Chatham Medical Centre
Quality report

Brompton Barracks
Chatham
Kent
ME4 4UG

Date of inspection visit: 21 May 2019
Date of publication: 3 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

<table>
<thead>
<tr>
<th>Overall rating for this service</th>
<th>Good  ●</th>
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<tbody>
<tr>
<td>Are services effective?</td>
<td>Good   ●</td>
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</table>
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 Chatham Medical Centre on 15 February 2018. The practice was rated as good overall but required improvement for providing effective services.

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

https://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services

We carried out an announced focussed inspection at Chatham Medical Centre on 21 May 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:

- Although home visits were not normally offered, a policy had been introduced that included an assessment of the urgency of any request made. Any patient unable to attend the surgery would be added to a register to make staff aware.
- The process for managing prescription forms and pads had been improved with new tracking sheets providing traceability by the individual prescriber.
- Arrangements for ongoing care of patients with a long-term conditions had been strengthened.
- There was a structured programme of clinical audit seen to be driving quality improvement.
- Arrangements for the clinical oversight of staff had been improved.

Dr Rosie Benneyworth 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 Chatham Medical Centre**

Chatham Medical Treatment Centre is located in Brompton Barracks, Chatham, Kent. The treatment facility offers care to forces personnel. At the time of the inspection, the patient list was approximately 700 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. Occupational health services are also provided to personnel and a small number of reservists.

In addition to routine GP services, the treatment facility offers physiotherapy services and travel advice. An NHS sexual health clinic in Chatham was available for patient self-referral, or patients can be referred to a sister practice in Maidstone, Kent. 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 Gillingham.

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

<table>
<thead>
<tr>
<th>Position</th>
<th>Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GPs</strong></td>
<td>2 full time civilian GPs in post</td>
</tr>
<tr>
<td><strong>Military Practice Manager</strong></td>
<td>1 military practice manager in post</td>
</tr>
<tr>
<td><strong>Nurse</strong></td>
<td>2 civilian nurses in post (locum cover on day of inspection, scheduled for two permanent full-time posts, one band 5 and one band 6)</td>
</tr>
<tr>
<td><strong>Administrative support</strong></td>
<td>2 civilian receptionists in post</td>
</tr>
<tr>
<td></td>
<td>1 civilian administration clerk in post</td>
</tr>
<tr>
<td><strong>Pharmacy Technician</strong></td>
<td>1 civilian in post</td>
</tr>
<tr>
<td><strong>Primary Care Rehabilitation Facility (PCRF staff)</strong></td>
<td>1 physiotherapist full time and 1 part time in post</td>
</tr>
<tr>
<td></td>
<td>1 full time exercise rehabilitation instructor in post</td>
</tr>
<tr>
<td><strong>Contracted staff</strong></td>
<td>1 domestic in post</td>
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**Are services effective?** | Good

We rated the practice as good for providing effective services.
At the February 2018 inspection we made the following recommendations:

- A review of arrangements for ongoing care of any patient experiencing extended periods of illness, to ensure all GPs are aware of the needs of these patients and are able to respond appropriately.

- Further familiarisation training in the use of the practice electronic records system, Defence Medical Information Capability Programme (DMICP). This should include use of templates by all clinicians to record interventions for patients with long-term conditions to ensure all tests are recorded and recalls are set up appropriately.

- Development of clinical audit to include an annual antibiotic audit and audit of prescribing compliance, in line with the Tri Service Formulary.

- Review of appraisal arrangements for some staff, for example, the pharmacy technician, to ensure appropriate evidence of clinical oversight and input.

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

**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. A GP acted as the lead for clinical guidelines and summarised any new guideline into an email that was sent to all clinicians. For example we saw that hypertension guidelines from April 2019 had been disseminated and the healthcare assistant supported to ensure blood pressure and pulse readings were taken in accordance with the guidelines.

- Minutes from clinical meetings contained a record of discussion of best practice guidance and changes to practice in light of newly issued guidance. These included a weekly clinical meeting at the practice and a regional meeting held monthly where a standing agenda item was to discuss clinical guidelines. Minutes of meetings were made available to any member of staff unable to attend.

**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 using a tracker sheet for monitoring each long-term condition. Any patient diagnosed with a long-term condition was added to the tracker and monthly searches were run to identify 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 current NICE guidance had been followed. For two of these diabetic patients, the last measured total cholesterol was 5mmol/l or less which is an indicator
of positive cholesterol control. For all three of these diabetic patients, the last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.

- There were nine 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 nine of these patients had attended or been recalled for their blood pressure taken in the past nine months.

- There were seven patients with a diagnosis of asthma. Three 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 four patients had been recalled and were not overdue at the time of inspection. The monitoring included recording smoking status and documenting that smoking cessation advice having been offered.

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

- A structured programme of clinical audit was in place. This included clinical audits that reviewed care against nationally recognised guidelines, PCRF specific audits that reviewed causation, trends and medical notes, and administrative audits that included reviews on patient experience and complaints. Demonstrating ongoing improvements in clinical outcomes for patients was made difficult due to the large turnover of patients, mainly students (the average annual list size turnover was 400 out of a total list size of 700).

- The clinical audit work undertaken was relevant to the practice population. For example, an asthma audit was undertaken in February 2017 and May 2018 to ensure that all patients were being treated in accordance with guidelines and although all patients on the asthma register had changed between the first cycle and second cycle of the audit, guidelines had been followed in all cases; for example, correct chronic disease templates had been completed and smoking status recorded. The PCRF also carried out audit work leading to improved working practices in ERI (exercise rehabilitation instructor) clinics. Feedback of PCRF injury data to physical education teams supported injury prevention strategies.

- The nurse had completed infection control audits. The last audit highlighted that the cleaning contract was not always fulfilled. Improvements had been made since the information was fed back to the contractor.

- 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 February 2019. This had found the prescribing of a specific antibiotic to have been appropriate. Minutes of clinical meetings showed findings were discussed and the pharmacy technician encouraged to challenge GPs on the appropriate use of antibiotics.

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.
• The pharmacy technician was appropriately qualified and their competence was assessed regularly. Links established with the regional pharmacist and regional pharmacy technician provided the facility for specialist support if required.

• Computer system outages had been proactively managed with the introduction of ‘DMICP down packs’. These packs provided clinical staff with essentials such as blank prescription forms and note taking templates to continue seeing patients when the electronic clinical system was unavailable.

Coordinating care and treatment
The working arrangements both internally and with other care professionals had been improved since the February 2018 inspection.

• At the February 2018 inspection, it was highlighted that clinicians required further training in the use of DMICP templates, essential for recording interventions with patients with long-term conditions, and to ensure all required checks and tests are conducted. At this inspection we saw that all GPs had completed DMICP template training.

Helping patients to live healthier lives
The practice identified how to better promote health information and improve the signposting of patients to relevant services. Through the patient group, it had been established that the positioning of information to promote health services was largely going unnoticed. It was planned to better promote health initiatives by positioning key information in the corridors of the living accommodation.