This report describes our judgement of the quality of care at this service. It is based on a combination of what we found as part of the inspection and information given to us by the practice.

<table>
<thead>
<tr>
<th>Overall rating for this location:</th>
<th>Good</th>
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**Rating by key question:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
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<tbody>
<tr>
<td>Are services at this location safe?</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Are services at this location responsive?</td>
<td>Good</td>
</tr>
</tbody>
</table>
We carried out this announced follow up desk-top inspection on 9 August 2018. This report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

As a result of this inspection the practice is rated as good overall

The key questions are rated as:

Are services safe? – Requires improvement
Are services responsive? – Good

We carried out an announced comprehensive inspection of Shrivenham Medical Centre on 19 October 2017. The practice was rated as requires improvement overall, with a rating of requires improvement for the key questions of safe and responsive.

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

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

Defence Medical Services (DMS) are not registered with the CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 and are not required to be. Consequently, DMS services are not subject to inspection by the CQC and the CQC has no powers of enforcement. This inspection is one of a programme of follow-up inspections that the CQC will complete at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability.

At this inspection we found:

- The practice had taken as much action as it could to ensure the premises and facilities were suitable to provide safe treatment and care.
- The practice had taken account of the needs of the population when developing a model for patient representation.

The Chief Inspector recommends:

- That senior management continue to progress the plans for the practice to be located in a building that is suitable and has adequate facilities for the delivery of safe patient treatment and care.

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

Our inspection team

The inspection was undertaken by a CQC inspector.
Background to Shrivenham Medical Centre

Shrivenham Medical Centre is located near to Swindon in the Defence Academy of the UK. It provides primary health care and occupational health to tri service military personnel registered or at the practice. It also provides a primary medical service to entitled military personnel based at or on training courses at the Defence Academy, including entitled personnel from overseas.

Dependants of military personnel are not treated at the practice. The patient list varies over a 12-month period as a number of training courses take place throughout the academic year. At the time of the inspection the registered patient list was 872.

The medical centre operates from a single storey building and is co-located with the Defence Academy Dental Centre. In addition to routine and emergency GP services, the medical centre offers: physiotherapy by referral; well woman and well man clinic; medicals, including aircrew medicals; vaccination and travel advice; family planning and smoking cessation. Maternity and midwifery services are provided by NHS practices and community teams.

At the time of our inspection a full civilian staff team was in post comprising a senior medical officer (SMO), civilian GP, two practice nurses and physiotherapist. The medical centre was led by a practice manager supported by three administrative staff.

The centre was open from 08:00 to 16:30 Monday, Tuesday, Wednesday and Friday. It opened on Thursday from 08:00 to 13:00 (until 16:30 for emergencies only). Emergency access was available for service personnel from 08:00 to 08:30 each morning. The practice operated an appointment only system with emergency appointments available each day. Arrangements for access to medical care outside of opening hours were displayed at the practice and on the Defence Academy Intranet System (DAIS) webpage. Access to a GP between 16:30 and 18:30 hours was provided by Tidworth Medical Centre approximately a 30-minute drive from the Defence Academy. A duty doctor was available by telephone until 18:30 hours, after which time patients could contact NHS 111.

<table>
<thead>
<tr>
<th>Are services safe?</th>
<th>Requires improvement</th>
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We rated the practice as requires improvement for providing safe services.

Following our previous inspection, we rated the practice as requires improvement for providing safe services. The rating related to the risks associated with building and facilities including, damp, insufficient space, ergonomics, lack of sound proofing and a history of vermin infestations. In addition, facilities for minor surgery were not in accordance with Infection Prevention and Control (IPC) best practice guidance.

From this follow up inspection, we found the recommendation in relation to the environment had partially acted on. Following our review of the evidence provided, the practice continues to be rated as requires improvement for providing safe services.

 Risks to patients

The building had been identified as not fit for purpose to provide safe medical care. Plans were commissioned in 2017 to refurbish a building on the Defence Academy site to utilise as a medical and dental facility. An alternative building had been identified and funding worked out for the refurbishment project. Due to many competing priorities for funding, the project had not progressed beyond the build design stage. The Defence Academy, Surgeon General (SG),
Defence Primary Health Care and Joint Funding Committee representatives met to discuss funding options. It was agreed that SG would re-profile the infrastructure priorities for the financial year 2018/19 to establish whether a funding source could be found.

The practice manager confirmed that there had been no infestations of vermin or sightings of bats in the building for over 12 months, and this risk continued to be monitored by the pest control team. The practice carried out a detailed IPC audit that identified the premises did not comply with minor surgery taking place; minor surgery had since been outsourced to another medical centre.

Some improvements had been made to the premises, including mould treatment, uneven flooring replaced and a storeroom door bricked up that was causing damp. The worksurface had been replaced in the treatment room and an extractor fan fitted.

**Are services responsive? | Good**

We rated the practice as good for providing responsive services.

Following our previous inspection, we rated the practice as requires improvement for providing responsive services. This was because patient access to medical cover between 16:30 when the practice closed and 18:30 hours was not in accordance with the DPHC policy on ‘shoulder cover’ which requires patients to have access to a GP between the hours of 08:00 and 18:30 every week day.

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

**Timely access to care and treatment**

Access to a GP between 16:30 and 18:30 hours was provided by Tidworth Medical Centre approximately a 30-minute drive from the Defence Academy. A duty doctor was available by telephone until 18:30 hours, after which time patients could contact NHS 111. Patients were advised of this service through the DAIS web page for the practice, a notice in the waiting room and a notice on the front door. The answerphone message had been changed to reflect this arrangement. The practice leaflet was in the process of being up-dated.

**Listening and learning from concerns and complaints**

Although not impacting on the judgement, a recommendation was made under the well-led domain for the practice to consider setting up a patient participation group (PPG). We are reporting on the action taken as it clearly demonstrates the practice took into account the population profile when exploring options for patient representation.

Following the inspection, the practice manager petitioned the views of course seniors, station staff and the Commanding Officer regarding the development of a PPG. Due to the nature of the Defence Academy and the focus on compressed courses, it was decided a PPG was not the best model to represent the patient population.

The practice, in conjunction with Unit Health Committee (UHC) representatives looked at alternative ways to engage with patients. The UHC is held once a month and now has the standing agenda item of ‘Patients Focus Forum’. Patient advocates have been identified from the
representatives at the UHC to provide a voice for patients within the various departments. Posters are displayed with a list of patient advocates and their contact details. Information is also available on the DAIS webpage.

The advocate can bring any patient issues or discussion points to the UHC for a broader look discussion. In addition, the practice manager can provide health care updates and information about the medical centre to advocates to share with the students in their department.

A medical centre discussion group on has been set on the DAIS webpage. Despite advertisement, there have been no discussion topics posted.