

Defence Medical Services

# RAF Coningsby

## Quality Report

Medical Centre  
RAF Coningsby  
Lincolnshire  
LN4 4SY

Date of inspection visit: 12/9/2017  
Date of publication: 12/12/2017

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

Overall rating for this service	Outstanding 
Are services safe?	Good 
Are services effective?	Outstanding 
Are services caring?	Good 
Are services responsive to people's needs?	Outstanding 
Are services well-led?	Outstanding 

# Summary of findings

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced inspection at RAF Coningsby on 12 September 2017. Overall, the practice is rated as outstanding. 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.
- The assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff.
- We saw many examples of collaborative working and sharing of best practice to promote better health outcomes for patients.
- There was a comprehensive programme of clinical audits, including regular reviews of the service used to drive improvements in patient outcomes.
- 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).
- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. Multidisciplinary team meetings were held in the practice on a monthly basis, and care plans for complex patients drawn up jointly with other professionals to ensure the best care was provided.
- Results from the Defence Medical Services (DMS) 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had established a patient participation group but this was in its infancy.
- 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.
- The practice demonstrated a thorough awareness of the needs of its patient population and had put measures in place to improve outcomes for patients identified as being at risk. This was particularly evident in the work undertaken around safeguarding and pre-empting those that were being deployed. The practice closely monitored its quality improvement work to ensure a comprehensive understanding of the impact it had on patient outcomes.

**We identified the following notable practice, which had a positive impact on patient experience:**

The practice proactively worked to identify patients who were also carers. They had information available asking patients to identify themselves if they were a carer. If a patient did so they had a code added to their records and this meant they were identifiable and could access extra support or healthcare if required.

We saw the practice was proactive in preparing patients for deployment. The nurses accessed a nominal role of personnel tasked to go on deployment. The nominal role was a 'live' document on the IT system. It was continually updated by squadron commanders with personnel either nominated or removed for various reasons. The nurses looked at the nominal role on a daily basis and then checked each patient's notes on the Defence Medical Information Capability Programme (DMICP). They would see if any patients had outstanding needs that required to be completed such as hearing test, blood test, vaccinations or had medical issues which meant they could not be deployed. They then recorded their findings on DMICP.

They then annotated the 'live' nominal role as either 'fit' or 'unfit' only, ensuring adherence to Caldicott principles. The squadron commanders then saw on the nominal role if personnel were fit or unfit for deployment. The nurses would record the reason for unfit to deploy on their DMICP notes. The patients would then contact the practice to confirm the reason why they were unfit and discuss further as necessary. This approach ensured that the medical needs of patients were managed well and that only fit personnel were deployed.

During the recent national NHS crisis involving a computer hacking incident, RAF Coningsby medical practice contacted the NHS GP practice in their local community and offered their support. As a result of this seven patients were seen during the week of the incident by clinicians from RAF Coningsby.

A systemic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. The practice engaged with the local clinical commissioning group (CCG) to achieve this.

The standard distance from base that the practice would usually register dependants was within five miles. In some instances they had registered children outside of this where both parents were serving in the military. In many of these cases, the children were registered at a different practice to their parents. The practice recognised this carried significant clinical risk in terms of safeguarding, family health, maternal mental health and providing holistic care as the practice had no insight into the wider family dynamic. The practice identified this risk and worked to mitigate by prioritising the registration of those children and actively invited them to register even though they were outside of the usual catchment area.

**Professor Steve Field CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

Good



### Are services safe?

The practice is rated as good for providing safe services.

- 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. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful 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.
- Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.
- The practice was well staffed. Civilian staff were only employed when appropriate pre-employment checks had been carried out.
- Systems for managing medicines were safe and the practice was equipped with a good supply of medicines to support people in a medical emergency.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Data shared with us before inspection showed patient health care was good. Data showed that the practice was performing highly when compared to regional and national comparisons.
- The practice used innovative and proactive methods to

improve patient outcomes and was working with other local providers to share best practice. The practice reviewed monthly any unplanned admission to hospital to try and identify any trends and make improvements.

- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people was used to do so.
- All registered patient records had been summarised.
- Staff were aware of current evidence based guidance.
- The practice was proactive in undertaking audit to drive improvement and improve patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment. Locum staff were included in all practice training and felt valued.
- There was evidence of appraisals and personal development plans and support for all staff. Medical assistants were given active clinical oversight of daily interactions with patients.

### Are services caring?

Good 

The practice is rated as good for providing caring services.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Data from the DMS patient experience survey showed patients gave positive feedback for all aspects of care.
- Information for patients about the service available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We received 40 comment cards, all of which were positive about the standard of care received.

### Are services responsive?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- Patients' individual needs were central to the planning and delivery of tailored services. Services were planned and delivered to take into account the needs of different patient groups and to provide flexibility, choice and ensure continuity of care. In addition, staff helped to coordinate patients' care and treatment through partnership working with other services and providers. The practice actively engaged with the local CCG and worked with them to improve and develop

patient care, in the locality within which they were based.

- Patients commented they found it easy to make an appointment and there were urgent appointments available the same day. Appointments out of core hours were made available if a patient required it after hours on a bespoke basis.
- Appointments for children with long term conditions, for example asthma, were available for after school time.
- Telephone consultations were available as an alternative to visiting the practice.
- Patients were able to receive travel vaccines when required. The practice was a yellow fever centre.
- Home visits were available but infrequent with one being recorded in the previous 12 months.
- Medics attended emergencies within the base when required.
- The practice had changed their appointment schedule to allow dependants/school children appointments before 9am and after 3pm for booking on the day.
- A text service was in operation as appointment reminder.
- An online service for requesting repeat prescriptions and eye tests had been introduced.
- There was a dedicated phone line for test results; this was managed by the nurses.
- Two locum physiotherapists were employed within the practice. All referrals to this service were made by the GPs and the average waiting time for an appointment was less than one week.
- There was a midwife clinic held weekly and the health visitors' office was within the medical centre meaning easy access to this service.
- There were accessible facilities, which included interpreter services when required.
- Transport for patients to hospital appointments was available if needed.
- Eye care and spectacles vouchers were available to service personnel from the medical centre.
- Nurses were trained to interpret the 24 hour blood pressure monitoring as well as ensuring appropriate bloods were taken which made effective use of appointment times.
- The physiotherapist and a GP visited each squadron on a monthly basis. The camp was the geographical size of a small town, and getting from the squadron to the medical centre took at least 15 minutes (longer if there were aircraft

taking off / landing) and the whole process constituted a significant time out of their day should they wish to see the GP or the physiotherapist.

- Medics accompanied patients to secondary care appointments if they required support.
- All clinicians worked together to make sure clinics ran smoothly and to time and would often help out others. This allowed clinicians to know they could spend more time with those patients should they need it.
- During the recent national NHS crisis involving a computer hacking incident, RAF Coningsby medical practice contacted the NHS GP practice in their local community and offered their support. As a result of this seven patients were seen during the week of the incident by clinicians from RAF Coningsby.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had an effective system in place for handling complaints and concerns.

### Are services well-led?

The practice is rated as outstanding for providing well-led services.

- The practice had a clear vision for the development of the practice and safety as its top priority. Staff were committed to providing their patients with good quality care. There was a proactive approach to developing new ways of providing care and treatment.
- A systemic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. This was evidenced by the engagement with the local CCG.
- Governance and performance arrangements were proactively reviewed and reflected best practice, and these were underpinned by a comprehensive range of policies and procedures that were accessible to all staff.
- There were effective systems and processes in place to identify and monitor risks to patients and staff, and to monitor the quality of services provided. Regular practice and multi-disciplinary team meetings took place, which helped to ensure patients received effective and safe clinical care. Clinical risks were assigned to nominated GPs to manage, and audit activity undertaken to monitor the improvements made.
- The practice proactively sought feedback from patients. They had a newly established patient participation group

Outstanding



---

(PPG) which was in its infancy and plans were in place to further develop this.

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. Locum staff were included in the team dynamics and had the same training opportunities as permanent staff.
  - The practice was aware of the requirements of the duty of candour.
  - The practice encouraged a culture of openness and honesty.
  - The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
  - There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
  - High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a high level of staff satisfaction.
-

# RAF Coningsby

## Detailed findings

### 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 Coningsby

RAF Coningsby (referred to in this report as the practice) is a fast jet flying station.

At the time of inspection the patient list was approximately 2,360. Occupational health services are also provided to personnel and a number of reservists.

The population are predominantly aged between 18 and 55. The practice also provides medical care to dependants (including approximately 200 children).

In addition to routine GP services, the practice offers minor surgical procedures, physiotherapy services and travel health services. All facilities are at ground floor level. The practice is fully accessible.

At the time of our inspection the practice had 29 permanent staff; the Senior Medical Officer (SMO), a deputy senior medical officer (DSMO), two unit medical officers, two part time GP's (Civilian Medical Practitioner), (three female and three male), the warrant officer in charge, the practice manager, deputy practice manager, pharmacy technician, four practice nurses (one of whom is a nurse practitioner) and administrative staff. Other staff currently working in the medical centre are three full time and one part time physiotherapists and an exercise rehabilitation instructor (ERI). Two of the physiotherapists post are currently filled by locum staff.

The practice was open on Monday, Tuesday, Thursday and Friday 08.00-17.00, and from 17.00-18.30 for urgent cases only. The practice opened on a Wednesday 08.00-12.00 and is closed in the afternoon for staff training but access to a GP for urgent cases is available.

No extended hours were routinely offered. However, appointments were made available if a patient, for example a shift worker, was unable to attend in core hours. A duty medic is on call 24 hours a day at 10 minutes notice for any aircraft incidents.

Details of how patients could access the GP when the practice was closed were available through the base helpline. Details of the NHS 111 out of hours service was also displayed on the outer doors of the medical centre, on an information display within the practice and in the practice leaflet.

The practice has a dispensary which is open Monday -Thursday 08.30–16.30, it is closed on Wednesday afternoon and daily from 10.00-10.30 and 12.00-14.00. On a Friday it is open 08.30–

16.00.

## 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.

## How we carried out this inspection

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

We carried out an announced inspection on 12 September 2017. During the inspection, we:

- Spoke with a range of staff, including three GPs, the warrant officer, the practice manager, deputy practice manager, the dispenser, four practice nurses, medics, one health care assistant, a physiotherapist and several members of administrative staff. We were able to speak with seven patients who used the service.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans and reviewed patient records.

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

#### Safe track record and learning

There was a system in place for reporting and recording significant events (SEAs). The practice received a commendation from the regional team in the east region for their management of these. Staff told us there was a clear process for reporting and recording incidents. The practice demonstrated that it had a consistent, open and pro-active approach to the identification and reporting of significant events. There was a lead member of clinical personnel who took overall responsibility for the management of significant events, but all members of the team were encouraged to identify and raise any issues of concern by utilising the Automated Significant Event Reporting System (ASER).

There had been seven SEAs raised via ASER during the previous 12 month period. SEAs were reviewed and processed on a regular basis during the scheduled monthly meeting or at a weekly meeting if deemed necessary. All staff were included in the sharing of learning and outcomes following an incident.

#### Overview of safety systems and processes

The practice had clearly defined 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. The lead for safeguarding was a GP who was a civilian medical practitioner, this was to ensure continuity as they did not deploy.
- The practice provided primary medical services to patient's dependants. At the time of inspection, the practice patient register numbered approximately 2360 patients, with approximately 200 civilians, 132 of which were under 18s. All relevant members of clinical staff had undertaken appropriate safeguarding for children and adults and were trained to level three.
- Safeguarding was a regular agenda item on the practice monthly meetings to discuss safeguarding concerns and patients at risk. The practice also invited the local health visitor to this meeting who attended on a quarterly basis. A welfare meeting was also held monthly where other professionals attended, including the padre, the wider station including SSAFA - the Armed Forces charity, formerly known as Soldiers, Sailors, Airmen and Families, and heads of departments where any concerns could be raised.
- The practice kept a formal register of patients subject to safeguarding arrangements, or of those deemed to be 'at risk'. GPs' shared this information with concerned colleagues within the

practice and added alerts and coding to create appropriate registers.

- A notice in the waiting room advised patients that chaperones were available if required. All the staff who acted as chaperones had been trained by the practice to undertake this role. They had all 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 looked at the handling of pathology links, lab reports and outpatient report letters from hospitals. The practice staff scanned all hospital letters on receipt and sent a task to alert the relevant GP of their arrival. All GPs we spoke with confirmed that they regularly reviewed the content of their tasks to monitor this.
- Alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were received into the practice by the dispenser, who circulated these to all staff. We looked at the most recent alerts and saw that the practice had shared them with staff and that no actions were required.

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.
- The senior nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that an audit was undertaken in July 2017 which showed overall compliance with some minor improvements needed. For example, the removal and replacement of some chairs.

There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken continuing learning and development.
- Dispensary staff showed us standard operating procedures that covered all aspects of the dispensing and medicines management processes (these are written instructions about how to safely dispense and manage medicines).
- Systems were in place to ensure doctors signed repeat prescriptions before the medicines were dispensed and handed out to patients. Dispensary staff identified when medicine reviews and blood tests were due and alerted the GP to any issues before a medicine was supplied.
- The pharmacy technician worked with two medics and all prescriptions dispensed were second checked.
- Blank prescription forms and pads were securely stored and there were systems in place to record their use.
- There was a process for recording near misses in the dispensary. Staff described an open and transparent approach to reporting medicine incidents. The practice investigated significant events and made changes to minimise the risk of repeating errors.
- The practice had a system to deal with medicine, medical device and patient safety alerts. The records were comprehensive and detailed actions taken in response to the alerts.
- Records showed that staff recorded fridge and room temperatures; this made sure medicines

were stored at the appropriate temperature. Staff were aware of the procedure to follow in the event of a fridge failure.

- The practice was proactive about asking secondary care providers for shared care agreements. This made sure that patients on high risk medicines were receiving safe care. We saw evidence that appropriate alerts were raised in the DMICP record and the condition was correctly coded within the active problems section. We saw an audit had also been undertaken to confirm patients were coded correctly.
- Consultation entries confirmed regular review in primary care and correct scheduling and review of appropriate blood tests. A shared care agreement had been completed and appropriate instructions were available to guide the patient's management.
- The staff had access to emergency medicines and equipment in the medical centre. The emergency trolley was checked regularly and suitable for use.
- Recruitment checks had been undertaken on civilian staff 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.

### **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.
- 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 with mobility problems 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.
- 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.
- 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.

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

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice was well staffed and annual leave was managed accordingly to ensure staffing levels were adequate. Additional staff could be called upon from other local RAF practices at Waddington and Cranwell if an illness outbreak occurred. Aircrew were offered flu vaccines as routine above the current DPHC policy with additional education and provision given to their dependants.
- 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.

# Are services effective? (for example, treatment is effective)

Outstanding



## 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. We saw evidence which showed there were processes in place to review updates, discuss these with clinical colleagues to ensure evidence-based best practice was updated in line with amendments. Audits were undertaken stemming from NICE recommendations, for example, for the management of hypertension.

Regular clinical meetings were held weekly, and whole practice and management meetings held monthly. We viewed minutes from meetings held which confirmed that NICE guidance across several clinical domains had been discussed in each. There was good evidence to demonstrate guidance was being reviewed and appropriate action being taken by clinicians in response to updates.

### 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). Currently exception reporting is not an option utilised by practitioners within defence medical primary care since there is no link between QOF performance and remuneration.

DMS opted to benchmark against NHS targets for the year 2011/12; The practice QOF results from 2016 showed;

- There were 16 patients on the diabetic register;
- The percentage of patients with diabetes whose last measured total cholesterol (within the preceding 15 months) was 5mmol/l or less was approximately 80%, this meant that most diabetic patients were supported to achieve good cholesterol control.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the last 15 months) was 150/90 or less was 79%, which demonstrates that most diabetic

patients were supported to achieve good blood pressure control.

We were not given the comparable data of DPHC nationally to compare this data to.

Following an update to the hypertension treatment guidelines and an audit of the current standards, the practice adjusted their protocol to allow the nurses to instigate the investigations for hypertension. This reduced the contacts that each patient had to have with the medical centre making it easier for them and also minimising the time they were out of work. It also freed up more appointments for other patients making time management more effective and demonstrated a holistic approach to the planning and delivery of care. An audit following this showed an improvement in the patient outcomes.

- There were 57 patients recorded as having high blood pressure. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. All had a record for their blood pressure in the past nine months. Of these patients with hypertension, 100% had a blood pressure reading of 150/90 or less.

Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities, was also used to gauge performance. Data from the Force Protection Dashboard showed that management of audiometric hearing assessment was below average compared to DMS practices regionally and nationally. Service personnel may encounter damaging noise sources throughout their career. It is therefore important that service personnel undertake an audiometric hearing assessment on a regular basis (every two years). Data from March 2017 showed:

- At RAF Coningsby practice 100% of patients had a record of audiometric assessment, compared to 100% Defence Primary Health Care (DPHC) East region and 99% for DPHC nationally.
- At RAF Coningsby, 96% of patients' audiometric assessments were in date (within the last two years) compared to 94% Defence Primary Health Care (DPHC) East region and 99% for DPHC nationally.

It is important that military personnel have sufficient immunity against the risk of contracting certain diseases. The World Health Organisation sets a target of 95% for vaccination against diphtheria, tetanus, pertussis and polio and measles, mumps and rubella. The data below from December 2016 provides vaccination data for patients using RAF Coningsby.

- 98% of patients at RAF Coningsby practice were recorded as being up to date with vaccination against diphtheria compared to 97% Defence Primary Health Care (DPHC) East region and 95% for DPHC nationally.
- 98% of patients at RAF Coningsby practice were recorded as being up to date with vaccination against polio compared to 97% Defence Primary Health Care (DPHC) East region and 95% for DPHC nationally.
- 90% of patients at RAF Coningsby practice were recorded as being up to date with vaccination against Hepatitis B compared to 88% Defence Primary Health Care (DPHC) East region and 83% for DPHC nationally.
- 96% of patients at RAF Coningsby practice were recorded as being up to date with vaccination against Hepatitis A, compared to 96% Defence Primary Health Care (DPHC) East region and 94% nationally.
- 98% of patients at RAF Coningsby practice were recorded as being up to date with vaccination against Tetanus, compared to 97% Defence Primary Health Care (DPHC) East region and

95% for DPHC nationally.

For childhood immunisations a monthly search was undertaken but as the addition of children to the practice was new, not all information had yet been sourced. There were 65 children under the age of 5. Those with an unknown vaccination history totalled 17 and there were two children due vaccinations. The families whose children with unknown vaccination history had been sent letters to request the information, although the practice were still awaiting the arrival of their medical notes which would also provide the vaccination history.

We saw the practice was proactive in preparing patients for deployment. The nurses accessed a nominal role of personnel tasked to go on deployment. The nominal role was a 'live' document on the IT system. It was continually updated by squadron commanders with personnel either nominated or removed for various reasons. The nurses looked at the nominal role on a daily basis and then checked each patient's notes on DMICP. They would see if any patients had outstanding needs that required to be completed, such as hearing test, blood test, vaccinations or were medically unfit and downgraded. They then recorded their findings on DMICP.

They then annotated the 'live' nominal role as either 'fit' or 'unfit' only, ensuring there was no Caldicott breach. The squadron commanders then saw on the nominal role if personnel were fit or unfit for deployment. The nurses would record the reason for unfit to deploy on their DMICP notes. The patients would then contact the practice to confirm the reason why they are unfit and hopefully resolve.

There was evidence of quality improvement including clinical audit;

The practice provided a comprehensive list of audit activity undertaken, with evidence of ongoing audit activity within the practice. We saw that 24 audits had been undertaken since January 2017. These covered a variety of clinical and administrative topics and some were re-audits. There was a rolling programme of clinician audits that were also linked to updated NICE guidance, for example in the management of diabetes and hypertension.

We saw an audit was undertaken regarding aircrew visual correction. At a meeting it was realised that some RAF aircrew were wearing varifocal lenses in their spectacles. It was clarified that while varifocal use may be appropriate for some aircraft, this was yet to be assessed and authorised. It was immediately recognised that it was imperative no fast jet aircrew used varifocals as this could impede their peripheral vision and reaction times, causing risk to both the aircrew and the general population should any accidents occur. Data collection and discussion followed and whilst the results were positive it was found that there was a need for a clear policy with regard to what was acceptable with regard visual correction for aircrew. Staff and patients were updated and the issue was referred up to higher ranks for further investigation.

All of the staff from the most junior to the most senior were included in a robust audit process which was utilised to drive forward service improvement. The practice planned their audit cycle ahead of time allowing proactive and reactive identification of areas of interest and new clinical guidelines. The outcomes of all audits were presented at monthly practice meeting to all staff so the learning points were shared.

The practice monitored waiting times and delivery of care for patients in secondary care. The referrals clerk kept a record of not just the referral, but the appointments received and the patients were contacted to inform them of these. All of the military patients under secondary care treatment were specifically reviewed from the perspective of their progress at their employment standard review at least six monthly to ensure that the treatment provided by secondary care was meeting expectations and if not, adjustments were made to the management plan.

The practice also undertook an Aircrew Direct Access Physiotherapy (ADAP) audit. The ADAP service came about as a result of the practice realising the length of time from consultation with a GP to the aircrew returning to full flying duties. A direct access clinic for aircrew was introduced which cut out the initial appointment and referral from a GP. This resulted in immediate physiotherapy treatment, and a far quicker return to flying. All patients seen at the ADAPs were discussed at the multi-disciplinary meetings, and the audit showed that 100% of patients were managed in accordance with protocol. The practice also delivered the ADAP service directly from the squadron. This had increased the number of patients seen and illustrated the previously unmet demand.

We saw the practice had a standing agenda item in monthly meetings to review unplanned admissions to hospital. They looked for patterns or trends and looked to see if patients needed further review or input and then consideration of their occupational grade.

### **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 process was monitored by management via an induction tracker for progress. This was signed off and recorded on the staff data base by the deputy practice manager and all certificates kept on the staff record. We spoke with a new member of staff who confirmed their induction had been comprehensive and they had been given lots of time to learn. There was a separate programme for permanent and locum staff. Locum staff were required to complete further competency based training every three months to ensure they were up to date. Each programme had generic information/training requirements etc. There were separate training requirements within the induction packs for GPs, nurses, physiotherapists and pharmacy technicians.

Locum staff said the practice provided consistent sound management, support and guidance. They confirmed they were included in all business the same as permanent staff were. For example, they were invited to attend practice meetings and attend Force development days. An example of this was being invited along with the rest of the team to attend extraction/orientation training on typhoon aircraft. They said they felt part of the team which had a very inclusive culture.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for nurses and GPs on consent and Gillick competence (Gillick is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).

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 nurses' 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. The practice regularly conducted peer review and benchmarking sessions where they review consultations in a multi-disciplinary format. All staff were encouraged to gain more experience and skills. The practice allowed time out of work for the acquisition of new skills and formal qualifications wherever possible without impacting on patient care, for example practice nurse advanced practice, and medic ambulance experience. One of the junior medics was volunteering regularly for the LIVES (Lincolnshire's first responders) service which maintained and improved their emergency care skills. The practice had staff that were undertaking or had recently completed national training programmes, for example, in muscular skeletal medicine. All staff were encouraged to and did deliver training to other members of staff depending on their area of expertise or experience. The practice regularly shared information within the team from courses that others have been on.

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. Information was shared between services, with patients' consent, using a shared care record.

We noted that all patients' records had been summarised by the GP.

Reports were usually received from the OOH service within 48 hours of a patient having accessed treatment. These reports were scanned on to DMCIP and alerts sent to a doctor to ensure they were read and appropriate follow up instigated if necessary. The reviewing doctor coded problems/conditions as necessary on DMCIP.

- All appointment letters were sent from secondary care to the medical centre for onward distribution. This was used as an opportunity to quality assure the referrals process by tracking that every referral had received an appointment, and the appropriate individuals had received their appointment details. All appointments received by the practice were reviewed, and if the appointment was short notice, the patient was telephoned to advise them of the appointment details. The practice found that this reduced the secondary care 'do not attend' rates.
- 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 and we saw that a full copy of findings from investigations and any further treatment requirements were sent to the medical centre to update the patient's records. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with more complex needs.

### **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.

- 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:
  - Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
  - All new patients were asked to complete a proforma on arrival. The practice nurse then considered this comparing it to the guidance and would follow up any areas of concern, such as raised blood pressure.
- The practice's uptake for the cervical screening programme was 93%, which was above the national average of 82%. There was a policy to send a reminder letter for patients who did not attend for their cervical screening test. Results were recorded on the electronic record system when received and any abnormal results were flagged to the GP. A search was also done monthly to ensure all results had been received and actioned.
- Patients had access to appropriate health assessments and checks. A monthly search was undertaken for all patients aged 50-64 years who would be entitled to breast screening. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred into the bowel cancer or abdominal aortic aneurysm (AAA) screening programs.

Good



## Are services caring?

### Our findings

#### 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 40 patient Care Quality Commission comment cards we received 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, all comments received were highly complementary.

We spoke with seven patients. They told us they were satisfied with the care provided by the practice and said the practice provided them with everything they needed. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Data received from the Defence Medical Services patient experience survey, April to June 2017 showed results from 80 returned surveys-

- 99% of patients felt they were treated with kindness and respect throughout their visit.
- 97% of patients were happy there was clear information on services provided by the practice.

This data was in relation to RAF Coningsby and we were not provided with any comparative data for us to use as a benchmark. .

Patients commented in feedback provided on CQC comment cards that they felt involved in decision making about the care and treatment they received. They commented that 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.

Results from the DMS Patient Survey Experience showed patients responded positively to

questions about their involvement in planning and making decisions about their care and treatment. For example:

- 97% felt involved in decisions regarding their care.

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

- The practice dealt with patients from different countries and some of these patients did not have English as a first language.
- Staff told us that interpreter 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.
- Information leaflets were available in reception. There was also patient information on the station public information service which was displayed on TV's across site, including one in the practice waiting area.
- The Choose and Book service was used with patients as appropriate (Choose and Book is a national electronic referral service which gives patients the choice of date and time for their first outpatient appointment in a hospital). This was undertaken with the patient so that they left the practice with their appointment time.

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

The practice proactively tried to identify carers; there were five registered. The practice had lots of information available to support carers and asked patients to identify themselves if they were a carer. If a patient did so they had a code added to their records and this meant they were identifiable and could access extra support or healthcare if required. The SMO attended monthly carers' meetings with other health professionals to discuss if extra support and care was needed.

# Are services responsive to people's needs? (for example, to feedback)

Outstanding



## 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:

- Patients were able to have 15 minute appointments with the GP and nurse.
- Same day appointments were available for those patients with medical problems that required it. Later appointments were made available if a patient required it after hours on a bespoke basis.
- Telephone consultations were available as an alternative to visiting the practice.
- Patients were able to receive travel vaccines when required. The practice was a yellow fever centre.
- Home visits were available but infrequent with one being recorded in the previous 12 months.
- Medics attended emergencies within the base when required.
- The practice had changed their appointment schedule to allow dependants/school children appointments before 09:00 and after 15:00 for booking on the day. This included the management of children with long term conditions such as asthma.
- A text service was in operation as appointment reminder.
- An online service for requesting repeat prescriptions and eye tests had been introduced.
- There was a dedicated phone line for test results, this was managed by the nurses.
- There were three full time and one part time physiotherapists and an exercise rehabilitation instructor (ERI) employed by the practice. Two of the physiotherapist posts were currently filled by locum staff.
- Two locum physiotherapists were employed within the practice. All referrals to this service were made by the GPs and the average waiting time for an appointment was less than one week.
- There was a midwife clinic held weekly and the health visitors' office was within the medical centre meaning easy access to this service.
- There were accessible facilities, which included interpreter services when required.
- Transport for patients to hospital appointments was available if needed.
- Eye care and spectacles vouchers were available to service personnel from the medical centre.

- Nurses were trained to interpret the 24 hour blood pressure monitoring as well as ensuring appropriate bloods were taken which made effective use of appointment times.
- The physiotherapist and a GP visited each squadron on a monthly basis. The camp was the geographical size of a small town, and getting from the squadron to the medical centre took at least 15 minutes (longer if there were aircraft taking off/landing) and the whole process constituted a significant time out of their day should they wish to see the GP or the physio.
- Medics accompanied patients to secondary care appointments if required for support.
- All clinicians worked together to make sure clinics ran smoothly and to time and would often help out others. This allowed clinicians to know they could spend more time with those patients should they need it.
- During the recent national NHS crisis involving a computer hacking incident, RAF Coningsby medical practice contacted the NHS GP practice in their local community and offered their support. As a result of this seven patients were seen during the week of the incident by clinicians from RAF Coningsby.

The practice recognised the importance of providing holistic patient support. There were numerous examples of patients requiring the sort of support that is difficult to obtain when taken away from family and friends by military service. For example;

A patient suffered an accident and became immobile. They did not live on the base. The practice arranged for them to have ground floor accommodation on the base, ensured they had the appropriate equipment to maintain independence, arranged physiotherapist appointments to suit their availability, some transport was arranged on occasion, food delivered to their room and arrangements made for their relative to have passes to visit them on camp.

The standard distance from base that the practice would usually register dependants was within five miles. In some instances they had registered children outside of this where both parents were serving in the military. In many of these cases, the children were registered at a different practice to their parents. The practice recognised this carried significant clinical risk in terms of safeguarding, family health, maternal mental health and providing holistic care as the practice had no insight into the wider family dynamic. The practice identified this risk and worked to mitigate by prioritising the registration of those children and actively invited them to register even though they were outside of the usual catchment area. The practice were increasing their dependant registrations but were limited to 20 per month, however if a family wanted to register they would be given priority.

### **Access to the service**

The practice was open on Monday, Tuesday, Thursday and Friday 08.00-17.00, and from 17.00 - 18.30 for urgent cases only. The practice opened on a Wednesday 08.00-12.00 midday and was closed in the afternoon for staff training.

No extended hours were routinely offered but bespoke appointments were made for shift workers or anyone that could not attend in core opening hours. A duty medic was on call 24 hours a day at 10 minutes notice for any aircraft incidents.

Details of how patients could access the GP when the practice was closed were available through the base helpline. Details of the NHS 111 out of hours service was also displayed on the outer doors of the medical centre and in the practice leaflet.

The practice had a dispensary which is open Monday -Thursday 08.30–16.30, it was closed on

Wednesday afternoon and daily from 10.00 -10.30 and 12.00-14.00. On a Friday it was open 08.30–16.00.

We spoke with seven patients. They told us they were satisfied with the care provided by the practice and said they were able to get an appointment when needed. The DMS patient survey from February to May 2017 stated;

- 76% know what out of hours (OOH) services are provided and how to access them.
- 97% were offered a convenient time for their appointment.
- 99% were offered a convenient location for their appointment.

We saw that following these results the practice were proactive in ensuring patients were aware of the arrangements for out of hours care by adding more notices inside and outside of the practice and on the station public information service which was displayed on TV's across the base and within the practice itself.

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

### **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns.

Defence Primary Health Care had an established policy and the practice adhered to this. The practice manager was the designated responsible person who handled all complaints in the practice. We reviewed one complaint that had been received by the practice but which did not directly involve them. We saw it had been dealt with thoroughly. We saw that information was available to help patients understand the complaints system in the practice itself, displayed on the walls and within the practice booklet.

## Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Outstanding



## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. RAF Coningsby's mission was to 'develop the future, deliver the present and commemorate the past of the Royal Air Force's combat air power'. The medical practice had developed their own vision to 'always provide evidence based, safe, holistic and crucially patient centered care to patients at all times. This was done by delivering consistent, safe and effective care, which was clearly at the forefront of the SMO's strategy and vision for the practice. This was adopted by all members of staff. All staff we spoke with were very content with their working environment. Staff also acknowledged that their opinions, observations and views were valued.

The vision was supported through frequent meetings that facilitated good communication channels. The practice held weekly meetings that were attended by GPs, practice nurses and the practice manager. In addition, monthly non-clinical team meetings were held, with a GP attending when required. A rolling programme of planned topics were discussed at these meetings. Community healthcare professionals were invited to a monthly team welfare meeting.

The SMO had identified that there was a lack of understanding by the local Clinical Commissioning Groups (CCG) with respect to the population at risk at RAF Coningsby. The SMO had worked hard to increase the profile of the medical centre and had forged good links to aid communication, and work together to improve patient care where possible.

Feedback from staff, patients and the meeting minutes we reviewed showed regular engagement took place to ensure all parties knew and understood the vision and values.

The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and the nurse had lead roles in key areas.
- A comprehensive 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.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Once identified, clinical risks were assigned to a nominated GP partner who would take the lead in their management, and administrative time was ring-fenced to support audit activity so that changes to processes and resulting changes to patient outcomes could be effectively measured and monitored.
- The practice engaged with the CCG and attended meetings to contribute to wider service developments.
- A full and comprehensive programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We saw evidence from minutes of meetings which showed lessons to be learned and shared learning following significant events and complaints.

### **Leadership and culture**

The senior staff in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The SMO was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings. We saw evidence of minutes and agendas for these, which included clinical meetings, half day training meetings, monthly carers' meetings with other health professionals and all staff meetings. Staff meetings were held monthly and every member of staff was invited. Staff could add items to the agenda prior to the 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the more senior staff in the practice. All staff were involved in discussions about how to run and develop the practice, the more senior staff encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The staff team was a very cohesive group who enjoyed their work at the medical centre. They held social events which they told us most staff went to and everyone enjoyed, and even took part in a weekly 'spinning' exercise class at the medical centre instructed by their own warrant officer.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient experience survey. We saw that steps were taken to improve the

practice following suggestion made by patients. For example following on from the patient survey undertaken from April to June 2017, one patient commented that the information on out of hour's medical care was not clear; as a result the practice changed their posters on out of hour's medical care and developed a patient information presentation for their information screens in the waiting room.

- Through complaints and compliments received.
- There was no formal staff survey undertaken although feedback from staff was gained generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

### **Continuous improvement**

Following interaction with the CCG and NHS England Armed Forces Commissioning, the practice managed to improve access for patients to Orthopaedics, CAMHS, Audiology services, Physiotherapy and Mental Health. They also were able to source funding to provide access to specialist services which were not available in Lincolnshire due to the current state of NHS services in the area.