

Care Quality Commission

Inspection Evidence Table

High Glades Medical Practice (1-590230281)

Inspection date: 31 January 2020

Date of data download: 06 January 2020

Overall rating: **Good**

We rated the practice as Good overall because:

- The practice had made improvements to the prescription of hypnotics.
- The practice had made improvements to their performance (significantly so in some cases) when caring for patients with long-term conditions as well as patients with poor mental health.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2018/19.

Effective

Rating: Good

We rated the practice as Good for providing effective services because:

- The practice had made improvements to the prescription of hypnotics.
- The practice had made improvements to their performance (significantly so in some cases) when caring for patients with long-term conditions as well as patients with poor mental health.

Effective needs assessment, care and treatment

Patients' needs were assessed. Care and treatment were delivered in line with current legislation, standards and evidence-based guidance.

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2018 to 30/09/2019) (NHSBSA)	1.37	1.12	0.74	Tending towards variation (negative)

Additional evidence or comments

The practice had continued to work with the local Clinical Commissioning Group to reduce the prescription of hypnotics where possible. Published results showed that hypnotics prescribing had reduced from 2.02 at the time of our last inspection to 1.37. The practice had plans to look in more depth at the prescribing of hypnotics for patients who were residents in care homes to continue to make reductions where appropriate.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	513.9	545.9	539.2
Overall QOF score (as a percentage of maximum)	91.9%	97.7%	96.7%
Overall QOF exception reporting (all domains)	6.7%	6.1%	5.9%

People with long-term conditions

Population group rating: Good

Findings

Performance for diabetes related indicators was mixed.

For example:

The percentage of patients with diabetes whose last measured total cholesterol was 5mmol/l or less was in line with local and national averages.

The percentage of patients with diabetes in whom the last blood pressure reading was 140/80mmHg or less had improved to 62.2% (previously 57.2%). However, this was below local and national averages.

The percentage of patients with diabetes in whom the last HbA1c was 64mmol/mol or less had deteriorated to 65.4% (previously 74.4%). This was below local and national averages.

Staff told us that the practice had been using a local enhanced service provided by the local Clinical Commissioning Group (CCG) to carry out all reviews of patients with diabetes. The practice had made changes to these arrangements following audit to help improve performance. For example, the practice had trained two nurses to carry out routine reviews of patients with diabetes and now involved GPs with these reviews where necessary. Only patients with diabetes that the practice was not able to manage sufficiently well were referred to the enhanced service provided by the local CCG. The practice was monitoring the impact of these changes.

At the time of our last inspection, exception reporting for all diabetes indicators was above local and national averages. The practice had made improvements to exception reporting and results showed that all exception reporting for all diabetes indicators was now in line with local and national averages.

Performance for asthma and Chronic Obstructive Pulmonary Disease (COPD) related indicators had improved significantly.

For example:

The percentage of patients with asthma who had received an asthma review that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions had significantly improved to 73.9% (previously 37.7%). This was now in line with local and national averages.

The percentage of patients with COPD who had received a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical research Council dyspnoea scale had significantly improved to 92.3% (previously 56.5%). This was now above local and national averages.

Performance for the hypertension related indicator had improved.

For example:

The percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 66% (previously 64.5%). However, this was significantly below the local and national averages.

The practice was aware of their performance and had developed an action plan to make improvements. For example, a new protocol for staff to follow to help them identify and manage patients with hypertension was being developed. Staff training on identification and management of patients with hypertension was also planned. We also found that there had been some coding errors as a result of changes to the national guidelines on the identification and management of hypertension that had a detrimental effect on the practice's results.

At the time of our last inspection, exception reporting for the hypertension indicator was above local and national averages. The practice had made improvements to exception reporting and results showed that exception reporting the hypertension indicator was now in line with local and national averages.

Performance for the atrial fibrillation related indicator had improved.

For example:

In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of two or more, the percentage of patients who were currently treated with anti-coagulation had improved to 87.3% (previously 85.9%). This was in line with local and national averages.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	65.4%	78.2%	79.3%	Variation (negative)
Exception rate (number of exceptions).	9.5% (95)	11.5%	12.8%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2018 to 31/03/2019) (QOF)	62.2%	76.3%	78.1%	Variation (negative)
Exception rate (number of exceptions).	9.2% (92)	9.3%	9.4%	N/A
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2018 to 31/03/2019) (QOF)	75.8%	82.5%	81.3%	No statistical variation
Exception rate (number of exceptions).	13.9% (138)	13.6%	12.7%	N/A

Other 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, NICE 2011 menu ID: NM23 (01/04/2018 to 31/03/2019) (QOF)	73.9%	75.8%	75.9%	No statistical variation
Exception rate (number of exceptions).	5.3% (57)	12.5%	7.4%	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 (01/04/2018 to 31/03/2019) (QOF)	92.3%	86.8%	89.6%	No statistical variation
Exception rate (number of exceptions).	15.9% (74)	12.8%	11.2%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 31/03/2019) (QOF)	66.0%	80.0%	83.0%	Significant Variation (negative)
Exception rate (number of exceptions).	2.9% (74)	3.1%	4.0%	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 (01/04/2018 to 31/03/2019) (QOF)	87.3%	89.9%	91.1%	No statistical variation
Exception rate (number of exceptions).	5.3% (20)	6.3%	5.9%	N/A

People experiencing poor mental health (including people with dementia)

Population group rating: **Good**

Findings
<p>Performance for mental health related indicators had improved.</p> <p>For example:</p> <p>The percentage of patient with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record had improved to 96.1% (previously 68.1%). This was above local and national averages.</p> <p>The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded had significantly improved to 93.8% (previously 47.8%). The was above local and national averages.</p> <p>The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face-to-face review had improved to 75.8% (previously 67%). The was in line with local and national averages.</p>

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	96.1%	88.0%	89.4%	No statistical variation
Exception rate (number of exceptions).	11.6% (20)	12.7%	12.3%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 31/03/2019) (QOF)	93.8%	86.4%	90.2%	No statistical variation
Exception rate (number of exceptions).	15.7% (27)	11.1%	10.1%	N/A

The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2018 to 31/03/2019) <small>(QOF)</small>	75.8%	83.8%	83.6%	No statistical variation
Exception rate (number of exceptions).	7.3% (14)	7.1%	6.7%	N/A

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.