

# Care Quality Commission

## Inspection Evidence Table

### Dr R D Gilmore and Partners (1-542490411)

Inspection date: 26 May 2021

Date of data download: 18 May 2021

### Overall rating: Good

Dr R D Gilmore was inspected on 15 March 2018 and rated as good overall, and requires improvement for providing well led services. A follow up inspection 8 November 2018, rated the practice as good for providing well led services and the practice remained good overall. However, the practice was rated as requires improvement for providing services to people within the population group of long-term conditions.

Please note: Any Quality Outcomes Framework (QOF) data relates to 2019/20.

## Effective

## Rating: Good

At this inspection we found that outcomes for patients had improved. The practice had consistently reviewed their processes for the management of long-term conditions. The practice had clear processes and rationales to exempt patients for whom intervention was not appropriate or they declined to attend.

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. Patients were recalled at the time of their birthday and longer appointments were available for complex patients or those with multiple long-term conditions. Patients with the most complex needs were reviewed at regular intervals.
- Clinicians and nursing staff offering long-term condition reviews were up to date with training and had continued to attend virtual courses and gain new skills throughout the COVID-19 pandemic. Additional nursing staff had been recruited to support patient reviews.
- Throughout the pandemic, patients were risk assessed and recalled as appropriate. Clinicians opportunistically used all patient contact to carry out reviews. Patients were also proactively contacted using text messages and latterly were contacted personally by healthcare assistants (HCAs) as the practice had noted a positive response to this.
- We were told that clinicians attended update webinars regarding long-term conditions in their lunch hour. Best practice guidance, shared resources and documents were regularly disseminated and available on the practice's shared computerised records system.
- Streamlined processes had been introduced to ensure that when medication changes were made in whichever setting, these were signed by a GP, swiftly communicated to the relevant professionals such as the pharmacist and were readily available for the patient as necessary. Medication changes were auditable and secure.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions. Clinical systems were used to run reports and conduct audits, alongside effective clinical assessment. For example, if blood tests were indicated, the patient record would be reviewed, and additional tests requested and undertaken based on the patient's history, presentation and age. The team checked that patients' conditions were coded correctly to ensure that prevalence was recorded, and patients could be recalled as necessary, for a review.
- External input from secondary care clinicians was noted to be positive and had improved. This improvement alongside proactive and collaborative working with the Primary Care Network (PCN), had increased the types of support and referral pathways that were available to patients with long-term conditions.
- A whole practice approach was taken to Collaborative Care Support planning. This 'What happens to me' approach aimed to empower patients to be more involved with their own health needs. This involved initial reviews and tests undertaken by a HCA at which point information and leaflets were offered to patients. At or before the follow up appointment with a clinician, patients had the opportunity to discuss their health, review their test results and set their own personalised, achievable health

goals. Anecdotal evidence from the practice reflected a positive impact for diabetic patients who had presented with the highest, previously uncontrolled blood glucose levels.

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. (01/04/2019 to 31/03/2020) (QOF)	84.8%	75.7%	76.6%	Tending towards variation (positive)
PCA* rate (number of PCAs).	12.7% (126)	10.0%	12.3%	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 (01/04/2019 to 31/03/2020) (QOF)	91.8%	89.9%	89.4%	No statistical variation
PCA rate (number of PCAs).	15.6% (68)	10.6%	12.7%	N/A

Long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	81.0%	82.6%	82.0%	No statistical variation
PCA rate (number of PCAs).	6.8% (20)	4.5%	5.2%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last IFCC-HbA1c is 58 mmol/mol or less in the preceding 12 months (01/04/2019 to 31/03/2020) (QOF)	81.2%	64.8%	66.9%	Variation (positive)
PCA rate (number of PCAs).	44.7% (306)	17.5%	15.3%	N/A
The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	72.7%	73.1%	72.4%	No statistical variation
PCA rate (number of PCAs).	7.7% (131)	6.8%	7.1%	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 (01/04/2019 to 31/03/2020) (QOF)	94.1%	95.2%	91.8%	No statistical variation
PCA rate (number of PCAs).	5.1% (11)	8.4%	4.9%	N/A
The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2019 to 31/03/2020) (QOF)	81.5%	74.3%	75.9%	No statistical variation
PCA rate (number of PCAs).	17.1% (117)	10.3%	10.4%	N/A

### Any additional evidence or comments

There are various situations where a patient can be exempt from Quality Outcomes Framework indicators, these are now called Personalised Care Adjustments (PCA). The PCA enables practices to differentiate between reasons for removing a patient from an indicator.

Overall, the practice PCA rate was approximately 4.5% higher than the CCG or national average.

A protocol was in place to exempt patients from QOF outcomes. Patients were re-called throughout the year for reviews and tests. Towards the end of the QOF year, a whole team approach was taken to recalling and reviewing patient needs. Audits were undertaken of patients who had declined to attend for interventions, and clinicians including GPs nurses and pharmacists would contact patients and encourage them to attend. The reason why patients declined to attend was recorded, as was any reason why the intervention could not be delivered, for example where a patient had known allergies.

Each PCA was individually reviewed, recorded and coded.

#### 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 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.
- **\*PCA:** Personalised Care Adjustment. This replaces the QOF Exceptions previously used in the Evidence Table (see [GMS QOF Framework](#) ).
- ‰ = per thousand.