

Middle Wallop Medical Centre

Quality report

Stockbridge
Hampshire
SO20 8DY

Date of inspection visit:
5 November 2019

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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 by the practice and patients.

Ratings

| Overall rating for this service | Requires improvement  |
|--|--|
| Are services safe? | Inadequate  |
| Are services effective? | Good  |
| Are services caring? | Good  |
| Are services responsive to people's needs? | Good  |
| Are services well-led? | Requires improvement  |

Chief Inspector's Summary

We carried out an announced comprehensive inspection at Middle Wallop Medical Centre on 5 November 2019. Defence Medical Services (DMS) are not registered with the Care Quality Commission (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 systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice improved their processes.
- The practice demonstrated an ethos of patient centred care.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- 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. There was scope to improve Read coding to assist with the management of patients with a known condition.
- 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.
- The governance framework was comprehensive in integrating and maintaining oversight over all staff, however there were gaps in the governance around medicines management and integration of the Primary Care Rehabilitation Facility (PCRF).
- A structured programme of quality improvement work was being implemented although it was too soon to measure the impact of better outcomes for patients.
- Staff had developed strong links with military bases located nearby and the practice made good use of links with NHS services.

We saw one area of notable practice:

- The Civilian Medical Practitioner (CMP) had worked with local NHS GP practices to raise awareness of veterans' issues and was working to get the practice onto the Royal College of General Practitioners (RCGP) 'veteran friendly list' to facilitate this. Information was given out for the Veterans Mental Health Transition, Intervention and Liaison Service (TILS, an NHS mental health service for all ex-serving members of the UK Armed Forces and service personnel who are making the transition to civilian life).

The Chief Inspector recommends:

- Staff must follow policies and procedures about managing medicines, including those related to infection control.

- Improve the resilience in the system for handling results to ensure against delayed treatment.
- Risk assessments should include plans for managing risks and adopt control measures to make sure the risk is as low as reasonably possible.
- Review the arrangements for direct access to physiotherapy.
- Continue to improve the regularity of review for patients diagnosed with a long-term condition through the recently implemented recall process.
- Improve the uptake of immunisation against meningitis and measles, mumps and rubella.

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. The team of specialist advisors included a GP, practice nurse, physiotherapist, practice manager and a pharmacist.

Background to Middle Wallop Medical Centre

Middle Wallop Medical Centre is located in the Army Aviation Centre in Hampshire. The treatment facility provides a routine primary care service to forces personnel only. Dependants and children are signposted to register with nearby NHS practices. At the time of inspection, the patient list was approximately 650 with an age range of patients from 16 years upwards. There was a higher number of patients aged 40 due to senior office based military personnel. In addition, the patient population included those belonging to the Army Chaplaincy Department.

Occupational health, travel health and physiotherapy services 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. Medicals offered include fitness to fly and sports diving. The dispensary was closed in July 2019 and transferred to Bulford medical centre with emergency cover provided by local chemists.

The practice is open from 07:30 to 16:30 Monday to Thursday and 07:30 to 16:00 on a Friday. Outside of these hours, patients can contact Tidworth Medical Centre for emergency cover up to 18:30 and then arrangements are in place for out-of-hours cover.

The centre is staffed by a combination of military and civilian staff. There are 10 posts outlined in the table below:

| Position | Numbers |
|------------------------------|-----------------|
| Senior Medical Officer (SMO) | one military GP |

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| Civilian Medical Practitioner (CMP) | one permanent GP one locum GP |
| Nurse | one civilian practice nurse Band 6 full-time (locum) |
| Practice manager | one military practice manager |
| Administrative support | one civilian administrator part-time |
| PCRF staff | one civilian physiotherapist full-time one locum civilian exercise rehabilitation instructor (ERI) |
| Contracted staff | two domestic staff |
| Regimental Aid Posts (RAP) are medical support staff who belong to the regiment | one locum consultant in aviation medicine three combat medical technicians (CMT) six civilian full-time emergency medical technicians (EMT) |

Are services safe?

Inadequate

We rated the practice as inadequate for providing safe services.

Safety systems and processes

Systems were established to keep patients safe, including processes to safeguard patients from abuse.

- The practice had safety policies including adult and child safeguarding policies which were reviewed, displayed in clinical rooms and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies accessible to all staff (including locums) outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on clinical records and a risk register of vulnerable patients. Staff were alerted to a vulnerable patient by automated alerts from the electronic patient record system (known as DMICP). Review meetings to discuss vulnerable patients were held every four weeks and additionally if required. There was a total of 18 patients under the age of 18 was at the time of inspection; all had been added to the vulnerable register. Since June 2019, the CMP carried out monthly audits on vulnerable patients to see if they had been seen in the last 35 days and had their medication reviewed in the last 90 days and followed up when required.
- 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.

- A CMP was the safeguarding lead and all staff had received up-to-date safeguarding and safety training appropriate to their role.
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (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). The chaperone policy was readily available to patients in a dedicated leaflet. In addition, advice on chaperones was provided in the patient information leaflet. A list of trained chaperones was available at reception.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken.
- There was an IPC link practitioner with a level two qualification. Staff advised us that the responsibility of IPC lead sat with the regional management, however there was no regional nurse advisor in post at the time of inspection.
- The last comprehensive IPC audit was completed in March 2019 and though the practice was seen to be compliant, there was no list of recommendations or action plan to address issues raised by the audit. For example, the audit had identified that there was no clinical waste pre-acceptance audit being completed. Observations on the day highlighted further non-conformance with IPC guidelines. For example, general waste bins in the nurse's room and elsewhere in the practice were not pedal-operated and the hand washing solution in the ladies toilet was not wall-mounted and required a re-fill.
- All clinical rooms had been deep cleaned in September 2019 and this was followed up by a contract monitoring team cleaning surveillance report in October 2019.
- There were systems for safely managing healthcare waste. The last pre-acceptance audit had been undertaken in August 2019. However, the bins used to store the collection of clinical waste were not locked.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. These included regular checks and risk assessments for fire safety, water safety (including legionella), gas and electricity.

Risks to patients

Systems to assess, monitor and manage risks to patient safety were established.

- There were arrangements for planning and monitoring the number and mix of staff needed and a clear approach to managing staff absences; for example, CMTs and EMTs provided cross cover for clinics when required. Regional management told us that the staffing levels at the practice had been impacted by a large influx of patients at nearby bases resulting in additional staff requirements. The resultant situation created a need to fill some gaps, for example IPC lead, all of which had been filled or were being recruited for. Longstanding civilian and locum staff provided continuity of care.
- The practice was equipped to deal with medical emergencies and permanent staff were suitably trained in emergency procedures. Climatic injury training had been delivered to staff. EMTs assisted with staff training and simulation training and emergency treatment was planned at Salisbury Hospital emergency department in early 2020. Sepsis guidelines were displayed in all clinical areas but not at reception. Training for staff had been completed or planned.

- Staff understood their responsibilities to manage emergencies on the premises and regularly checked the specific equipment and medicines held. The practice had not carried out a risk assessment on what stock was held and there was an incorrect medication used to treat meningitis. This was rectified on the day of inspection. A small number of items had expired use by dates or indeterminable expiry dates. Simulated exercise in dealing with emergencies was built into the training calendar; for example, crash alarm and emergency response training.

Information to deliver safe care and treatment

Improvement was needed to strengthen information systems to ensure the delivery of safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. A system in place ensured the practice nurse was advised of any new joiners and leavers. This included alerts for anyone with a long-term condition, any treatment overdue and for those patients with responsibilities as a carer. New patient notes were summarised by a nurse and 100% of records had been completed.
- There was structured review of clinical notes that formed part of the audit programme. Notes were reviewed for all clinicians against a set criteria. The last audit completed in October 2019 highlighted an area for improvement as the documentation of information given to patients. As a result, refresher training had been arranged for clinicians who had not met the standard. The notes for PCRf staff were reviewed periodically, the last review had been carried out in February 2019.
- Staff described occasional loss of connectivity with DMICP, meaning clinics could be delayed. If this happened, the business resilience plan was followed pre-made packs were used to record written notes that were later scanned onto patient notes. The practice followed Defence Primary Healthcare (DPHC) policy to only see urgent patients when connectivity was lost.
- There was a system in place to manage hospital letters and this showed who had read and actioned the letters for each patient.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- There was a system in place to govern referrals. Appointment letters were handed to the patient in the consultation via e-RS (electronic referral system, the NHS eReferral system is a national electronic referral service which gives patients the choice of date and time for their first outpatient appointment in a hospital). Referrals were the responsibility of the practice administrator who demonstrated an effective system. Referrals not made through ERS were managed using a referral register which was monitored daily.
- Sample testing results were processed daily and tracked by the practice nurse, or CMT in their absence. The doctors checked results daily and the register was accessible to all staff. However, the system was not failsafe in the absence of the nurse. The nurse had been on annual leave before we visited and there were 12 unactioned results dating back to 17 October 2019. These were actioned on the day and the system improved to prevent reoccurrence.

Safe and appropriate use of medicines

The practice had systems in place for appropriate and safe handling of medicines. However, these needed further review with the post of pharmacy technician having been disestablished since July 2019.

- The SMO had become the lead for medicines management following the departure of the pharmacy technician in July 2019. Written procedures required review to ensure safe practice; for example, terms of reference had not been updated. There was no evidence of regular checks seen during the inspection. However, after the inspection, the practice confirmed that monthly and quarterly monitoring of controlled drugs (CDs) prescribing was carried out.
- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment had not been fully effective since July 2019.
- 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.
- Patient Group Directions (PGD) had been developed to permit the practice nurse to administer medicines in line with legislation; they were current and had been signed off by the SMO. The assessment of PGDs needed strengthening; for example, certificates for self-assessment of PGDs were not issued by the appropriate professional.
- The system in use for high risk medicines (HRM) required strengthening. We reviewed those on HRMs and found one patient had not had a key test for over 12 months. Shared care agreements (SCAs) for patients on HRMs were in place for most patients but not accurately Read coded on the electronic patient notes.
- We reviewed patients on disease-modifying anti-rheumatic drugs (DMARDs) and found monitoring was being carried out within recommended timescales. Audits were carried out annually and patient searches monthly (patient searches were used to check that regular monitoring was being carried out).
- The practice held stock of CDs. Improvement was needed in the storage and record keeping required. For example, the CDs previously belonging to the unit had been transferred to the medical centre's stock, but the standard operating procedure (SOP) had not been updated.
- The practice kept prescription stationery securely and monitored its use. However, the last three batches had the name but no signature of who they were issued to. There was no evidence that the stock has been checked since the book started.
- Prescriptions were signed before medicines were dispensed and handed out to patients. There were 18 prescriptions issued in August and September, including antibiotics, found to have not been collected and they had not been reported to a doctor.
- The system for requesting repeat prescriptions was not in line with DPHC policy as it allowed telephone requests. Patients were able to request by email or in person using a written request slip.

Track record on safety

The safety arrangements required further strengthening.

- The practice manager was the health and safety lead and had received some health and safety training specific to the role. There were completed risk assessments in relation to safety issues but they lacked detail on how risks could be mitigated. The risk assessments did not correlate with the risk register, therefore some risks identified had not been assessed. All practice staff received basic health and safety training.
- Patients in the waiting area could be observed by practice staff and highlight any potential risk if someone suddenly becomes unwell. This was done by CCTV.

- There was a fixed alarm system in the clinical areas of the practice. Regular testing had highlighted a potential for staff not to hear the sound made by the alarm. The practice had entered these issues onto the risk register.
- The practice confirmed that there were occasions when patients' records were unavailable due to system failure. Staff stated that although this hampered clinical work, continuity was maintained by the use of an 'outage pack' that would support the temporary switch to paper notes (that would later scanned on the electronic clinical system), limiting consultations to urgent patients only and agreements were in place to use other buildings or nearby bases for face to face or telephone consultation. These contingency steps was detailed in the business continuity plan. The practice had made an application to region for laptops to further improve the 'outage' pack.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system (known as ASER) and policy for recording and acting on significant events and incidents. Staff had received training in using the system and understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, it was not always clear that learning outcomes from ASERs had been discussed at practice meetings.
- There were adequate systems for reviewing and investigating when things went wrong. Staff had access to the significant event reporting system and understood how to use it.
- There was a system for receiving and acting on safety alerts. The practice learned from patient and medicine safety alerts. Alerts were documented on a register and included as a standing agenda item at practice meetings. The register was current and included the most recent alerts.

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| 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) evidence-based practice guidelines and these were being followed to deliver care and treatment that met patients' needs. Discussion around best practice guidance and changes to practice in light of newly issued guidance was a standing agenda item for the weekly clinical meetings and the monthly practice meetings. Minutes recorded discussion and were made available to those unable to attend.
- The 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

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 recently implemented a structured recall system and there was a backlog of reviews being worked through.

The practice provided the following patient outcomes data to us from their computer system on the day of the inspection:

- There were four 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 three of these diabetic patients, the last measured total cholesterol was 5mmol/l or less which is an indicator of positive cholesterol control. All four patients had a blood pressure reading of 140/80 or less.
- There were 22 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 16 of these patients had been tested in the past nine months and had a last blood pressure reading of 150/90 or less.
- There were 14 patients with a diagnosis of asthma. A total of eight had received 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 for eight patients and smoking cessation advice had been offered.
- The practice regularly monitored patients with depression. We reviewed 17 patients who had a diagnosis of depression added in the last 12 months and were due for review. Patients were initially managed for eight weeks before being signposted, when appropriate, to support services that included Improving Access to Psychological Therapies (IAPT) and Department of Community Mental Health (DCMH) based at Tidworth. The wait for a routine appointment was approximately two weeks. However, the Read coding for patients with depression was not consistent (Read codes enable coding of clinical information which is easily accessible by a computer search) The practice confirmed to us that, as is the case across Defence Medical Services, there were some inaccuracies due to inconsistent Read coding of patients with depression and that the coding is mostly done by DCMH. Transport was provided for DCMH patients by the unit and patients were asked by the medical centre staff if they wished to be dropped off at a different location within the base to promote confidentiality of patients referred to DCMH.

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 October 2019 showed:

- 100% of patients had a record of audiometric assessment.

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

- There was a structured programme of clinical audit with some first cycle audits completed; for example, an audit of vulnerable patients. Second cycles were planned to allow continuous improvement to be monitored. The PCRf had their own quality improvement programme in place, but improvements could be made to integrate the PCRf with the medical centre audit programme

- The practice had recently introduced audit for antibiotic prescribing to proactively support good antimicrobial stewardship in line with local and national guidance. The last audit, undertaken on prescribing of antibiotics in August 2019 (six patients), reviewed if best practice guidelines had been followed. The audit results found 83% of patients received the appropriate antibiotic and 83% of patients received the correct dose of antibiotic. Further audits on antibiotic prescribing were planned for 2020 and beyond.
- The nursing staff carried out quality improvement work that included consultation, Patient Group Directions (PGD) and cytology audits. These were continuous cycle audits and appropriate action was taken when required.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- 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; for example, the practice manager had attended role specific training.
- The practice provided staff with ongoing support. This included a protected time, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. Links had been established for doctors to attend local hospitals for continued professional development (CPD) work.
- Nursing staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date. Nursing staff whose role included immunisation had received specific training and could demonstrate how they stayed up to date. Further courses completed by the nurse included sexual health, contraception and women's health.
- The practice was resourceful in using the EMTs as sources for support. The line management for the EMTs was through a military aviation medical consultant (part of Med Joint Helicopter Command). The EMTs had integrated working arrangements with the practice and spoke positively about the co-working.

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.
- Links were established with local NHS services for referral into national screening problems.
- The practice supported those leaving the military with a pre-release medical used to identify any further support required (a plan was put into place for those in need of extra support).
- Strong links with the chain of command was a recurring theme throughout the inspection.

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. Notes were scrutinised by administration staff and then reviewed by the nurse and GP. The practice nurse followed up any areas of concern, such as raised blood pressure.
- The practice offered basic sexual health advice and referred on to local clinics in the community for more comprehensive services including family planning. Contact details for 24-hour access to sexual health advice were available to patients.
- The practice nurse was trained in smoking cessation and regular clinics were held.
- 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, a swelling in the main blood vessel from the heart to the stomach) screening programs. This included the practice nurse following up those patients deployed overseas to ascertain if they had attended for screening elsewhere. A search had been run in September 2019 and there were no eligible patients to be screened.
- The number of eligible women whose notes recorded that a cervical smear had been performed in the last three to five years was 62 out of 63 eligible. This represented an achievement of 98%, 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.
- The practice population included 312 patient aged 40 or above. A total of 134 health checks had been completed and a structured approach for patients to be recalled had been implemented in September 2019. The practice stated that all entitled patients had been invited.
- Health promotion displays were up to date, eye-catching and relevant to the practice population. Subjects included male cancers, smoking, nutrition, thermal injuries and mental health. A self-help pack was available to patients in the waiting area. Patients had been approached to find out what subjects they would find helpful for health promotion. The practice had recently started a health living initiative, a joint project that coordinated health promotion activity with the chain of command and the physical training staff.

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 October 2019 provides vaccination data for patients using this practice:

- 89% of patients were recorded as being up to date with vaccination against diphtheria.
- 89% of patients were recorded as being up to date with vaccination against polio.
- 80% of patients were recorded as being up to date with vaccination against Hepatitis B.
- 92% of patients were recorded as being up to date with vaccination against Hepatitis A.
- 89% of patients were recorded as being up to date with vaccination against Tetanus.
- 51% of patients were recorded as being up to date with vaccination against Meningitis.
- 61% of patients were recorded as being up to date with vaccination against Measles, Mumps and Rubella (MMR).

Consent to care and treatment

- Staff sought patients' consent to care and treatment in line with legislation and guidance. Templates were used to record consent, for example, minor operations and blood tests. Verbal consent was recorded on the consultation notes.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The CMP had recently shared learning with staff from the British Medical Association (BMA) capacity template tool and provided a link for all staff on the shared intranet system known as SharePoint.

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| 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. For example, the surgery opening time had been brought forward to allow staff in training to attend before courses that started at 08:30.
- The practice gave patients timely support and information.
- A sign at the reception desk advised patients that a room was available to discuss sensitive issues. There was a slip that patients could hand to a receptionist to ask for a private conversation.
- We received 41 patient Care Quality Commission comment cards in total. Of these, 37 were entirely positive about the service experienced. Three of the cards were mixed and one negative. Positive comments were in relation to the helpfulness and friendliness of staff. There was no trend in the negative comments, each related to a different issue. For example, one mentioned a need to improve the coordination between the medical centre and the local hospital, one commented on the attitude of a staff member who no longer worked at the practice, one mentioned a delay (next day) for a medication to be delivered and one stated that appointments were difficult to make.
- The practice had an information network available to all members of the service community, known as HIVE (information about the service was not displayed in the waiting area, however it was in the self-help pack and staff told us they would advise patients about the service). HIVE provided a range of information to patients who had relocated to the base and surrounding area. Information included resources at the unit, civilian services, including healthcare facilities.

Involvement in decisions about care and treatment

- The clinicians and staff at the practice demonstrated that they recognised when 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.

- Interpretation services were available for patients who did not have English as a first language and staff knew how to access them. Staff told us there had been little need to use translations services so did not routinely hold stock of any literature in different languages.
- The NHS eReferral System had been integrated and was used to support patient choice as appropriate.).
- Data received from the patient experience survey (15 questionnaires completed in October 2019) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:
 - 73% said that they felt involved in decisions regarding their care (20% said that this question did not apply to them).
 - 80% said that they felt listened to (20% said that this question did not apply to them).

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, these included an information leaflet on hospital referrals, an information leaflet on NHS services to assist transition as well as advise families and dependents, a chaperone leaflet and an occupational health services leaflet for reservists. We saw that information that was age appropriate and relevant to the patient demographic, prominently displayed and accessible. For example, there was a promotion focussed on male health to promote early detection of testicular cancer where the practice had made good use of visual aids to produce an eye-catching display. There was a second promotion running alongside to raise awareness and inform patients of the signs to detect and actions to prevent prostate cancer.
- 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. The CMP had worked with local NHS GP practices to raise awareness of veterans' issues and was working to get the practice onto the Royal College of General Practitioners (RCGP) 'veteran friendly list' to facilitate this. Information was given out for the Veterans Mental Health Transition, Intervention and Liaison Service (TILS, an NHS mental health service for all ex-serving members of the UK Armed Forces and service personnel who are making the transition to civilian life).
- Practice staff told us that they used the new patient registration form to identify patients who were also carers and that a code was added to their records in order to make them identifiable so that extra support or healthcare could be offered as required. For example, recall for the annual flu immunisation and flexibility of appointment times. There were four patients on the carers' register. The practice had produced a leaflet to support carers that included both local and national support services together with their contact details.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. For example, a slip with tick boxes was available at the reception desk to request an appointment for a potentially sensitive reason such as a sexual health concern or a concern about mental health. This slip included a box that could be ticked to request a private conversation with a clinician.

- The layout of the reception area promoted confidentiality of conversations at the reception desk. The waiting area was separate to the reception area and out of earshot.
- Privacy curtains in treatment rooms provided screening.

Are services responsive to people's needs?

Good

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, an audit on the number of sexually transmitted diseases diagnosed over a set period to identify when the best time was to increase awareness through health promotion activity.
- There was a small number of patients looked after at two smaller nearby bases. Telephone consultations were routinely offered to these patients to minimise the need to travel.
- An access audit as defined in the Equality Act 2010 had been completed in June 2019 on return to the refurbished premises. The audit reported good access and facilities and this was evident when walking round the building during the inspection; for example, there was ramp access and adapted toilets.
- The practice stated that they did provide a home visiting service at the discretion of the SMO. In the event of a patient being too ill to attend the surgery, the request would be assessed by a GP to grade the urgency. This was detailed in the practice leaflet.
- 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 if their need was urgent. The number of patients not attending for appointments was monitored by the practice manager and reported to the chain of command. Specialist medicals, such as boxing and sports diving, were conducted on request and were available within three working days. Increased medical appointments were made available to accommodate a larger influx of patients, for example, when a group of phase two trainees needed an end of training medical.
- Patients needing to access the PCRf could not self-refer. The practice felt that the current system of referral through a doctor worked and supported rapid access. The direct access to physiotherapy (DAP) would offer patients other benefits; for example, increased choice of treatment. The wait time was within the key performance indicator (KPI) of 10 days.
- Outside of routine clinic hours, shoulder cover was provided by the Tidworth Medical Centre (approximately 20 minutes away). From 18:30 hours, patients were diverted to the NHS 111 service. 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 NHS England. To reduce the

need to travel, patients were offered a telephone consultation. This was used for specific requirements, for example, to advise patients who may have an infectious disease and to follow up patients recently discharged from hospital.

- There was clear instruction in the entrance area and in the practice leaflet advising patients of the opening hours and the numbers to call outside opening hours. This included contact numbers for the Tidworth Medical Centre and contact numbers for the mental health team. The nearest accident and emergency (A&E department) was located in Salisbury District Hospital (approximately 25 minutes by car).
- Results from the practice's patient experience survey showed that patient satisfaction levels with access to care and treatment were generally high. For example, results from the last quarter showed:
 - 80% of patients said that they could access an appointment at a convenient time.
 - 35% of patients said that their appointment was in a convenient location (65% said the question was not applicable).
 - Comments related to access made in the 14 CQC comments cards 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. Verbal complaints were recorded and managed through the same process as written complaints. A complaints tracker was maintained to record each stage of the process.
- We saw that information was available to help patients understand the complaints system. A prominent poster was displayed in the practice waiting area alongside an information leaflet.
- We reviewed the 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. There was no theme identified and complaints levels were below the threshold to undertake an audit (the practice manager was aware of the parameters to audit if required).

| | |
|-------------------------------|-----------------------------|
| Are services well-led? | Requires improvement |
|-------------------------------|-----------------------------|

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

The practice had been through a period of time without the SMO but we saw continuity was provided by a CMP who stepped up to ensure leadership capacity was met. Most systems were both supported and developed where needed to achieve delivery of safe and effective care. However, the pharmacy technician had been moved to another unit and the post disestablished. This left gaps in the governance around medicines management. There was a regional pharmacist and regional pharmacy technician in the regional headquarters to support regional medical centres. The regional management team were underway with the recruitment for substantive leadership roles in response to the increased requirements at nearby bases caused by a large influx of patients:

- 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 ethos was supportive and inclusive.
- The practice had forged strong links with nearby military medical centres and local NHS services.
- A poster displayed throughout the practice detailed the roles and responsibilities of staff but terms of reference (TOR) needed updating.

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 mission statement, 'DPHC will deliver a unified, safe, efficient and accountable primary healthcare and dental care services for entitled personnel to maximise their health and to deliver personnel medically fit for operations.' 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. For example, the practice used links with local NHS services to arrange outreach clinics at the base.
- The medical centre produced management action plans and 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. The locum practice nurse and EMTs felt integrated, attended all practice meetings and were invited to team-building events.
- The practice focused on the needs 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 and spoke of a no-blame culture within the practice.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff annual appraisals had been completed or were planned. 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.
- 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. A structured meeting programme had been implemented and engagement extended to all staff members as well as unit and regional command, however the governance framework required further strengthening.

- There was a programme of regular meetings that extended to include all staff. These included a heads of department and multidisciplinary team meeting (held weekly), practice governance and practice team meetings (held monthly). Minutes of meetings were recorded and made available to those unable to attend.
- Joint working with the welfare team, pastoral support and Chain of Command was interactive and led to co-ordinated person-centred care.
- The PCRf delivered rehabilitation services from within the same building. Discussions with staff and minutes of meetings highlighted that governance systems were mostly integrated with the practice, but improvements could be made to integrate the PCRf with the medical centre audit programme
- Staff were clear on their roles and accountabilities including in respect of long-term condition management and infection prevention and control, however, the TOR required updating for medicines management responsibilities.
- Practice leaders had established a number of policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- The governance framework required strengthening for;
 - Medicines management to include the oversight previously maintained by the pharmacy technician.
 - IPC to ensure nationally recognised guidelines are followed and audit findings are actioned.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There were effective processes to identify, understand, monitor and address current and future risks including risks to patient safety. Staff told us that they would raise any issue with the practice manager.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- A programme of clinical audit had been introduced but it was too soon to show a positive impact on quality of care and outcomes for patients.

- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

information was used to monitor performance and the delivery of quality care. The practice used information from the CAF and Health Governance Assurance Visit (HGAV) to formulate an extensive action plan to address areas of improvement.

- 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. 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 eCAF (Common Assurance Framework) is an internal quality assurance tool. The 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 defence healthcare.
- 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.
- There was scope to further utilise the DMICP system to assist with the coordination of care. For example, alert Read codes used for high risk medicines and mental health.

Engagement with patients, the public, staff and external partners

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

- Patients were encouraged to feed back their views on the way care was delivered to them. We saw that a recent survey had led to improved delivery of care to patients and a suggestion box located in the patient waiting area enabled feedback to be made anonymously.
- The practice clearly displayed outcomes from patient feedback in the waiting area.
- The practice was effective in engaging with station commanders, welfare support services, local NHS services, local military services, DPHC and DCMH.
- The practice produced a 'you said, we did' poster to inform patients of actions that resulted from feedback. For example, patients fed back that the waiting room needed a revamp and the practice had painted the room in bright colours, refreshed notice boards and introduced visual aids to support health promotion.

Continuous improvement and innovation

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

- New approaches had been adopted by DPHC following DMICP template amendment requests (these applied to combing the light duties and injury recovery patient chit) made by the physiotherapist at the practice.
- A confidentiality card was used at the reception desk to allow sensitive information to be communicated with discretion and privacy.

- All pregnant personnel were referred to the PCRf for pre and post-natal advice.
- The practice made use of internal and external reviews of incidents and complaints. Learning was used to make improvements.