

Care Quality Commission

Inspection Evidence Table

Lisson Grove Health Centre (1-549237033)

Inspection date: 19 October 2022

Date of data download: 19 October 2022

Overall rating: Good

Effective

Rating: Good

At the last inspection on 5 June 2019 we rated the practice as requires improvement for providing effective services because childhood immunisations and cervical screening rates were below national targets.

At this focused review on 19 October 2022 we found the practice had been proactive in improving childhood immunisations and cervical screening uptake rates. Although uptake rates remained below national averages, the practice had worked independently and in collaboration with their primary care network to identify challenges facing the practice population and improve outcomes for patients. We have rated the practice 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

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)	49	55	89.1%	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)	53	77	68.8%	Below 80% uptake
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)	57	77	74.0%	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)	55	77	71.4%	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)	12	15	80.0%	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

- Published performance data showed that uptake rates for childhood immunisations had fluctuated since 2017.
- The practice had not met the minimum 90% for all five childhood immunisation uptake indicators in 2020/21. The practice had not met the WHO based national target of 95% (the recommended standard for achieving herd immunity) for all five childhood immunisation uptake indicators in 2020/21.
- We have taken into account that disruption caused by the Covid-19 pandemic may have adversely affected vaccine coverage in 2020/21 and 2021/22, compared to earlier years. In addition, no vaccinations met the 95% target set by the WHO in 2021/22 (NHS Digital, Sept 2022).

Child Immunisation	2017/18	2018/19	2019/20	2020/21
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) (NHS England)	90.5%	92.8%	84.6%	89.1%
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (NHS England)	73.9%	71.8%	75.8%	68.8%

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) (NHS England)	79.5%	76.9%	77.4%	74.0%
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (NHS England)	77.3%	74.4%	77.4%	71.4%
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (NHS England)	83.6%	70.1%	67.6%	80.0%

The practice provided unvalidated data to demonstrate they were meeting childhood immunisation targets for the first two quarters of 2022. These figures cannot be directly compared with the published statistics due to differences in calculation.

The practice had recognised the need to improve uptake rates for childhood immunisations and were proactive in finding ways to improve this. Since our last inspection they had undertaken the following:

- Increasing access to immunisation appointments from one day a week to four days a week.
- Trained a newly employed nurse in childhood immunisations.
- The GP vaccination lead met with a health visitor, located within the same building as the practice, every month to discuss families/areas of concern. We saw from safeguarding meeting minutes this included discussions of overdue and refusal of immunisations. The health visitor discussed overdue vaccinations with parents/guardians and the practice informed us that having a permanent health visitor and named vaccination lead provided continuity of care.
- Maintained access to immunisations during the Covid-19 pandemic.
- Worked with the primary care network (PCN) to improve uptake rates. Unvalidated data shared by the practice showed that 10% of under five year olds within the PCN were unvaccinated and 48% were partially vaccinated, compared with 6% and 49% respectively for under five years olds registered at the practice. Care coordinators within the PCN were recalling unvaccinated children and those incomplete vaccination records. The PCN were also looking at and learning from high achieving practices and working with cultural belief groups to promote vaccinations.
- Worked with the Integrated Care System (ICS) local immunisation coordinator in April 2022 to improve uptake rates. This involved identifying a named lead for vaccinations and immunisation, ensuring staff were trained, offering convenient and timely appointments, reviewing the recall system, offering opportunistic appointments and participating in national catch-up campaigns. There was a plan of action and progress with the action plan was due to be reviewed at the end of October 2022.
- Reviewed the recall policy. The practice formed a working group consisting of the GP vaccination lead, health care assistant, practice manager and an administrator to work collaboratively and ensure the recall system was as effective as possible. This involved discussing different ways to contact patients and ensuring every attempt was made to book a vaccination appointment.
- Update the website regularly to include information on vaccination services. We saw the practice website contained up to date information on children's immunisations including polio vaccines for children under nine years and the MMR vaccine.

- Signed up to an alert system whereby the practice was notified by email of children who were due immunisations and those who were due in two weeks. The practice used these lists alongside their own recall system as a failsafe measure.
- Discussed the vaccination programme with the patient participation group (PPG) with an action to add information to the practice newsletter. We saw the February 2022 newsletter included information on the NHS vaccination programmes.
- The practice planned to participate in the Bi-Borough Children's Immunisation project whereby community vaccination pop-up clinics would be offered at local children's centres. These additional clinics were aimed at patients who were overdue their vaccinations.

The practice had identified challenges specific to their patient demographic that may have had an impact on uptake rates:

- The practice was located within the Church Street Ward in London which was one of the most deprived wards in the UK with an Index of Multiple Deprivation score (IMD 2019) of two out of 10. The lower the decile, the more deprived the practice population is relative to others. The practice informed us there was high ethnic diversity in the population. There were also high levels of safeguarding issues around families with young children and higher 'did not attend' rates at appointments.
- The practice informed us they had a transient population, with families often housed in temporary accommodation. When patients were re-housed or moved out of the area, they often would not notify the practice, thus affecting practice data and achievement.
- Some children had moved to the UK from abroad and had received vaccinations under different schedules to those recommended by NHS England. The practice informed us it was difficult to record these vaccinations on the clinical system in line with the UK schedule despite the children being fully vaccinated, and the practice had raised this issue at PCN level.
- In 2021, the practice registered 180 refugees from Afghanistan. The practice were informed by some parents/guardians that their children had been vaccinated in Afghanistan but they did not have the vaccination records. Without records the practice were unable to log these vaccinations on the clinical system and patients/guardians would decline the vaccinations when recalled.

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)	55.4%	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)	52.6%	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)	49.8%	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)	44.4%	56.0%	55.4%	No statistical variation
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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

1. As shown above, the practice was below the 80% coverage target for the national cervical screening programme (Snapshot date: 31/03/2022). Uptake rates between 2019 to 2022 were between 55-58%.
2. The practice provided unvalidated data for May 2022 to show that cervical screening rates within the primary care network (PCN) and London were below the national target. For example, uptake for the 25-49 age group was 49% (PCN average 47%, London average 61%, England average 68%) and uptake for the 50-64 age group was 69% (PCN average 63%, London average 72%, England average 75%). The practice informed us that local factors including deprivation, ethnicity and education contributed to low uptake in the locality.
3. The practice recognised the need to improve uptake rates and were working independently and in collaboration with their PCN to improve uptake. This included:
 - Focusing on the lowest uptake groups.
 - Education and staff training looking at the barriers to accessing screening and improving staff confidence when discussing screening.
 - Improving access. The practice currently offered cervical screening three days a week, and this was due to increase to four days from November. The PCN offered extended hours appointments aimed at the working / younger age population and these were promoted on the practice website and in the reception area. Weekend appointments were also available to patients at extended hours hubs.
 - Discussed screening with the patient participation group (PPG) with an action to add information to the practice newsletter. We saw the February 2022 newsletter included information on the NHS cancer screening programmes.
 - Maintained access to cervical screening during the Covid-19 pandemic. This included nursing staff telephoning patients who were due a smear and assessing them remotely. Any patient who reported abnormal symptoms was brought into the practice for a smear and other patients were educated about symptoms and how to seek advice.
 - Updating noticeboards and the website regularly to include information on cancer screening services. We saw from the practice website that this included up to date information on cervical, bowel and breast cancer screening.
 - Medical students on placement at the practice had been assigned a project to help improve cervical screening uptake, understand why patients do not respond to invitations and to book patients in when possible.
4. The practice had identified challenges specific to their patient demographic that may have had an impact on uptake rates. These were similar to the challenges experienced for childhood immunisation uptake and included deprivation within the population, a transient community, patients with no records of previous screening, and ethnicity.

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.