

Linton on Ouse Medical Centre

Quality report

Linton on Ouse
YO30 2AJ

Date of inspection visit:
20 March 2019

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1 May 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 safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Chief Inspector's Summary

This practice is rated as good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Linton on Ouse Medical Centre on 20 March 2019. 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 practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice improved their processes. However there was scope to widen learning from incidents analysis across the whole practice team.
- There was a significant backlog in summarisation of patient notes at this practice. However the backlog had been addressed within two weeks of this inspection.
- The practice fostered an ethos of patient centred care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The delivery of care to meet the musculoskeletal needs of patients was responsive and effective.
- Effective systems were in place for chronic disease management, including a recall system which ensured that patients' conditions were reviewed in a timely way.
- Clinical record keeping was detailed and clear and would be easy for a locum clinician to follow. The practice was delivering care and treatment according to evidence- based guidelines.
- Patients found the appointment system easy to use and could access care when they needed it.
- A programme of quality improvement work was in place and was starting to prompt improved outcomes for patients.
- Communication across the practice had recently been reviewed as the practice had noted that the previous approach had been fragmented and that staff had not always received key messages. The new system needs time to embed in order for these improvements to be seen.

We saw one area of notable practice:

Work had been undertaken to ensure that medicines were well managed. The practice had identified the risk presented by only having one pharmacy technician on site to oversee CAS (Central Alerting System) and MHRA (Medicines and Healthcare products Regulatory Agency) alerts. The practice had trained all the medics at the practice to access the alerts system and annotate the register, ensuring continuity of service in the absence of the pharmacy technician. In addition, the pharmacy technician monitored uncollected medicines every day and raised any anomalies with both the GP and the patient. They also undertook a monthly audit of uncollected medicines to identify any concerns or trends.

The Chief Inspector recommends:

- Ensure that there is a system in place to deliver the effective and timely summarisation of patient notes and that staff understand the process and are accountable. Prioritise the summarisation of children's notes.
- Ensure that all staff (including locums) have an ASER login and so can report incidents and significant events.
- Ensure that all staff have received mandatory training.
- Ensure optimal communication across the practice, station and PCRf team; including PCRf attendance at clinical meetings, direct access to Executive Meeting minutes, multidisciplinary discussion of significant events, regular formal liaison with health visitors and midwives and shared access to the register of vulnerable patients.
- Carry out a risk assessment around lone dispensing.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Linton on Ouse Medical Centre

Linton on Ouse Medical Treatment Facility is located in Linton on Ouse near York. The treatment facility offers care to forces personnel and some dependants, including children. Some dependants and children are registered with nearby NHS practices. At the time of inspection, the patient list was approximately 500. Occupational health services are also provided to personnel and a small number of reservists.

The treatment facility no longer offers minor surgical procedures. However physiotherapy services and travel advice are provided on site. Family planning advice is available, with referral onwards to NHS community services. Maternity and midwifery services are provided by NHS practices and community teams.

The Centre has a mix of military and civil service health workers. There are 21 posts and the current establishment and staffing gaps are outlined in the table below:

Position	Incumbent
GPs	2 military GPs in post
Part Time Civilian GP	Post disestablished Feb 2019
Military Practice Manager	1 military staff in post
Nurse	1 military nurse in post (locum cover on day of inspection)
RAF Medics	11 medics in post
Administrative support	1 civilian receptionist 1 civilian referrals clerk
Pharmacy Technician	1 civilian in post
PCRF staff	1 physiotherapist 1 exercise rehabilitation instructor
Contracted staff	1 cleaner 1 driver

Are services safe?

Requires improvement

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had safety policies including adult and child safeguarding policies which were reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.

- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients. However not all staff were aware of the register that was in place or how to access it.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. We noted examples where staff had gone the extra mile to protect vulnerable patients.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required, although three DBS checks were overdue. However the practice had submitted the necessary information and had been advised by the DBS that there was currently a processing backlog. (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).
- There was an effective system to manage infection prevention and control (IPC), although there was scope to ensure links with the regional IPC lead. The nominated lead for IPC had not received bespoke training. A comprehensive IPC audit had been undertaken.
- There were systems for safely managing healthcare waste, although no audit had been undertaken since 2016.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary medical centre staff tailored to their role. However this could be improved by including information about how clinical locums could access advice from a MAME (Military Aviation Medicine Examiner). The induction process for PCRf staff was not bespoke to the role of physiotherapy and exercise rehabilitation and required work to ensure that the induction covered all the necessary aspects of the PCRf role.
- The practice was equipped to deal with medical emergencies and permanent staff were suitably trained in emergency procedures. However the locum nurse present on the day of our inspection had not received recent training in medical emergencies and thermal injury management.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and training had recently been provided at the practice.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. Information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- There was some peer review of clinical notes, although there was scope to ensure that notes made by PCRf staff were periodically audited.
- There was a system in place to manage hospital letters and this showed who had read and actioned the letters for each patient. However there was scope to improve the system further by 'tasking' individual clinicians to assess each letter. This system is easier to audit and so is more robust.
- There was a backlog in electronic summarising at the practice of around 100 patients which equates to around 20% of the patient population. We discussed this risk with the practice, including the fact that some unsummarised notes belonged to children. The day after our inspection, the practice manager sent us an update and an action plan to show that this backlog was being addressed as a priority. Two weeks after our inspection, the practice provided evidence to us that the backlog in summarisation had been addressed.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- There was an effective system in place to govern referrals. Most appointment letters are handed to the patient in the consultation via ERS (electronic referral system). The Practice had developed a new referral letter spreadsheet in October 2018 which we noted to be up to date. All Practice staff had ERS training in January 2019 and all administrative staff and medics were trained to manage referrals and appointment letters. The Practice has an SOP (statement of purpose) for this task which was reviewed in February 2019.

Safe and appropriate use of medicines

The practice had systems in place for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Arrangements for dispensing medicines at the practice kept patients safe. However there was scope to further mitigate the risks associated with lone dispensing.
- Access to the dispensary was restricted to authorised staff only.
- There was a named GP responsible for the dispensary.
- Written procedures were in place and reviewed regularly to ensure safe practice.
- Staff had access to British National Formulary (BNF) and prescribing formulary. Staff prescribed, administered and supplied medicines to patients in line with legal requirements and current national guidance. The regional pharmacist audited prescribing practices in November 2018 and February 2019 and these did not highlight major concerns.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. For example, patients who took DMARDs (disease-modifying anti rheumatic

drugs) had shared care protocols uploaded into their notes and we saw that recall dates had been set for blood testing.

- We saw evidence of appropriate counter signing for controlled drugs (CD) administration. However we noted that the delegate of the Station Commander was not adding their name when signing quarterly checks of CD balances. The practice took remedial action on the day of our inspection.
- Prescriptions were signed before medicines were dispensed and handed out to patients.
- An effective repeat prescription system was in place and followed by staff.

Track record on safety

The practice had a good safety record.

- Although the practice manager had not received health and safety training, there were comprehensive risk assessments in relation to safety issues. A medic at the practice had received formal health and safety training.
- Patients in the waiting area could not be observed by practice staff which is a potential risk if someone suddenly becomes unwell.
- There is a fixed alarm system in the Medical Centre and the PCRf have hand held alarms to call for assistance.
- The practice confirmed that there were occasions when patients' records were unavailable due to system failure. However staff stated that this was never for more than a few hours at a time. To mitigate risks, patient records were printed in advance of clinics to best ensure continuity of care.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. However not all staff could recall the learning from some recent significant events, suggesting there was scope to widen learning across the whole practice team.
- There was a system for receiving and acting on safety alerts. The practice learned from patient and medicine safety alerts.

Are services effective?	Good
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We rated the practice as good for providing effective services.

Effective needs assessment, care and treatment

- Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and these were being followed to deliver care and treatment that met patients' needs. Clinical

meetings had been held and minutes contained a record of discussion of best practice guidance and changes to practice in light of newly issued guidance.

- The Defence Primary Health Care (DPHC) Team produced a newsletter that was circulated to clinicians providing further information and a summary of relevant safety updates. Staff we spoke with could refer to this and gave examples of updates they had acted on and discussed within the practice.

Monitoring care and treatment

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. 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 provided the following patient outcomes data 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 current NICE guidance had been followed. For all three of these diabetic patients, the last measured total cholesterol was 5mmol/l or less which is an indicator of positive cholesterol control. For two diabetic patients, the last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.
- There were 21 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. 20 of these patients had a record for their blood pressure taken in the past nine months and 15 had a blood pressure reading of 150/90 or less.
- There were eight patients with a diagnosis of asthma. All 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. Smoking status had been captured and there was a record of smoking cessation advice having been offered.
- The practice confirmed to us that, as is the case across Defence Medical Services, there are some inaccuracies due to inconsistent Read coding of patients with depression. There was one patient with a new diagnosis of depression in the last 12 months and they had been reviewed within 10 to 35 days of the date of diagnosis.
- The practice reviewed its antibiotic prescribing annually and so was proactively supporting good antimicrobial stewardship in line with local and national guidance. The last audit was undertaken in October 2018. This had led to a review of the local antibiotic policy at a clinical meeting.

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 instance of audiometric hearing assessment was above average compared to DPHC 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 May 2018 showed:

- 100% of patients had a record of audiometric assessment.
- 98% of patients' audiometric assessments were in date (within the last two years).

There was evidence of quality improvement work including clinical audit and this had led to improved outcomes for some patients:

- An internal quality assurance tool, the Defence Medical Services (DMS) Common Assurance Framework (CAF) was used to monitor safety and performance. The DMS CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by DMS practices to assure the standards of health care delivery within DMS. When we reviewed the CAF we saw that a number of areas had been highlighted, as requiring further work and the practice had a plan in place to action these issues.
- A programme of clinical audit was in place, although most of it was quite recent and so there had not yet been time to demonstrate ongoing improvements in outcomes for patients.
- The clinical audit work undertaken was relevant to the practice population. For example a cervical cytology audit was undertaken in March 2018 to ensure that all women aged 25 to 64 years were attending the NHS cervical screening programme. A two-cycle hypertension audit was carried out in 2016 to support effective management of blood pressure in hypertensive patients. Results had led to clinicians following up management plans with patients whose blood pressure stayed outside the standard range. An asthma audit in March 2019 had prompted discussion at a clinical meeting around the importance of recording asthmatic patients' smoking status and ensuring use of the correct chronic disease template. In 2019 a diabetes audit led to improved outcomes for three diabetic patients, including improved documentation of hospital care provided and chasing up a patient who needed their flu jab. The PCRf also carried out audit work leading to improved working practices in ERI (exercise rehabilitation instructor) clinics and the feedback of PCRf injury data to physical education teams in support of injury prevention strategies.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

Staff worked well together and with other care professionals to deliver effective care and treatment.

- The practice met regularly with welfare teams and line managers to discuss vulnerable patients and their dependents. We saw that action had been taken to protect minors. However medical centre staff had not been granted access to minutes taken at Executives Meetings where personnel and their dependants who were vulnerable, yet unknown to the medical centre, might be discussed.
- The Medical Centre is located close to the PCRf service which provides physiotherapy and exercise rehabilitation for patients. Referral into the service is either via a primary care clinician or via self-referral. Patients were able to obtain swift access to the PCRf and strong partnership working arrangements resulted in co-ordinated and person-centred care for patients.

Helping 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 followed up any areas of concern, such as raised blood pressure. However, due to the significant backlog in summarising, some of these risks may have been unknown to the practice staff at the time of our inspection.
- The practice offered basic sexual health advice and referred on to local clinics in the community for more comprehensive services including family planning.
- Patients had access to appropriate health assessments and checks. A monthly search was undertaken for all patients aged 50 to 64 years who were 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.
- The number of women aged 25 to 49 and 50 to 64 whose notes recorded that a cervical smear had been performed in the last three to five years was 69 out of 75 eligible women. This represented an achievement of 92%. The NHS target was 80%.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using public health information posters and they ensured a female sample taker was always available.

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 March 2019 provides vaccination data for patients using this practice:

- 100% of patients were recorded as being up to date with vaccination against diphtheria. No regional or national comparative data was available.
- 100% of patients were recorded as being up to date with vaccination against polio. No regional or national comparative data was available.

- 99.57% of patients were recorded as being up to date with vaccination against Hepatitis B. No regional or national comparative data was available.
- 99.13% of patients were recorded as being up to date with vaccination against Hepatitis A. No regional or national comparative data was available.
- 100% of patients were recorded as being up to date with vaccination against Tetanus. No regional or national comparative data was available.
- 99.57% of patients requiring the typhoid vaccination were recorded as being up to date. No regional or national comparative data was available.

The Typhoid vaccine has a lower uptake than other vaccinations. Current guidance state DMS practices should offer the Typhoid vaccination to personnel before deployment and not to routinely vaccinate the whole population.

We also looked at routine childhood immunisations for children under five years of age. 95% of childhood immunisations were up to date for this age group. Two patients out of 39 were overdue for a routine childhood immunisation (including one MMR vaccine).

Consent to care and treatment

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

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for young adults aged between 16 and 18 years, staff carried out assessments of capacity to consent in line with relevant guidance.

Patients receiving acupuncture in the PCRf were asked for written consent as part of the screening process.

Are services caring?	Good
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We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- We received 49 patient Care Quality Commission comment cards in total. Of these, 48 were entirely positive about the service experienced.
- There was scope to include questions around dignity and respect in the Patient Experience Survey.
- A network is available to all members of the service community, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area.

Information included what was available from the local unit and from civilian facilities, including healthcare facilities.

Involvement in decisions about care and treatment

- The clinicians and staff at the practice demonstrated that they recognised that young people attending the medical centre required extra guidance in making decisions about their care. Staff demonstrated how they gauged the level of understanding of patients, avoided overly technical explanations of diagnoses and treatment and encouraged and empowered young patients to make decisions based on sound guidance and clinical facts. We spoke with patients who were attending for physiotherapy appointments and they told us that they were well supported to understand their injury, to set realistic personal goals and to commit to their care plan in order to achieve best results in terms of their recovery.
- Interpretation services were available for patients who did not have English as a first language and staff knew how to access them.
- The Choose and Book service had been implemented and was used to support patient choice 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).
- Data received from the patient experience survey (October 2018) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:
 - 77% said that they felt involved in decisions regarding their care. (21% said that this question did not apply to them).
 - 47% said that they would recommend the service to family and friends (50% said that the question did not apply: this is often because military personnel know that their family and friends would not be entitled to register at a military medical centre).

The data presented by the practice was not benchmarked against regional and national averages for DMS, or against the previous year's performance.

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of organisations. We saw that information that was age appropriate and relevant to the patient demographic was prominently displayed and accessible.
- The practice acted in a compassionate way toward any patient that had to be discharged on health grounds. We saw that the practice reassured patients and signposted to personnel within the military who could guide them through the exit process and transition to NHS care and other support functions.
- We noted an example where clinicians were going the extra mile to ensure that a patient's dignity and safety at work were prioritised through ongoing occupational health support and review. GPs had started to establish contacts with other services to ensure that the needs of the patient could be seamlessly met.
- Practice staff told us that they proactively identified patients who were also carers and that a code was added to their records in order to make them identifiable and so that extra support or healthcare could be offered as required.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The layout of the reception area (the building is old and will be de-commissioned within the next two years) was not ideal for facilitating private conversations. However reception staff told us they could take patients into a private room if they needed more privacy.

Are services responsive to people's needs?	Good
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We rated the practice as good for providing responsive services

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example the practice offered late appointments for children after school or for shift workers. They also offer extended services such as coil and implant fitting at a local military practice for service personnel.
- An access audit as defined in the Equality Act 2010 had not been completed for the premises. There was a ramp to facilitate wheelchair access to the ground floor (all services apart from audiometry can be provided on the ground floor). However there was no accessible toilet in the building. Given plans to relocate the current population within the next two years, station command had not prioritised the provision of premises which fully complied with the requirements of the Equality Act 2010.
- The practice stated that they would make a home visit in the Linton on Ouse area in the rare circumstance that a patient found it hard to access services. However there was scope to ensure that a policy for home visiting was in place to clearly guide both staff and patients.
- Where military personnel were signed off from work for health reasons, the medical centre ensured that line managers were informed about any downgraded activities for safety reasons. This ensured that Chain of Command had a clear idea of which tasks personnel could safely undertake.

Timely access to care and treatment

- Access to routine appointments was good. A patient who rang in on the day of our inspection could have accessed a same day appointment with a GP or a nurse. Patients needing to access the PCRf could have directly referred themselves and been seen on the same day.
- Outside of routine clinic hours, telephone cover was provided by a GP at Leeming Medical Centre. From 18:30 hours, patients were diverted to the NHS 111 service. If the practice closed for an afternoon for training purposes, patients could still access a GP in an emergency. In this way, the practice ensured that patients could directly access a GP between the hours of 08:00 and 18:30, in line with DPHC's arrangement with NHSE.
- The practice leaflet gave clear directions on local accident and emergency unit access. The nearest accident and emergency department was located in York.

- Results from the practice’s patient experience survey showed that patient satisfaction levels with access to care and treatment were generally high. For example:
 - 92% of patients said that they could access an appointment at a convenient time.
 - 37% of patients said that their appointment was in a convenient location (however 56% of respondents did not answer this question)
 - 19 patients remarked about appointment availability in the CQC comments cards. All comments were positive.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- 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 saw that information was available to help patients understand the complaints system.
- We spoke with two patients who told us that they felt comfortable and knew how to complain if the need arised. They confirmed that military rank would not be a barrier to them raising issues with the practice.
- We reviewed three complaints that had been submitted by patients in the past 12 months. We saw that there were processes in place to share learning from complaints. One complaint had led to a review of the process for providing stress ECGs when required. Complaints were audited through the Common Assessment Framework (CAF). This was used to focus on improvements to the service and to ensure that designated standards were being met on the handling of complaints.

Are services well-led?	Good
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We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders were established within their leadership roles and understood the importance of a strong team ethos in the delivery of good primary care. The systems in place supported the delivery of safe and effective care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. It was clear that the practice team enjoyed working together and staff told us that their team was strong, committed and reliable.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values built around the Medical Facility's mission statement, 'Always provide evidence-based, safe, holistic and, crucially, patient-centred care to all our PAR at all times.' The practice had a realistic strategy and supporting business plans to achieve their priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The medical centre planned its services to meet the needs of the practice population.
- The medical centre monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- We saw examples of positive performance management across both the medical centre and the PCRf, including instances where individual's practice had been challenged and improved in the best interests of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They could do this anonymously if they wished, but all staff we spoke with said that they were happy to raise issues directly with manager and leaders. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. However some staff indicated that they had more recently not been able to access development opportunities because the squadron was known to be moving base. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Some medics told us that they were limited to seeing very few patients and they felt that this limited their skills base.
- There was a strong emphasis on the safety and well-being of all staff. There were positive relationships between staff and teams.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

The Medical Centre had consolidated and clarified responsibilities, roles and systems of accountability to support good governance and management.

- Joint working with the welfare team, SAFFA (The Armed Forces Charity), pastoral support and Chain of Command was interactive and led to co-ordinated person-centred care.

- The PCRf delivers rehabilitation services from a building close to the medical centre. The service is well led and enables patients to access timely, holistic care. However PCRf staff had not, to date, routinely attended clinical meetings at the medical centre. The practice confirmed that the day of the meeting had recently changed to accommodate the future attendance of PCRf staff.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established a number of policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However we identified a gap with regard to summarisation of patient notes

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance, although improvement was required in some areas.

- There were some effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. However gaps included a safe process to ensure that patients notes were summarised in a timely way.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit was recent in its implementation and so was just starting to impact on quality of care and outcomes for patients. Nevertheless we saw clear evidence of action to change practice to improve quality. Audit findings had been shared across the clinical team as a catalyst to improving individual's practice.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice worked to ensure that it held appropriate and accurate information.

- An understanding of the performance of the practice was maintained. The practice manager used the Common Assessment Framework (CAF) as an effective governance tool. Practice meetings were held regularly and were used as an additional governance communication tool. Learning needs were discussed at practice meetings and appropriate training was requested and delivered through this forum. The meetings were also used for forward planning, for example, to ensure that patient needs were met during busy clinic times and periods of staff sickness. This provided an opportunity for staff to learn about how the performance of the practice could be improved and how each staff member could contribute to those improvements.
- The information used to monitor performance and the delivery of quality care was generally accurate. Staff had received training in the use of 'Population Manager' which is a clinical search facility. Staff told us that they were aware of some inaccurate use of Read codes and they were working to iron out known deficiencies.
- There were robust arrangements at the medical centre in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However we noted that in the PCRf, one staff member had an

inappropriate level of access to patient notes. This issue was mitigated by the practice whilst we were still on site.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and internal partners to influence its services.

- Patients were approached to feed back their views on the way care was delivered to them. We saw that a recent complaint had led to improved delivery of care to patients.
- The PCRF and Medical Facility had adopted a strong working relationship which enabled patients to access timely rehabilitation treatment. This included a direct access clinic which had led to improvements in patient access.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement within the practice. New approaches had been adopted to ensure safe medicines management when the pharmacy technician was absent from work.
 - The practice made use of internal and external reviews of incidents and complaints. Learning was used to make improvements.
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