

Defence Medical Services

RAF Cosford Medical Treatment Facility

Quality Report

Albrighton
Wolverhampton
WV7 3EX

Date of inspection visit: 21/03/2018
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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

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of RAF Cosford Medical Treatment Facility on 1 August 2017. The practice was rated as good overall, with a rating of requires improvement for the key questions of well led.

A copy of the report from our last comprehensive inspection can be found at:

<http://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services#army>

We carried out this announced desk based review on 10 March 2018. This report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

Our key findings were as follows:

- An effective system was embedded for reporting significant events. All staff knew how to raise and report an incident and were fully supported to do so.
- Communication systems ensured timely, effective and safe sharing of patient information. For example, in relation to 'not fit to fly' or sick notes.
- Governance was good and included checks of gas safety checks, updated background checks on staff, and staff training.

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

Summary of findings

The five questions we ask and what we found

Are services well led?

The practice is rated as good for providing effective services.

- The practice had comprehensive governance systems in place. They were clearly embedded in practice and all staff understood their role and responsibilities in the governance structure.

Good



RAF Cosford Medical Facility

Detailed findings

Our inspection team

The desk based inspection was undertaken by a CQC inspector.

Background to RAF Cosford Medical 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 dependants. 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 was 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 vacant 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 0700 and 0800. 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 0800 and 1700 hours. The practice is closed for lunch between 1200 and 1300 hours, and is closed on Wednesday afternoon for staff training. The practice is staffed by a duty RAF

medic between the hours of 1200 and 1300 hours 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.

How we carried out this inspection

We reviewed information on improvements made since our last visit. We requested documents to evidence these improvements.

To conduct this inspection, we contacted the practice manager on 11 March 2018 and advised that we would be following up our findings of the inspection of August 2017. We gave five days notice to allow the gathering of evidence to confirm that recommendations made had been acted on and met.

As this was a follow-up inspection focused on one key question, we did not speak to patients as part of this review or use CQC comment cards to gather patient views of the service.

Are services well-led?

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

Good



Our findings

Following our previous inspection on 1 August 2017, we rated the practice as requires improvement for providing well led services. At that time we found that the practice did not have a comprehensive, overarching governance framework which supported the delivery of the strategy and good quality care.

When we carried out this desk based follow up, we found that all of the above recommendations had been acted on. Following our review of the evidence provided, the practice is now rated as good for providing well led services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

We saw evidence that patient safety mechanisms were effective. For example, checks ensured that the full significant event reporting process had been completed before closure of each incident. The practice used a spreadsheet to track all significant events to monitor progress at each stage. We also saw minutes of monthly healthcare governance meetings which showed these were discussed.

We saw evidence that communication systems were timely, effective and that patient information was safely shared. For example, in relation to 'not fit to fly' or sick notes, where it is crucial for safety reasons that restrictions on duties are correctly observed. The practice had introduced a protocol for managing individuals who are medically unfit for safety critical tasks and this had been shared amongst all staff.

Staff had the skills and knowledge to deliver effective care and treatment. We saw the practice had a spreadsheet to monitor and record all mandatory training. Staff also had access to a standalone computer in the education library to complete any further on line training.

We saw the certificate that showed that the practice had had a gas safety check and was compliant.