This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

### Ratings

<table>
<thead>
<tr>
<th>Overall rating for this service</th>
<th>Good</th>
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<tbody>
<tr>
<td>Are services safe?</td>
<td>Good</td>
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<tr>
<td>Are services effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services caring?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services responsive to people’s needs?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Requires improvement</td>
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Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection at RAF Cosford Medical Treatment Facility on 1 August 2017. Overall, the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. We saw a positive culture where all staff were encouraged to report any incident.
- The practice had clearly defined systems to minimise risks to patient safety.
- The current system for issue of ‘not fit to fly’ certificates to patients for presentation to managers, did not provide sufficient assurance of the safety of this system.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the practice patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. We saw the practice responded in a positive and proactive way, following investigation into any complaint or concern raised.
- Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The Chief Inspector recommends:

- Provide assurances that patient safety mechanisms are effective. For example, having checks in place that the full significant event reporting process has been completed before closure of each incident.
- Review communication systems to ensure timely, effective and safe sharing of patient information. For example, in relation to ‘not fit to fly’ or sick notes, and that restrictions on duties are correctly observed.
- Review arrangements for staff training to ensure all staff have timely access to employer training and support.
supported training.

- Review governance checks to include, for example, the practice holding copies of assurances on gas safety checks, updated background checks on staff, and to ensure refresher training in key subjects is delivered in a timely manner.

Professor Steve Field CBE FRCP FFPH FRCP
Chief Inspector of General Practice
We always ask the following five questions of services.

**Are services safe?**

The practice is rated as good for providing safe services.

- We found some issues in relation to safety but these were governance related. These did not make clinical treatment at the practice unsafe.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.

- The practice should review the ending and closure of the significant event reporting process. For example, recording assurance that findings in relation to reported incidents have been shared by regional or head offices, where appropriate to do so.

- The practice had not reviewed the issuing of ‘not fit to fly’ certificates to assess whether these should be sent direct to a patient’s workstation to ensure limitations imposed by health conditions were adhered to.

- We saw that the practice had 207 sets of patient notes that required summarising. This represented 7% of the practice population, which put note summarising at 93%.

- When things went wrong patients were informed as soon as practicable, received reasonable support, information and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However some aspects of governance should be reviewed to allow the practice to hold copies of specific assurances, for example, in relation to gas safety.

- We saw some staff had Disclosure and Barring Service checks that had expired. We brought this to the attention of the practice who said they would act to address this.

- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and
vulnerable adults relevant to their role. Some staff were out of date for this training and this was due to be refreshed.

- The practice had adequate arrangements to respond to emergencies and major incidents.

**Are services effective?**

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were line with Defence Primary Health Care averages.
- Staff were aware of current evidence based guidance and demonstrated how they had responded to updates on best clinical practice.
- Clinical audits demonstrated quality improvement. We saw 13 audits had been completed in the past 12 months. We noted that all audits had conclusions and learning points.
- Staff and clinicians had taken the decision to promote a protected 30 minute coffee break period. During this time, clinicians met to discuss particular patients or to discuss updated guidance from National Institute of Health and Care Excellence.
- All staff we spoke with said they appreciated this protected period in the day, which promoted learning and assisted administrative staff in the smooth running of the practice.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients’ needs.

**Are services caring?**

The practice is rated as good for providing caring services.

- Data from the practice patient survey showed patients rated the practice highly for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible. When we reviewed information in the reception and waiting areas we saw that this was current and displayed
in specific areas for ease of recognition by patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice staff worked well with other visiting services, which provided patients with a positive experience of care.

<table>
<thead>
<tr>
<th>Are services responsive?</th>
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<tbody>
<tr>
<td>The practice is rated as good for providing responsive services.</td>
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<tr>
<td>- The practice understood its population profile and had used this understanding to meet the needs of its population.</td>
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<tr>
<td>- The practice took account of the needs and preferences of patients. Patients at the practice came from a number of countries with different cultures. The practice ensured staff were aware of this and responded appropriately to these patient's needs.</td>
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<tr>
<td>- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.</td>
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<tr>
<td>- The practice had good facilities and was well equipped to treat patients and meet their needs.</td>
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<tr>
<td>- Information about how to complain was available and easy to access. Evidence from an example we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.</td>
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<tr>
<td>- Staff shared their ideas on how services could be improved at the medical centre. Innovative moves being discussed included a locked YouTube channel to produce videos on how to do rehabilitation exercises correctly and safely. This would particularly support those patients who did not have regular access to an exercise rehabilitation instructor. Physio staff were discussing the benefits of introducing a musculoskeletal triage at morning sick parade to divert these patients directly to them.</td>
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<table>
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<tr>
<th>Are services well-led?</th>
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<tr>
<td>The practice is rated as requires improvement for providing well-led services.</td>
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<tr>
<td>- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in helping the practice to achieve this vision.</td>
</tr>
<tr>
<td>- There was a clear leadership structure and staff felt supported by management.</td>
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<tr>
<td>- The practice had policies and procedures to govern activity</td>
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and held regular governance meetings.

- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. However, there were governance issues that required attention. For example, checks that the significant event reporting process was fully complete; the sharing of information in relation to patients ‘not fit to fly’; access for staff to supported training, for example, infection control leads, and the completeness of records in respect of gas safety of the building, and equipment registers confirming all electrical and clinical equipment has been submitted for testing. There were also governance issues around some staff training updates and renewal of background checks for one staff member.

- Staff had received inductions, annual performance reviews and attended staff meetings and some training opportunities.

- The provider was aware of the requirements of the duty of candour. In one example we reviewed we saw evidence the practice complied with these requirements.

- The clinicians at the practice encouraged a culture of openness and honesty. Systems were in place for being informing the practice of notifiable safety incidents, sharing information with staff and ensuring appropriate action was taken.

- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. However, the practice had not been successful in forming a patient participation group.

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas. Staff provided feedback to us on inspection, that they benefitted from informal learning opportunities, such as the protected 30 minute coffee break each day.

- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example, in offering contraception services, minor surgery and sexual health clinics.
Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to RAF Cosford Medical Treatment Facility

RAF Cosford Medical Treatment Facility (referred to in this report as the practice) is located in the West Midlands, with the nearest large town being Wolverhampton. The practice is on the RAF base and serves RAF personnel and some of their dependents. There are also a number of former RAF personnel who are still registered with the practice, as well as some civilian staff. The practice is also responsible for the occupational health of approximately 1,000 Reservist RAF staff. At the time of our inspection the practice population numbered 2,387 patients. This figure is expected to rise to 3,300 patients by 2020 due to the arrival of additional workforce units.

The RAF base is home to phase two and three training of RAF recruits, the Defence School of Aeronautical Engineering, the Number One Radio School, School of Physical Training and Defence School of Photography. Additional to the practice’s everyday commitments, is the cover provided for the University of Birmingham Air Squadron and the Cosford Air Show.

The practice is run by RAF and civilian staff, including five GPs, four nurses, three physiotherapists, three exercise rehabilitation instructors, 11 administrators and three practice management staff. The practice also has three medics. (The work of a military medic has greater scope than that of a health care assistant found in NHS GP practices). The practice has posts that are currently not manned, or ‘gapped’ which are for one GP, one nurse, one physiotherapist and two administrators. However some locums have been employed from time to time to cover these posts.

The practice provides a range of primary medical care to patients. Additional services available include minor surgical procedures, primary care rehabilitation (physiotherapy and exercise rehabilitation instructors), health checks, immunisations including those for children, minor illness and injury treatments, travel health and advice, ear syringing, health promotion for example sexual health, smoking cessation, weight loss and weight management, chronic disease clinics and family planning advice. The practice can refer onwards for community mental health services, midwifery and health visitor services. The practice hosts student nurses and qualified medical students, acting as medical officers who see patients under the supervision of a qualified GP.

All patients from the military who require medical attention without an appointment can report for sick parade, which is delivered daily between 7.30am and 8am. This daily triage identifies any patients who need to be seen by a doctor on the day.

The practice is open from Monday to Friday between 8am and 5pm. The practice is closed for
lunch between 12pm and 1pm, and is closed on Wednesday afternoon for staff training. The practice is manned by a duty RAF medic between the hours of 12pm and 1pm for airfield cover and emergency patients. As the RAF base is an active airfield, the practice is responsible for providing medical cover at all times for personnel involved in flying duties.

For general GP services, outside of practice normal opening times, patients are referred to the NHS 111 service for further assistance.

Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General’s office.

We carried out a comprehensive inspection of this service. RAF Cosford Medical Treatment Facility had not been inspected by the CQC previously.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice.

We carried out can announced inspection on 1 August 2017. During the inspection, we:

- Spoke with a range of staff including the Senior Medical Officer, a civilian GP, a medic and practice manager, a member of physiotherapy staff, nursing staff, and spoke with patients who used the service. We also spoke to civilian administrative staff.
- Observed how staff interacted with patients in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Inspected the clinical facilities in the practice.
- Looked at information the practice used to deliver care and treatment.

To get to the heart of patients’ experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?
Are services safe?

Our findings

Clinical treatment for patients was safe. We found some concerns in the domain of safe, which we attributed to improvements required in governance systems. We have taken account of this when deciding how well-led the service is.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice’s computer system.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three incident records we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out retrospective analysis of the significant events to identify any common themes or trends within the practice.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, after referral of a patient via the wrong pathway for secondary care, steps were taken within the practice to ensure any patient referrals were reviewed to ensure no unnecessary delay to patient treatment.
- We noted some incidents had raised wider questions. However, the practice had not received answers to these questions or been updated on any regional or national action to address concerns.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient’s welfare. There was a lead member of staff for safeguarding. From the documented examples we reviewed we found that GPs provided
• All staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level three and medics to level two. Administrative staff confirmed they had received training to level one. We found four staff were out of date for safeguarding training. We saw that steps had been taken to secure places on upcoming safeguarding courses for these staff.

• A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role by the Senior Medical Officer (SMO) and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We noted one staff members DBS check had expired in March 2012 and had not been renewed. We brought this to the attention of the practice manager who told us they would address this as a priority.

The practice maintained appropriate standards of cleanliness and hygiene.

• We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

• There was a designated infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. This staff member had undertaken training in this area to support them with these duties. However, we noted that they had funded this themselves following an application for funding being declined.

• We saw that a full infection control audit had been completed within the past 12 months. When we inspected the medical centre there were no apparent infection control issues. The cleaning contact had been reviewed recently to include a six monthly deep clean of the practice. From records kept we could see that the last deep clean was performed approximately four months before our visit. All areas of the practice were visibly clean and clinical areas well stocked with gloves, aprons and there were sufficient hand washing facilities and materials in all areas of the practice.

• There was an IPC protocol and staff had received up to date training.

• All clinical waste was managed correctly and records were kept to support clinical waste audit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

• There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients and there was a reliable process to ensure this occurred.

• The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing.

• Blank prescription forms and pads were securely stored and there were systems to monitor their use.

• Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

• The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There
were also arrangements for the destruction of controlled drugs.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We found one staff member’s DBS check was out of date and brought this to the attention of the practice manager who told us they would address this as a priority.

**Monitoring risks to patients**

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- When we reviewed the process in place for issuing ‘not fit to fly’ chits, (sick notes for aircraft personnel) we saw that these were issued to the patient. There was no mechanism in place to communicate this simultaneously to the patient’s line manager or station commander. It was unclear from our time spent with GPs at the practice, whether this process had been reviewed following an air accident in the commercial sector.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- There was a fire evacuation plan which identified how staff could support patients to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We established that this testing was carried out in February 2017. However, there was no register in place to confirm that every piece of equipment in the practice was subject to testing.
- The practice were unable to produce a gas safety certificate for the premises, or show that they were part of a larger gas safety testing exercise due to being located on an active RAF base.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients’ needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. We were made aware of the amount of work that had been undertaken by the current Senior Medical Officer and their deputy to ensure the practice was correctly staffed with clinicians and support staff. This had brought real benefits to the patients of the practice in terms of the right health care received in a safe environment.

**Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children’s
masks. A first aid kit and accident book were available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
Are services effective?
(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients’ needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice. The system is used to measure some aspects of performance in NHS practices. The Defence Medical Services (DMS) have a responsibility to deliver the same quality of care as patients expect in the NHS. The QOF provided a useful way of measuring this for DMS).

We reviewed QOF performance of the practice. The practice achievement is expressed in numbers and percentages and represents achievement in the month before our inspection. QOF performance and results, which were benchmarked against NHS targets for the year 2011/12 showed:

- The number of patients with diabetes in whom the last blood pressure reading (measured in the last 15 months) was 150/90 or less was 11, which equated to an achievement of 92%, compared to the NHS target of 93%.
- The number of patients with diabetes in whom the last blood pressure reading (measured in the last 15 months) was 140/90 or less was four, which equated to an achievement of 40%, compared to the NHS target to 78%.
- The number of patients with diabetes whose last measured total cholesterol (within the preceding 15 months) was 5mmol/l or less was eight, which equated to an achievement of 89%, compared to the NHS target of 75%.
- The number of patients with hypertension in whom the last blood pressure (measured in the previous twelve months) was 150/90 or less was 36, which equated to an achievement of 88%, compared to the NHS target of 80%.
- The number of women aged 25-49 and 50-64 whose notes recorded that a cervical smear had
been performed in the last three to five years was 246, which equated to an achievement of 97%, compared to the NHS target of 80%.

The practice confirmed that no patients were exception reported against for any of the QOF indicators.

There was evidence of quality improvement including clinical audit:

- There had been 13 clinical audits commenced in the last 12 months. Some of these had been prompted by changes in guidance, for example, on the use of salbutamol and inhalers. We reviewed two audits made up of two or more cycles. We saw that where improvements could be made, these were implemented and monitored. For example, following a change to guidance on the treatment of patients with a diagnosis of asthma, all asthma patients were recalled and reviewed. Findings showed that only two out of four standards set by the audit were being achieved. This has now improved and is monitored by further cycles of the same audit.

- Reviews of internal processes were used by the practice to improve services. For example, in relation to patients subject to regular blood tests for repeat medicines, the practice had introduced a practice wide spreadsheet on the computer system that staff could access. This listed all patients taking high risk medicines. It gave the name of the medicine and dates of last blood tests, informing pharmacy dispensing staff that it was safe to issue medicines to that patient. This has now been utilised in different regions within DMS. This can be updated by any clinician involved in their care.

Information about patient outcomes was used to make improvements such as the monitoring of patients level of commitment and engagement, when referred to weight loss clinics.

**Effective staffing**

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw that medics received roles specific training to ensure they had the skills required to triage patients effectively.

- We saw that there was no significant backlog in note summarising; 93% of records were summarised.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
• Staff and clinicians had taken the decision to promote a protected 30 minute coffee break period. During this time, clinicians met to discuss particular patients or to discuss updated guidance from National Institute of Health and Care Excellence.

• Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice’s patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From two documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients’ needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients’ consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, for example, dependants of service personnel.

The practice demonstrated there were processes and practices in place to support patients, including those who may be vulnerable because of their circumstances.

**Consent to care and treatment**

Staff sought patients’ consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient’s mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient’s capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

**Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice provided advice on sexual health and delivered contraceptive services.
- Smoking cessation advice was available from the practice or from a local support group.

The practice’s uptake for the cervical screening programme was 99%, which was higher than the DMS target set, which was 80%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. At the time of inspection, there were no children under the age of six years registered with the practice.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer, were patients were eligible for this. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients’ privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

All of the 39 Care Quality Commission comment cards we received, which were completed by patients, were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six of these cards also expressed some areas for improvement, mostly around waiting times when arriving for appointments.

We spoke with two patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately and provided support when required.

Results from the Defence Primary Health Care survey showed patients felt they were treated with compassion, dignity and respect. The practice issued 100 questionnaires and received 84 responses. The survey was conducted between 19 June 2017 and 7 July 2017. Results showed:

- 92% of patients asked said they would recommend the practice to family and friends if they were able to use this facility.
- 83% of patients said they felt involved in decisions about their care and treatment.
- 92% of patients said their appointment was at a convenient time for them.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the practice’s own patient survey, issued in March 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice could not say how many questionnaires were issued but 102 responses were received. From those responses, results showed:

- 83% of patients said the last GP or nurse they saw was good at explaining tests and treatments.
- 85% of patients said they had confidence in the last GP or nurse they saw.
- 88% of patients were confident that their notes and medical documents were stored confidentially.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- GPs were also able to attend a three month course in Arabic, which could help them to interact with students from Arab countries who did not have English as a first language. At the time of our inspection, GPs were using cue cards which held statements about key health interventions, to assist patients who spoke English but may have a limited clinical vocabulary. Patients were also told about bi-lingual staff that might be able to support them further if this was required.
- Information leaflets were available in easy read format and could be produced in other languages as and when required.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

**Patient and carer support to cope emotionally with treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on-line and staff knew how to access this.

There were support services for patients at risk of becoming isolated, which could be accessed via the military HIVE centre. The HIVE network provides information and introduction to groups that could offer support and assistance to these patients.

The practice’s computer system alerted GPs if a patient was also a carer, or if they may need additional support. Written information was available to direct carers to the various avenues of support available to them. We saw staff and clinicians maintained a strong awareness of this and were able to refer to examples of supporting patients with terminally ill relatives.
Are services responsive to people’s needs?
(for example, to feedback)

Our findings

Responding to and meeting people’s needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Emergency slots for parents and school children were available each morning.
- There were longer appointments available for patients who required this.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was exploring the results of other practices that sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice was fully accessible to all and provided a baby changing room.
- Interpreter services were available if required and staff knew how to access these.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Staff shared their ideas on how services could be improved at the medical centre. Innovative moves being discussed included a locked YouTube channel to produce videos on how to do rehabilitation exercises correctly and safely. This would particularly support those patients who did not have regular access to an exercise rehabilitation instructor. Physio staff were discussing the benefits of introducing a musculoskeletal triage at morning sick parade to divert these patients directly to them.

Access to the service

The practice was open from Monday to Friday between 8am and 5pm. The practice was closed for lunch between 12pm and 1pm, and was closed on Wednesday afternoon for staff training. The practice is manned by a duty RAF medic between the hours of 12pm and 1pm for airfield cover and emergency patients. As the RAF base is an active airfield, the practice is responsible for providing medical cover at all times for personnel involved in flying duties.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.
Results from the practice patient survey, carried out in March 2017 showed the majority of respondents were satisfied with access to care and treatment. However, patients’ experience of being able to speak to a GP or nurse on the day was not as favourable. For example:

- 83% of patients were satisfied with the practice’s opening hours.
- 81% of patients said they could get through easily to the practice by phone.
- 70% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment the same day.
- 72% of patients said they were able to book a routine appointment within 48 hours.
- When asked, 87% of patients described their visit to the practice as a positive experience.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

We saw that the triage systems in place were effective. All military patients attending the practice without an appointment were triaged by a nurse or medic, who referred on to a GP as required. Any requests for home visits were recorded and reviewed by GPs who would call the patient back. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters displayed in the waiting and reception areas set out clearly and concisely how a complaint could be raised and assured patients that all feedback, good or bad, was welcome.

We looked at two out of three complaints received in the last 12 months and found these had been dealt with in line with the practice complaints policy. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.
Are services well-led?
(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Requires improvement

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting plans which reflected the vision and values. These were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which required further improvement to be fully effective.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, in deployment preparation work and childhood health.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We noted that the practice had commenced a number of audits within the past 12 months, many of which were now due for re-audit. We saw there was an audit diary in place to ensure these areas for improvement were subject to second cycles of audit.
- We saw evidence from minutes of meetings, a structure that allowed for lessons to be learned and shared following significant events and complaints.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice manager held and maintained an up to date risk register and the Common Assurance Framework document was used as a live, self-assessment tool for all areas of practice performance. However, we did note a number of governance issues. These included an absence of checks required to ensure the full significant event reporting process has been completed before closure of each incident. After our time spent with the Senior Medical Officer and practice GPs, we felt some further assurance could be put in place to oversee timely, effective and safe sharing of patient information. For example,
in relation to ‘not fit to fly’ notes issued to patients, and that any restrictions on duties normally performed by those patients are correctly observed.

- A review of arrangements for staff training was required to ensure all staff have timely access to employer supported training.
- Further governance checks were required, to include, for example, the practice holding copies of assurances on gas safety checks and updated background checks on staff.

**Leadership and culture**

On the day of inspection the Acting Senior Medical Officer in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that all GPs were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The leaders at the practice encouraged a culture of openness and honesty. From the example of a documented case we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with health visitors and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the Acting Senior Medical Officer and the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

**Seeking and acting on feedback from patients, and staff**

- The practice encouraged and valued feedback from patients and staff. We saw examples where feedback had been acted on. However, the practice had not been successful in forming a patient participation group.

It proactively sought feedback from:
• Patients through the practice surveys and from any complaints received.
• Results from surveys were displayed in the patient waiting areas, with feedback on what the practice would do to respond to any concerns raised.
• Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
• Staff spoke to us of a positive, open atmosphere in the practice which was promoted by both the Senior Medical Officer and the Acting Senior Medical Officer. This had contributed greatly to staff feeling involved, engaged and determined to provide high quality health care to patients.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. Staff training was a priority and was built into staff rotas. Staff provided feedback to us on inspection, that they benefitted from informal learning opportunities, such as the protected 30 minute coffee break each day. The practice team was forward thinking and had identified goals to be achieved in the coming year. For example the practice is seeking formal status and accreditation as a GP training practice.