

Bicester Medical Centre

Quality report

St Georges Barracks
Lower Arccott
Bicester
Oxon
OX25 1PP

Date of inspection visit:
16 July 2019

Date of publication:
26 July 2019

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 by the practice and patients.

Ratings

Overall rating for this service

Good 

Are services effective?

Good 

Chief Inspector's Summary

This practice is rated as good overall.

The key questions are rated as:

Are services effective? – Good

We previously carried out an announced comprehensive inspection at Bicester Medical Centre on 14 June 2018. The practice was rated as good overall but required improvement for providing effective services. The safe and caring key questions, whilst rated as good at the last inspection, had some improvement required in the respect of home visiting arrangements and confidentiality.

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

[Bicester Medical Centre June 2018 report](#)

We carried out an announced focussed inspection at Bicester Medical Centre on 16 July 2019. This report covers our findings in relation to the recommendations made and any additional improvements since our last inspection.

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 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 process for managing specimen and test results had been improved since the June 2018 inspection and a failsafe system had been implemented.
- Systems for assessing and monitoring risks and the quality of the service provision had been strengthened.

The practice also addressed recommendations we made for the safe and caring key questions (rated as good). They included:

- A policy for home visits (although not normally offered) had been introduced that included a documented clinical assessment of the urgency of any request made.
- The premises had been reviewed and improvements made to support better patient confidentiality and privacy. No issues were found at this inspection.

Dr Rosie Benneworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Bicester Medical Centre

Bicester Medical Centre is located in St Georges Barracks, Bicester, Oxfordshire. The treatment facility offers care only to forces personnel. Dependants and children are signposted to register at a nearby NHS practice. At the time of the inspection, the patient list was approximately 890 patients. The practice also provides care to any of the students, when required, who are at the barracks on a temporary basis whilst on educational and specialist courses. These students are not registered as patients at the practice (due to the short duration of the courses). Occupational health services are also provided to personnel and a small number of reservists. The medical centre also has responsibility for a smaller unit based outside the local area at Milton Keynes.

In addition to routine GP services, the treatment facility offers physiotherapy services and travel advice. An NHS sexual health clinic in Bicester was available for patient self-referral and mental health referrals are made to Brize Norton located approximately 24 miles away. Family planning advice is available, with referral onwards to NHS community services. Maternity and midwifery services are provided weekly by NHS practices and community teams in Arncott.

The Centre has a mix of military and civil service health workers and the current establishment is outlined in the table below:

Position	Numbers
GPs	one full-time civilian SMO in post one full-time CMP gapped (long-term locum cover in place)
Military Practice Manager	one military practice manager in post
Nurse	one full-time military nursing officer one full-time locum nurse (band 6) one civilian healthcare assistant (band 3)
Administrative support	two civilian receptionists/administration staff in post
Pharmacy Technician	none
Primary Care Rehabilitation Facility (PCRF staff)	one physiotherapist full-time in post one full-time exercise rehabilitation instructor gapped

Contracted staff	one domestic in post
-------------------------	----------------------

Are services effective?	Good
--------------------------------	-------------

We rated the practice as good for providing effective services.

At the June 2018 inspection we made the following recommendations:

- Formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision should be strengthened, embedded and understood by all staff. This should include the management of shared care arrangements, the management of test results and ensuring all clinical discussion and actions are recorded in patients notes.
- Ensure that recall of patients with long-term conditions maximises improvements in patient outcomes.
- Review the premises to establish whether improvements can be made to support better patient confidentiality and privacy, and to ensure that care is delivered in an environment that minimises risk for the patient.
- Introduce a home visit policy.

At this inspection we found the practice had responded positively and had addressed each of the recommendations made.

Monitoring care and treatment

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. It is used across many 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 provides a useful way of measuring this for DMS). Because the numbers of patients with long term conditions are often significantly lower at DPHC practices, we are not using NHS data as a comparator.

The practice had improved the monitoring of patient outcomes utilising the clinical operating system to produce a monthly report for monitoring each long-term condition. All patients diagnosed with a long-term condition were Read coded and monthly searches identified what monitoring and treatment was required. The following patient outcomes data was provided to us from their computer system on the day of the inspection:

- There were three patients on the diabetic register. We reviewed the treatment and care offered to these patients and found that all had been recalled for a diabetes review in the last 12 months. Two of the diabetic patients had an Hba1c of 59 or less (which is an indicator of effective management of diabetes), one patient outside of the parameter was under the care of a hospital and had not attended their last appointment. For all three diabetic patients, the last measured total cholesterol was 5mmol/l or less (which is an indicator of positive cholesterol control), and the last blood pressure reading was 150/90 or less (which is an indicator of positive blood pressure control).

- There were 11 patients with a diagnosis of asthma. Eight had had an asthma review in the preceding 12 months which included an assessment of asthma control using the three Royal College of Physicians questions. The remaining three patients had been recalled and were either not overdue at the time of inspection or had not attended their last scheduled appointment. The monitoring included a record of smoking status and documented that smoking cessation advice had been offered.
- There were 14 patients with a diagnosis of hypertension. Twelve of these had a blood pressure of 150/90 or less recorded in the preceding 12 months.
- There were 39 patients identified as having depression who had all been referred to Department of Community Mental Health (DCMH). All of these patients had received a review within the target of 10 to 56 days following diagnosis.

Systems for assessing and monitoring risks and the quality of the service provision had been strengthened. This included:

- The management of patients on high-risk medicines had improved with the introduction of monthly searches to check what treatment and monitoring was required. There were two patients on a high-risk medicine and shared care agreements were in place for both. An annual audit (last completed in April 2019) reviewed any patient on a high-risk medicine to check that a shared care agreement was in place and the appropriate monitoring completed. The April 2019 audit showed 100% compliance.
- The practice had introduced clinical notes audits to monitor note taking against a set of consultation standards that included making a record of any previous relevant injuries and family history. These audits extended to all clinical staff. Clinicians were expected to achieve 80% compliance, and when not achieved, the audit was repeated monthly. Audit findings highlighted some gaps, for example; the recording of occupation history. Staff had been made aware and repeat audits were planned.

Coordinating care and treatment

The process for managing specimen and test results had improved since the June 2018 inspection and a failsafe system had been implemented. The previous inspection highlighted that the system did not ensure results were viewed in a timely way and there was no process for reviewing results for an absent doctor. The practice had carried out a comprehensive review and implemented the following changes:

- Individual standard operating procedures (SOPs) had been completed for test requests, management of pathology links results and notification of results to the patient.
- The nursing officer and practice manager had access to all results and monitored them daily.
- The GPs covered each other's absence. In the event that both GPs were unavailable when an abnormal result was received, the nursing office or practice manager had forged links with two other medical centres in the region who would provide remote clinical advice and support (discussion was recorded in the patient's notes).
- All results (normal and abnormal) were communicated to the patient. A log sheet, maintained by the nursing staff daily, kept a list of patients waiting to be contacted.
- Patients who provided a specimen sample were given an advice slip at the time the sample was taken to request that they should call the practice if they had not heard anything for 10 days.

- A monthly audit sampled the handling of 20 results. In May 2019, the audit results showed 100% had been handled appropriately.