effective failsafe systems to ensure results were received for all tests and samples sent for processing.

## 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.
- **%o** = per thousand.