

Care Quality Commission

Inspection Evidence Table

BOROUGHURY Medical Centre (1-2227294143)

Inspection date: 28 and 29 March 2022

Date of data download: 06 April 2022

Overall rating: Outstanding

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Partners and staff were trained to appropriate levels for their role.	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
The Out of Hours service was informed of relevant safeguarding information.	Yes
There were systems to identify vulnerable patients on record.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">There were two safeguarding lead members of clinical staff, one for adults and one for children. All staff we spoke with knew who those members of staff were and found them open and approachable if any concerns were identified.We saw from the practice training system and completed staff questionnaires that all staff were trained to appropriate levels relevant to their roles.The child safeguarding GP met monthly with the safeguarding team to discuss known and new cases and disseminated information on to the practice. The same thing happened for adult safeguarding, and this was currently being handed over to a new clinical adult safeguarding lead.There was a dedicated administration member of staff who collated and wrote reports, made sure that responses were timely and ensured that patient records were correctly coded. The	

Safeguarding	Y/N/Partial
<p>administration member of staff collated and updated any missed six week checks or immunisation appointments at the practice and any missed hospital appointments for children. That list was brought to each safeguarding meeting monthly and reconciled with the health visitors' data. The safeguarding lead also liaised with school nurses and district nurses.</p> <ul style="list-style-type: none"> The practice had a protocol to undertake DBS checks at recruitment stage which were renewed every three years according to their role. As per that policy, administration staff, who were not patient-facing, did not have a DBS check. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice undertook a health check on staff prior to employment and immunisation status for Hepatitis B was up to date for those members of staff who were clinical and patient-facing. However, the practice did not undertake Hepatitis B checks for administration staff who were not patient-facing and did not check other immunisation status such as diphtheria, tetanus, tuberculosis, mumps, measles and rubella. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 1 March 2022	Yes
There was a fire procedure.	Yes
Date of fire risk assessment: 22 March 2022 Actions from fire risk assessment were identified and completed.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Portable appliance testing and calibration of equipment was undertaken regularly, and evidence was documented on the practice record management system. Risk assessments were in place for any storage of hazardous substances e.g., liquid nitrogen, storage of chemicals Fire drills and fire extinguisher checks were undertaken regularly, and documented evidence was stored on the practice record management system. A recent fire drill and evacuation had been completed whilst patients were on the premises. A premises and security risk assessment was undertaken in May 2021 and another was planned for April 2022. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Yes
Infection prevention and control audits were carried out. Date of last infection prevention and control audit: Monthly and ongoing as well as random spot checks.	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was a medical lead for infection control and an infection control lead nurse. • Each room was inspected monthly by the lead nurse and random audit/spot checks were documented on the practice record management system. • We saw that curtains in each clinical room were clean with appropriate renewal date management checks. • There was a process to manage clinical waste and an audit was recorded as being due in 2024. • We saw some sharps bins that were not wall mounted and sat on the edge of desks in clinical rooms. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There were enough staff to provide appointments and prevent staff from working excessive hours	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • We saw from the practice training system and from questionnaires completed by staff that all staff, including reception and administration staff, were trained in sepsis awareness. As per practice protocol all reception staff also completed training in "Handling patients at reception" and "Infectious patients at reception". • An "on-call" GP was available every day to assist reception staff. All patients that were deemed to have severe infections were seen separately in the practice on-call room. • We checked the emergency medicines and found they were stored appropriately and checked regularly. 	

- Staff we spoke with and those who completed questionnaires confirmed that they knew how to access the emergency medicines should they need to do so. Staff also confirmed they were trained in basic life support.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results, and this was managed in a timely manner.	Yes
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor without visiting the practice. These searches were visible to the practice. We saw that patient consultations contained appropriate information and demonstrated that care and treatment was being delivered in a safe way. • Records of new patients were mostly received electronically via GP to GP transfer or via Primary Care Support England (PCSE) if they were in paper form. All new patient records were summarised in the practice clinical record system. There was a dedicated member of staff responsible to track and audit all new patients and deductions (patients who had left the practice). • We saw that all clinical records were updated on the practice clinical system which was used unilaterally throughout Peterborough with access to blood test results and discharge letters via the national systems. We observed that the practice managed incoming and outgoing communications through several different teams who were aware of their individual responsibilities. We observed that tasks, discharge letters, test results and changes to medicines were managed in a timely manner and with clinical oversight where appropriate. • We observed the secretarial team and saw that urgent two-week referrals were dealt with appropriately ensuring they were screened, sent in a timely manner and followed up where required. 	

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.83	0.80	0.76	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2021 to 31/12/2021) (NHSBSA)	10.5%	11.2%	9.2%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2021 to 31/12/2021) (NHSBSA)	5.15	5.18	5.28	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	183.4‰	119.7‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.93	0.64	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	8.3‰	5.8‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 1216 807 1254">Explanation of any answers and additional evidence:</p> <p data-bbox="57 1305 1513 1451">As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor (SpA) without visiting the practice. In general, the GP SpA was satisfied with the results from the searches undertaken of Boroughbury's clinical system, particularly given the challenges of service provision during the pandemic. The following results were identified:</p> <ul data-bbox="108 1507 1513 2027" style="list-style-type: none"> <li data-bbox="108 1507 1513 1727">• We noted a high number of patients being prescribed Pregabalin and Gabapentin. The practice brought to our attention a significant event which caused them to look at all patients on these medicines to check how the medicine was being prescribed and when it was repeated. Learning from the review was taken to all members of staff, prescribing of pregabalin became less frequent and where it was prescribed, closer monitoring was put in place. It was no longer prescribed on repeat. <li data-bbox="108 1727 1513 1805">• Patients taking high risk medicines, such as methotrexate, (a type of medicine that helps reduce inflammation) were being appropriately monitored. <li data-bbox="108 1805 1513 1912">• Patients on combination medicines such as spironolactone and ACEI/ARB (medicines for heart disease) had been reviewed to ensure that they were aware of any risks, were on a minimal dose or had been prescribed an alternative. <li data-bbox="108 1912 1513 1991">• DNACPR care plans were in place for patients on end-of-life treatment and contained information specific to the wishes of the individuals involved. <li data-bbox="108 1991 1513 2027">• Medicine reviews were appropriately managed and carried out on a regular basis. 	

Medicines management	Y/N/Partial
<ul style="list-style-type: none"> Patients taking combination medicines such as amlodipine (for blood pressure) and simvastatin (for high cholesterol) were monitored to manage any associated risks. Patients taking medicines for hypothyroidism were being monitored appropriately. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	Yes
Number of events that required action:	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a lead member of staff for significant incidents and other medical members of staff who also contributed and were involved in lead roles around incident reporting. The practice demonstrated how all staff were encouraged to raise anything whether it be clinical, staff or personal related. We saw how information was collected, documented, discussed and reviewed on the practice records management system. Staff we spoke with and those who completed questionnaires told us they felt reassured and able to raise and discuss concerns in an open environment. Each department had individual leaders and all came together formally and informally to discuss concerns. Staff spoke of a good and open culture where people talked. Events were collected by the clinical governance lead and reviewed and discussed at monthly meetings. Events included unexpected deaths, administration errors, clinical concerns, and compliments as well. Each event was managed and reviewed with the individuals concerned and any learning was disseminated throughout the whole practice or where applicable. 	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
A urinary tract infection (UTI) referral not completed correctly.	In this case the whole practice completed a UTI module to improve learning. This covered the correct way to make UTI referrals.
Patient death – such as suicide, unexpected, or expected but not in a specific way.	When a patient passed away, expectedly or unexpectedly that would be reviewed and discussed. The named GP would be informed of where and why and if there was any learning to be attributed that would be disseminated across all department.

Patient of no fixed abode discharged against medical advice.	On the day of the inspection a significant event was raised as a patient of no fixed abode had died after being discharged against medical advice. The practice had not received notice of the discharge until it was too late to intervene. One of the GPs immediately spoke to the hospital team to implement a system whereby an immediate communication was made, either by email, telephone or some other immediate means, to advise of any patients discharged against medical advice, but specifically those of no fixed abode.
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Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw examples of actions taken on recent alerts for example, regarding sodium valproate where it is necessary to advise women of childbearing age of any risks involved if becoming pregnant when taking this medicine. 	

Effective

Rating: Good

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.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
The practice had prioritised care for their most clinically vulnerable patients during the pandemic	Yes

Effective care for the practice population

Findings
<ul style="list-style-type: none">• The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.• Health checks, including frailty assessments, were offered to patients over 75 years of age. A dementia clinic was set up within the practice for patients with this illness.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.• Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.• All patients with a learning disability were offered an annual health check. Patients at risk who were more likely to develop long term conditions included patients on the Learning Disabilities register. They were also asked about smoking status and signposted to the stop smoking clinics.• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.• The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice demonstrated that they had a system to identify people who misused substances.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services. Patients with serious mental illness were also contacted to ensure that they were signposted to services such as weight management, smoking cessation and alcohol services when necessary.

Management of people with long term conditions

Findings

As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor (SpA) without visiting the practice. In general, the GP SpA was satisfied with the results from the searches undertaken of Boroughbury's clinical system, particularly given the challenges of service provision during the pandemic. The following results were identified:

- Patients were offered appropriate treatment and rescue steroids when diagnosed with asthma.
- Patients with chronic kidney disease were monitored appropriately.
- Patients with diabetes at risk of developing or having developed retinopathy received appropriate treatment.
- The GP SpA observed some patients with an HBA1C level of 48 or over were not correctly diagnosed as type 2 diabetic so that the required monitoring could be offered. At the clinical discussion with the clinical governance lead, those patients were highlighted so that the practice could take any necessary action.

Examples of other findings to include:

- Patients with long-term conditions were offered a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, such as chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.
- Patients with asthma were offered an asthma management plan.

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, Hemophilus 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)	236	276	85.5%	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)	231	272	84.9%	Below 90% minimum
The percentage of children aged 2 who have received their immunisation for Hemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England)	235	272	86.4%	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)	235	272	86.4%	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)	277	321	86.3%	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

- The practice was aware that their immunisation scores were slightly below the expected minimum requirement and worked hard to improve those scores. They introduced leaflets and translation services to reach the high proportion of patients in the ethnic minorities, but found that patients still did not wish to attend. They undertook a pilot where telephone calls were recorded to ensure the correct information was being provided. The practice assured us that no clinics were stopped during the pandemic but they found that patients simply did not wish to attend the surgery.
- Clinics were moved to more appropriate times for working patients, Saturday clinics were introduced and nurses were made available to offer information to parents with a more clinical perspective, advising of the pros and cons of immunisation in children.
- Regular discussions took place with health visitors, school nurses, community midwives and social workers to ensure that appropriate follow up calls were made if and when babies missed their immunisation appointments. Any families at risk of harm or requiring extra support and/or protection were regularly discussed and contacted.

- During the pandemic practice staff made contact with all mothers of babies under 12 weeks of age and all carers for children under 5 years on the safeguarding register. Welfare checks, immunisation advice and general advice on accessing medical care was offered.

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: 30/09/2021) (Public Health England)	61.6%	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) (PHE)	65.3%	55.7%	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) (PHE)	65.4%	68.0%	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) (PHE)	64.6%	61.2%	55.4%	No statistical variation

Any additional evidence or comments

- The practice was aware that the uptake for cervical cancer screening was lower than the required 70% per cent uptake. This was attributed to many patients not wishing to attend the practice during the pandemic.
- The practice concentrated a large effort on a project entitled "Wildflowers" which reached the sex worker community and had achieved very positive results. The project allowed the practice to focus on addressing the health and wellbeing needs of people who would not normally access appropriate health care services, specifically targeting cervical screening and sexual health screening.
- The practice was able to demonstrate that all of the sex workers in the defined area had attended and undergone a cervical screening. They had also committed to returning to the practice for regular sexual health checks. During the last 17 months there had been approximately 60 attendances (some women had attended several times). There had been more than 20 screenings, contraception implants, coils and depot injections administered. The biggest achievement was the successful completion of cervical screening. Most of the women seen were overdue screening by between eight and sixteen years. The screening identified the necessity for some further investigations and treatments for women who went on to be supported and treated successfully. The uptake of cervical screening for this specific group of patients jumped from 19% to 80%.
- The practice also demonstrated how an outbreak of sexually transmitted disease had been identified, dealt with and eradicated, thanks to their input and speedy action within this particular community of patients.

Monitoring care and treatment

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

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Yes
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Yes

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

- The practice had an ongoing programme of both clinical and non-clinical audits that were used to monitor quality and make improvement when action was identified.
- Spot checks for routine and day-to-day management were undertaken regularly, for example in relation to:
 - Clinical record management and smart card access
 - Clinical waste and fridge management
 - Referral management (specifically urgent and two-week wait)
 - Prescribing and specifically antibiotic management
- Recent prescribing safety audits had been completed on Valproate safety, Lithium monitoring and non-steroidal anti-inflammatory disease prescribing. The results were fed into the practice shared system and results disseminated via email to all clinical staff. Where action was required, this was highlighted and then reviewed to ensure the action had been taken.
- Clinical staff performance was measured by regular audit of medical notes, online consultations and through annual appraisal and revalidation of all staff.
- Appointment data: the practice identified a failing telephone and appointment system and was the first practice in Peterborough to self-fund and introduce a new telephone appointment system that used i-cloud technology.
- The practice was nominated and received an award for innovation and supporting healthcare teams in the response to Covid-19. They also received an award for driving change by moving communications to the i-cloud. The new appointment system improved services for patients.

Any additional evidence or comments

The Wildflower Project

Having audited and identified a need for a designated clinic, one of the GPs worked with outreach workers to identify barriers faced by women in the sex-worker industry. The GP and one of the nurses from the practice attended wellbeing sessions to talk to the women about barriers to primary care services and how to overcome them. The practice worked to put those women at the centre of their plans ensuring solutions were tailored to their specific circumstances. Specific positive outcomes for this group of patients had been achieved in several areas, including cervical screening, family planning, drug

withdrawal, and treatment for sexually transmitted diseases. This in turn not only helped the patients, but those people within the community who sought their services.

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Training for nurses was formalised on the practice training system and senior staff trained and mentored new members of staff, specifically through cervical screening and immunisation. • Team leaders provided training needs analysis for their teams at the beginning of each year and these were supported by the practice. • All staff were encouraged to voice their training needs and aspirations to learn new things to help the business perform better and to provide better care for patients. • The practice regularly funded individual courses – available to all staff within the practice if a business case proved beneficial. • Protected time was given to all staff to enhance training requirements. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes

Explanation of any answers and additional evidence:

- We saw from minutes of meetings that monthly Gold Standard Framework meetings were held alongside Macmillan nurses, district nurses, and other GPs. Patients requiring discussion were highlighted using 'blue dot templates' within the clinical system and records were updated before, during and after discussions when required.
- We saw multi-organisational discussions were recorded on the clinical system and were audited and tracked via tasks and patient clinical notes.
- A review of records showed that personalised care and support planning was active at each stage of a patient's treatment and care. Clinicians liaised regularly with Macmillan nurses, cardiac and respiratory nurses and community nurses to ensure that patient centred care was delivered. The practice also delivered a service to the local intermediate care services on a daily basis where patients Peterborough-wide were also cared for.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Patients had access to appropriate health assessments and checks.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Yes

Explanation of any answers and additional evidence:

- Patients who were most likely to develop long term conditions, were offered regular annual health checks including patients on the learning disabilities and mental health registers.
- Other patients were contacted and signposted to appropriate services if required regarding their weight management, smoking cessation and/or alcohol consumption.
- Lifestyle advice and clinics were available at the practice. Patients were signposted to relevant clinics and 'get active' information was offered. There was a pod in reception for blood pressure monitoring.
- Peak flow meters were available on prescription for asthma and COPD patients so they could keep a home peak flow diary.
- Blood glucose meters were given to diabetic patients who needed to monitor blood sugar levels at home.
- NHS health checks were offered to 40-74 year olds and all patients on long-term medicines were on a recall register for review.
- Public health campaign information received in the practice was posted up in the surgery and leaflets placed in all waiting areas at the main surgery and in the branch practice waiting areas.
- The practice had a restoration and recovery plan in place to restart any clinics that had ceased during the pandemic. In addition we saw a plan to resume monthly coffee mornings for patients

and further involvement with the patient participation group to develop any other service that may improve and benefit the health and wellbeing of its patients.

Consent to care and treatment

The practice was able to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Each person's wishes were discussed individually and documented on care plans/documentation which was shared with all relevant parties. • Consent was obtained from patients to discuss treatment with cares, family or friends when requested and added to the clinical system where it could be seen by all members of staff reviewing the clinical record. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Staff displayed understanding and a non-judgmental attitude towards patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">Practice staff told us the pandemic had changed the way general practice operated and delivered its services, a change which they said they had embraced. They continued to work towards a recovery programme and aimed to resume normal services once national directives and guidance enabled them to do so. In the meantime, they continued to care for patients with the same kindness, respect and compassion as they had always done.The practice staff spoke with passion when they also told us there was more emphasis on the use of technology to engage with their patients and staff. However, at the same time they were aware of a section of the population that had no access to technology and as a practice they continued to address those health inequalities.	

Patient feedback	
Source	Feedback
GP Patient Survey	The GP patient survey indicators were in line with national and CCG averages around being listened to by the practice staff.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2021 to 31/03/2021)	89.8%	89.5%	89.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2021 to 31/03/2021)	87.7%	88.2%	88.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	93.9%	95.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	74.2%	83.0%	83.0%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Any additional evidence
<ul style="list-style-type: none"> The practice manager demonstrated how qualitative data was gathered through practice meetings and patient feedback. The practice manager and the engagement team for the practice would monitor and report their findings to the practice Board. Findings would then be used to decide what changes were required to meet patients' expectations. Results from electronic responses from the Friends and Family test and the GP practice survey were previously poor for patients trying to get through to the surgery via telephone. This prompted the practice to improve and change its telephone service. They were the first practice in Peterborough to introduce a telephone service that used i-cloud technology and funded this themselves for which they received an award for innovative technology. Since then, the CCG had introduced this technology throughout the wider community and improvement was shown within the practice's own patient population..

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes

Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Information was available to patients in different languages, and we saw information displayed in the waiting areas of both the main practice and the branch practice. Staff were able to use translation services to help patients whose first language was not English. There were some staff at the practice who were able to speak some of the languages of the more ethnic minority community. In total over 20 different languages were available. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2021 to 31/03/2021)	94.8%	93.3%	92.9%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> Indicators showed that the practice scored higher than the local and national average supporting patients who said they felt involved as much as they wanted to be regarding decisions about their care and treatment. Feedback from the Friends and Family test also indicated positive results in this regard.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We saw information and leaflets in the patient waiting areas at both the main site and the branch site. 	

Carers	Narrative
How the practice supported carers (including young carers).	<p>Boroughbury Medical Practice had a carers register and clinicians were proactive in identifying new carers and signposting them to "Caring Together" which was the local carers trust.</p> <p>Coffee mornings had been introduced and were regularly attended at the practice but these had been ceased due to the pandemic. As part of the restore and recovery programme the coffee mornings were being reinstated from the end of May 2022.</p> <p>The practice was part of the Carer Friendly Tick award for Health. This meant they met the five standards for carers including a named member of staff as a champion, an agreement to help identify and support carers, discussions in staff meetings, a display of information and raising awareness in Carers Week, on Young Carers Awareness Day and on Carers Rights Day.</p>
How the practice supported recently bereaved patients.	The practice had 'last wishes' care plans in place for patients on the palliative care register and family and carers were involved in best decision discussions for those patients. When patients passed on, their families and/or carers were provided with necessary information, and referred on to bereavement counselling if and when required.
Percentage and Number of Carers identified	The number of carers identified at the practice was 384 which was 1.3% of the practice population.

Privacy and dignity

The practice respected always respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Outstanding

- We found that patients' individual needs and preferences were central to the delivery of services which were tailored so that vulnerable and hard to reach communities were encouraged to access services.
- The practice proactively assessed and reviewed the needs of its patient population and adjusted its workforce and appointment system accordingly.
- There was evidence of innovative models which had been developed to ensure all patients, specifically those most vulnerable, were encouraged to engage and received good quality care in a timely manner.
- Evidence of positive outcomes for those patients was demonstrated through feedback from partner organisations and also during discussion on the day of the inspection.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and introduced projects specifically in relation to hard to reach communities including vulnerable, homeless people and sex workers.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Yes
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
There were arrangements in place for people who need translation services.	Yes
The practice complied with the Accessible Information Standard.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• We were told how the practice provided practical support, signposting patients to services or interventions linked to secondary care, such as people experiencing poor mental health, older people, and those with long term conditions.• The lead GP explained, and we were shown how patients were allocated a GP and that GP remained in control of their patients as much as possible, understanding their specific individual needs. Unless absent, all correspondence, test results and information about the patient would remain with that GP. This provided continuity for the patient both within the service and also when moving between different services. We were also told about the negative impact this could have on appointment availability therefore patients were given a choice of whom they wished to see.• One of the GP partners and a GP retainer were together extremely passionate about reducing health inequalities and worked hard to reach the vulnerable and homeless community at the same time trying to achieve funding to continue working with this sector of the population. A bespoke, locally commissioned "Rough Sleepers" pilot was introduced at the practice between	

November 2021 and April 2022. This was a non-core unfunded service to establish and evaluate the impact a bespoke service, tailored to meet the unique and complex needs of the homeless population and to establish what effect that had on both the service users and the health services across the City. On completion of the pilot the practice had now secured funding to continue with the project. The practice demonstrated what they had achieved so far and showcased many cases of positive outcomes for people in this population group, for example:

- The practice provided an outreach nurse as well as the GPs for this project and their roles were backfilled by additional locum staff funded by the practice.
 - They reached out to the homeless community, walking the streets, finding people in tents, engaging them and encouraging them to attend clinics that they set up in the local homeless persons support centre. That developed into a regular weekly clinic where rough sleepers had been properly registered, using the centre or the practice as their place of address and where they had continued to attend regularly for help with healthcare.
 - The practice demonstrated how homeless people had been helped to move from the street into hotels, were supported coming out of hospital from COVID-19 related illness, helped with mental and physical health concerns and vaccinated against COVID-19.
- The practice received an award for the introduction of its Wildflowers Project which was a designated clinic for women who were currently or had been street sex-workers. They demonstrated how they had built a trusting support service breaking down the barriers of health inequalities and enabling positive health and wellbeing outcomes for this population. Due to past experiences, many of the women did not feel comfortable accessing standard primary healthcare and their health had not been a priority. Many underlying conditions were also masked from using illicit substances and the women disengaged from services completely.
 - The practice collaborated with the local drug and alcohol specialist complex case worker, Peterborough City Council Housing Department, the Police and the voluntary sector. With the support of the specialist outreach team, lead nurse for sexual health and family planning the practice found eligible women, set up a dedicated clinic and encouraged engagement. Interventions included cervical screening, health promotion (particularly around contraception), breast self-examination and help and advice with smoking, alcohol and drug cessation.
 - The Wildflowers clinic had been included as part of a project to safeguard people from street sexual exploitation and target sex offenders which also won an award for the practice. In addition, the GP involved has attended Women's Events and commenced health checks other vulnerable women.
 - The British Association for Sexual Health and HIV (BASHH) reached out to the practice's Wildflower (sex-worker) project after identifying an increase in primary syphilis cases amongst heterosexual males. The Wildflower clinic tested, identified and treated the cause, which in turn brought the numbers back to base line. Without their involvement an infectious case of syphilis in a sex worker would not have been identified. BASHH publicly stated that working alongside practices with projects such as this should be made a priority for all sexual health clinics.
 - A significant event occurred on the day of the inspection whereby a homeless patient was found to have been discharged against medical advice (after a GI bleed) out of hours and had subsequently passed away. The GP in charge of the event also audited and identified two further cases in the previous few days, where self-discharge against medical advice had occurred after serious illness. Immediately the GP wrote directly to the North West Anglia NHS Foundation Trust suggesting a system be introduced whereby discharges against medical advice were "flagged" in the system so they could promptly be followed up in the community

and also that a “same day urgent email” or telephone call be made to the practice. We saw evidence that this was immediately taken on board by the Trust and a system put in place to prevent this from happening again.

For the benefit of patients, and as identified by the patient participation group, the practice had:

- Purchased a bariatric couch
- Two additional ECG machines
- Created and fitted out a new consultation room
- Created and fitted out a new digital consultation booth

Practice Opening Times

Day	Time
Opening times:	BMC, Craig Street, Peterborough, PE1 2EJ BMC at Werrington, 97 Church Street, PE4 6QF
Monday	8.00am to 6pm
Tuesday	8.00am to 6pm
Wednesday	8.00am to 6pm
Thursday	8.00am to 6pm
Friday	8.00am to 6pm
Saturday	8.00am to 12 noon
Appointments available at both the main site and the branch practice.	BMC, Craig Street, Peterborough, PE1 2EJ BMC at Werrington, 97 Church Street, PE4 6QF
Monday	08:30 – 12:00 and 14:00 – 18:00
Tuesday	08:30 – 12:00 and 14:00 – 18:00
Wednesday	08:30 – 12:00 and 14:00 – 18:00
Thursday	08:30 – 12:00 and 14:00 – 18:00
Friday	08:30 – 12:00 and 14:00 – 18:00

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice was affiliated to residential and nursing homes where one of the GPs attended regularly for ward rounds, and provided continuity of care for those residents.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families’ wishes when bereavement occurred.

- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Saturday clinics had been arranged for parents with children to encourage child immunisation attendance.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including homeless people, Travelers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers who did not have to produce evidence of their identity/address.

Access to the service

People were to access care and treatment in a timely way.

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize the length of time people waited for care, treatment or advice	Yes
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online)	Yes
Patients were able to make appointments in a way which met their needs	Yes
There were systems in place to support patients who face communication barriers to access treatment	Yes
Patients with most urgent needs had their care and treatment prioritised	Yes
There was information available for patients to support them to understand how to access services (including on websites and telephone messages)	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Appointments were available with many different members of staff. • Doctors had always been available for face-to-face appointments throughout the pandemic when required. In addition, the practice has greatly diversified its clinical facing portfolio in particular using paramedics. Boroughbury was the first practice in Peterborough to introduce paramedics to the clinical structure. The practice was proud that it now had five paramedics, two physiotherapists, clinical pharmacists and a number of advanced nurse practitioners. Many of those staff had been employed to a junior role and had been trained and progressed to more senior roles such as independent prescribers. 	

- The practice were finding patients more understanding in that they did not always have to be seen by a GP and were becoming more agreeable to be signposted to the most appropriate person to deal with their enquiry.
- Patients had access to a HUB for GP extended hours appointments on a Saturday morning from 8am until 12.30pm and also in the evenings and at weekends.

National GP Patient Survey results

Indicator	Practice	CCG average	England average	England comparison
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 (01/01/2021 to 31/03/2021)	35.6%	N/A	67.6%	Significant Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	52.0%	72.6%	70.6%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2021 to 31/03/2021)	65.6%	68.6%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	72.1%	83.6%	81.7%	No statistical variation

Any additional evidence or comments

The practice had identified, as per the GP patient survey, that patients were not finding it easy to contact them by telephone, to speak to someone or to make an appointment. Because of this they self-funded an innovative new technology-based telephone system to the practice. New features included unlimited telephone lines, no more engaged tones, no more dropped calls and patients identifying where they were in the queue. They also introduced a queue buster call back service meaning patients did not lose their place in the queue but did not have to hold on. At the time of the inspection we were told that feedback from patients was positive.

There was also the added benefit of being able to see at a glance where more help was required answering calls, and calls could also be listened in to manage staff training and/or patient complaints.

The practice had carried out its own patient satisfaction on telephone access between March 2022 and May 2022.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	23
Number of complaints we examined.	23
Number of complaints we examined that were satisfactorily handled in a timely way.	23
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> There was a lead person at the practice dealing with complaints which could come in by way of a telephone call or directly by someone in person. We were told that most grumbles could be diffused quickly within 24 hours, which was the way most were addressed. Staff were trained in how to deal with patients who wished to make a complaint and were aware of the different options they could offer the person. Patients requesting to make a more formal complaint were always offered the opportunity to sit face to face (or via video link) with the complaint's lead who was one of the partners. The practice identified that recent key complaints centred around communication which had been worsened by the pandemic, the lack of face-to-face appointments, and patients waiting long periods for response or referral. There was a restore and recover plan in place to remedy these concerns. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
New telephone system – answer machine message too long and people not waiting to hear all options.	<p>A patient highlighted that when they rang the practice all they wanted to do was speak to a person but had to listen to a number of different options until they reached the option “speak to someone”.</p> <p>The practice took this feedback constructively, agreed with the patient and changed the answer message so that option 1 “speak to someone” became priority.</p>

Well-led

Rating: Outstanding

- Leaders were inspiring and motivated and encouraged staff to succeed. There were high levels of satisfaction across all staff. There was a strong organisational commitment towards quality and inclusion across the patient population and the workforce.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. At all levels they were actively encouraged to speak up and raise concerns. We observed strong team working.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes.
- The practice invested in innovative and best practice information systems and processes. There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement
- Improvement was seen as the way to deal with performance and for the organisation to learn. Improvement methods and skills were used across the organisation, and staff were empowered to lead and deliver change.

There was compassionate, inclusive and effective leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • We were told there was an open culture within the practice where any issues could be raised at team meetings. We saw evidence of this from minutes of meetings. In addition, there was an open-door policy, where staff members could speak in private to senior leaders, team leaders and/or their mentors. • We saw evidence of a strong culture of learning and development where all staff were encouraged to develop within and beyond their roles, thus enhancing services to patients. • The practice was able to demonstrate strong leadership with clear roles, responsibilities and values. • There was diversity within the practice patient population, with many vulnerable groups and the practice had diversified its workforce when recruitment opportunities had arisen. There were many different ways in which languages could be translated and we saw that staff within the practice between them spoke over 20 different languages including conversational French, Spanish and Gaelic. • One of the GP retainers had formed a Well Being Committee within the practice and engaged staff in activities to improve their wellbeing such as 15 minute walks twice a week. Staff in each department were given £100 to spend on their environment to improve their well being and purchases included coloured blinds, wall art (inspirational quotes) maps, plants and 'pizza'. • 3 stand-up desks were purchased to improve posture and position and a new housekeeper role was employed, where a member of staff goes around the premises making tea, coffee and biscuits for staff. 	

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Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The mission statement of the practice was “To provide professional, accessible, high quality, comprehensive healthcare services that inspired confidence in the patients and the community”. We were told that practice leads were continually assessing and responding to patients needs and had improved their services taking into account the most vulnerable patients as priority. We saw evidence of that on the day of the inspection. 	

Culture

The practice had a culture which drove high quality sustainable care

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Yes
The practice encouraged candour, openness and honesty.	Yes
The practice had access to a Freedom to Speak Up Guardian.	Yes
Staff had undertaken equality and diversity training.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> More than 30 staff questionnaires were completed and returned prior to the inspection. Staff spoke of a culture that supported their wellbeing. We saw from responses to complaints and significant incidents that apologies were given and changes were made when mistakes happened. 	

- The practice welcomed the use of its facilities to ensure that members could practice their faith when necessary. For example, Muslim staff were able to use their rooms for prayer and the toilets for ablution. Also, clinic rotas were adjusted so that Friday congregational prayer at the local Mosque could be attended if required. This was as per the practice's Cultural and Religious Policy.
- There was a consistently high level of constructive engagement with staff and people who used services, including all equality groups.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice governance structure consisted of junior staff, mentors, team leaders, senior leaders and GP partners with lead roles. When we discussed governance with all levels of staff, answers were consistent around who held roles such as infection control, safeguarding, information governance and incident reporting roles. Each member of staff spoke of an open culture where it was easy to discuss or report anything to a senior member. • All GP trainees were allocated a supervisor and knew who their supervisor was for each session. All principal GPs took part in that role which meant that if and when trainees had any problems, they could instantly message and discuss. Formal debriefing sessions were also available to junior GPs and random case analyses were completed to review patient contacts. • GP partners were aware of the challenges facing primary care in recruiting new GPs and were fortunate to have trainee GPs return as salaried doctors and/or partners. 	

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a quality improvement programme in place.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes

Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was able to demonstrate the many systems that assured that services were operating as they should be on a day-to-day basis. These included quality assurance meetings, patient feedback, clinical and non-clinical audit, compliments, complaints and significant incidents. All areas were reviewed and action taken to improve systems and/or patient safety when necessary. We saw minutes from meetings where this was documented. Leadership meetings were held to discuss performance by department and systems and staff hours were adjusted or staff relocated from other teams to ensure work was completed. There was a comprehensive system of mentoring, supervising and developing all junior staff. Senior staff were encouraged to train and upskill staff in new areas of expertise. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Yes
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Yes
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Yes
The practice actively monitored the quality of access and made improvements in response to findings.	Yes
There were recovery plans in place to manage backlogs of activity and delays to treatment.	Yes
Changes had been made to infection control arrangements to protect staff and patients using the service.	Yes
Staff were supported to work remotely where applicable.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice remained open throughout the pandemic and offered face to face appointments, within infection control boundaries, whenever they were required. Cervical screening, child immunisations and flu vaccinations continued. Long term condition reviews also continued although we identified some work required to manage patients with diabetes. The lead GP for information governance demonstrated the work already planned to restore to business as usual. Various appointments were available to patients at the main surgery. In addition, Boroughbury had secured a base (currently a branch surgery) at Werrington in Peterborough in September 2020 which was used to deliver COVID-19 vaccinations. Now that had ceased, resources were freed up and face-to-face appointments were being offered at that location. The venue housed 	

various different services such as mental health, physiotherapy, a chemist and a dentist and the practice was working with the health authority to ensure the venue was fully utilised and more appointments were offered.

- There was an on-going programme of clinical and non-clinical audit used to monitor quality.

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Yes
The provider was registered as a data controller with the Information Commissioner's Office.	Yes
Patient records were held in line with guidance and requirements.	Yes
Patients were informed and consent obtained if interactions were recorded.	Yes
The practice ensured patients were informed how their records were stored and managed.	Yes
Patients were made aware of the information sharing protocol before online services were delivered.	Yes
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Yes
Online consultations took place in appropriate environments to ensure confidentiality.	Yes
The practice advised patients on how to protect their online information.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • A GP partner was the lead for information governance and they were aware of their responsibilities in this regard. • Performance information was reported and monitored. • Situation reports (SITREPS) were submitted to the CCG. • Information about medicines optimisation, QOF, locally and directly enhanced service was all documented on the records management system. • We saw the required policies and procedures in place to protect patient data including Information Governance, Data Protection, Employee privacy notices (GDPR), Confidentiality and Smart Cards. 	

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Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
The practice had an active Patient Participation Group.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • More than 30 staff questionnaires were completed prior to the inspection. All staff reported that they were encouraged to improve themselves and in turn improve outcomes for patients. They spoke of an open culture where they were encouraged to provide their feedback and suggestions for improvement and they all said they felt listened to. • Staff were eager to speak to us on the day of inspection to give their positive views about the practice and how they felt valued and listened to. We were told that the leadership team operated an open door policy and staff were supported to improve. • The practice undertook monthly patient appointment utilisation and analysis of patients that did not attend or cancelled their appointments, as well as the number of appointments offered, deductions and registrations. Services were adjusted to suit patient waiting times and busier periods. • Senior staff raised awareness to the whole practice about certain ethnic and religious events that could affect patient care. For example, an email was recently distributed detailing how Muslim Diabetic patients might have to adjust their medicines or timing of medicines during their fasting month of Ramadhan (May). 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> • Meetings with PPG were held monthly and minutes were saved on the practice record management system and also published on the website. We were told that PPG involvement had been one of the things that had ceased during the pandemic, but were part of the restore and recovery planning. • PPG patient views were taken seriously and actions were implemented, for example introducing ambulance parking at the front of the building, changes to the telephone system, medicines management team moving downstairs to assist with patient prescription queries. • PPG members were listed on the minutes of the meetings and assisted in the flu-clinics and in community group events such as coffee mornings and the carers group. These were due to be reintroduced by the end of May 2022. • We saw a PPG noticeboard in the reception area in the main practice and also details in the branch practice. We were told that membership included a diverse range of patients from different equality and ethnic groups.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">• Staff were encouraged at appraisal, and other times throughout the year, to identify training which would help them and the practice to improve outcomes for patients.• Quarterly educational meetings were held where all clinical staff were encouraged to attend. Protective time was offered for this.• Protected time was available for all members of staff to complete training which the practice had deemed mandatory• Boroughbury Medical practice funded training for staff wherever it was felt appropriate, such as training nurses to independent prescribers or into advanced nurse practitioner roles.• Administration staff were encouraged to improve into supervisory roles.• Staff were developed into team leader and mentor roles.• New roles, such as the GPA (general practitioner assistant) roles were introduced and two members of staff were being mentored into those roles.	

Examples of continuous learning and improvement

- We saw that there was a fully embedded and systematic approach to improvement in the practice which was detailed and documented on the record management system. Meeting minutes and information were passed to staff teams via email.
- We heard that staff development was actively encouraged, and training was available to them via the GPN Training HUB, Diploma and Masters courses via universities and in-house through supervision, mentoring and training all fully funded by the practice.
- We saw that a pharmacy technician was being trained in phlebotomy, diabetes reviews, asthma inhaler technique and flu vaccinations. In addition, the pharmacists and some Health Care Assistants (HCAs) were being trained to administer flu vaccinations as more staff were needed year on year due to restrictions posed by the pandemic.
- We saw from the record management system that the practice held weekly, monthly and quarterly clinical training meetings which included standing agenda items as well as regular dedicated education sessions.
- Boroughbury Medical Practice (BMC) was a teaching and training practice for GP registrars and at the time of the inspection there were seven registrars on rotation. We also saw that trainee doctors had come back to the practice as salaried GPs and even partners.

Through the Primary Care Network (PCN) the practice has been successful in bidding for additional innovation funding to support the following:

- Wildflowers (Sex workers). This project allowed the practice to focus on addressing the health and wellbeing needs of people who would not normally access appropriate health care services for example access to cervical smears and sexual health screening. Under this project they also worked in partnership with Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind to provide bi-weekly sessions in the form of 1:1 and group support for individual's mental health and wellbeing. The practice also worked closely with Aspire (counseling services) to engage with individuals whom they identified as requiring and benefiting from the Wildflowers project.
- Wider Homelessness Agenda. The practice worked in collaboration and partnership with Peterborough City Council, and engaged in a Nurse Outreach Project with Housing Officers who regularly attended homeless centres to encourage people who had not, could not or would not access health care services.
- The "Janus" project worked in partnership and collaboration with Peterborough City Council and focused on the health care needs of the homeless with an outcome of progression into sustainable housing.
- Mental Health Exemplar Project for Peterborough. The practice engaged in a new project with the aim of improving the mental health needs of the diverse population of Peterborough. One of the GP partners together with one of the GP registrars were passionate about identifying and improving health inequalities within the community believing everyone was entitled to proper healthcare regardless of their circumstances. The practice had an integrated neighbourhood manager who was also involved and participated in the development of the project.
- The practice was awaiting the outcome of a bid recently submitted to the local Community Fund for a Mental Health Care Assistant to engage with patients around their non-attendance in the hope of improving attendance and thereafter improving outcomes for them.
- In January 2020 the practice was awarded a contract to provide services to Clare Lodge, a leading national provider of secure accommodation 'welfare' only placements and the only all-female unit in the UK. The service was governed by Peterborough City Council and worked in a collaborative way with CPFT to provide an intensive and therapeutic environment, including an in-reach psychiatric and psychological provision. We saw emails of thanks and praise for the staff at Boroughbury for their help and support to their clients, when previously such a service had been so difficult to achieve and maintain.

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 rule 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.