Aldershot Combined Medical Practice

Aldershot Centre for Health, Hospital Hill, Aldershot, GU11 1AY
Minley - Gibraltar Barracks, Camberley, GU17 9LP

Defence Medical Services inspection report

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, information given to us by the practice and patient feedback about the service.

Overall rating for this service	**Good**	
Are services safe?	**Good**	

Contents

Summary

About this inspection

We previously carried out an announced comprehensive inspection of Aldershot Combined Medical Practice on 15 October 2024. As a result of the inspection, the practice was rated as good overall in accordance with the Care Quality Commission's (CQC) inspection framework. We found the practice was effective, caring and well-led in accordance with CQC's inspection framework. However, we identified areas for improvement in the safe key question.

A copy of the previous inspection report can be found at:

www.cqc.org.uk/dms

We carried out this desk based follow-up inspection on 2 October 2025, we found the practice had taken the action required to address the recommendations made. The safe key question has been upgraded to 'good' and the overall rating remains as good.

Are services safe? – good

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the observations and recommendations within this report.

This inspection is one of a programme of inspections the CQC will complete at the invitation of the DMSR in its role as the military healthcare regulator for the DMS.

At this inspection we found:

- The practice evidenced a high level of compliance with the mandated training programme for all staff. The small number of gaps were mitigated and accommodated into the calendar of future training.
- Following a successful recruitment drive to fill vacant posts, staffing levels had improved significantly and were at a level that supported the sustained delivery of services and completion of administrative tasks to support good governance.
- The management of controlled drugs (CDs) had been strengthened and was in line with the most recent Defence Primary Healthcare CD policy.
- The throughput of staff within the dispensary had been addressed to minimise the risks associated with access to medicines.

- Training in learning disability and autism was provided in accordance with DMSR regulatory instruction issued in April 2024.
- Electrical appliance testing had been completed at the Aldershot site.

Professor Bola Owolabi

Chief Inspector of Primary and Community Services.

Our inspection team

The inspection team was carried out by a CQC inspector.

Background to Aldershot Combined Medical Practice

Aldershot Combined Medical Practice (ACMP) is a dispensing practice serving a patient list of 4,562. At the time of the inspection 21% of the population were over the age of 40, 5% were over the age of 50 and 11% were female. The practice is split across 2 sites, located at Minley (Gibraltar Barracks) and Aldershot Garrison. The practice offers primary healthcare and occupational healthcare to military personnel. Additionally, services are provided to a large number of temporary registrations from reservists and personnel attending career courses in the area.

The Aldershot site serves approximately 40 units and is located in the Aldershot Centre for Health (ACfH). Co-located in the ACfH are multiple NHS services including NHS X-ray, sexual health clinic and outpatient clinics, in addition to Defence Community Mental Health and the Regional Occupational Health Team. The Aldershot site is accredited by General Practice Education Committee as a GP training practice. The Minley site at Gibraltar Barracks is home to around 8 units including Phase 2 trainees conducting Initial Trade Training for the Royal Engineers.

The facility, including the dispensary is open from Monday to Thursday each week, between 08:00 and 16:30 hours and between 08:00 and 16:00 hours on a Friday. The practice provides a reduced, urgent only service from the Aldershot site on Wednesday afternoons during which time team meetings and training is conducted. Between 16:30-18:30 hours (16:00-18:30 hours on Fridays), shoulder cover is provided by Pirbright. After 18:30 hours patients are diverted to out of hour's services provided by the NHS 111 service, or Frimley Park Hospital Emergency Department.

The staff team

Doctors	
Senior Medical Officer (SMO)	1
MOD GPs	4 full-time 2 part-time (22 hours and 14 hours per week)
Nursing team	
Senior Nursing Officer (SNO)	1
Deputy SNO	1
Band 7 nurse manager	1 (vacant, out for advert)
Band 6 nurses	4 (1 based at Minley)
Band 5 nurse	1
Health Care Assistant	1
Dispensary	
Pharmacist technician (civilian)	1
Pharmacist technician (military)	1
Primary Care Rehabilitation Facility (PCRF) team	
Officer in Command PCRF	1
Physiotherapist Band 7	1
Physiotherapist Band 6	7 people 5.5 full time equivalent
Exercise Rehabilitation Instructors (ERI)	4 (3 at Aldershot, 1 at Minley)
Practice management team	
Practice manager	1
Deputy practice manager (also acts as the practice manager for Minley Medical Centre)	1
Office manager	1 (temporarily vacant due to maternity leave)

Administrators	7 (4 at Aldershot, 2 at Minley, 1 in the PCRF, 2 vacant positions)
Combat Medical Technicians* (CMTs)	2 based at Minley but they are not DPHC assets

*A medic is a unique role in the forces and their role is similar to that of a health care assistant in NHS GP practices but with a broader scope of practice.

Are services safe?

We rated the practice as good for providing safe services.

Following our previous inspection, we rated the practice as requires improvement for providing safe services. We found shortfalls with:

- staff training
- the management of controlled drugs (CDs).
- access arrangements in the dispensary
- electrical appliance testing.

At this inspection we found the recommendations we made had been actioned.

Safety systems and processes

There was a dedicated lead for infection prevention and control (IPC) and they had completed the IPC link practitioner training. At the last inspection, 5 members of staff were out-of-date for the annual Defence Primary Healthcare (DPHC) mandated IPC training. As this inspection was carried out remotely, the practice provided an electronic copy of their training register that showed all mandated training had been completed or was planned. The overall completion rate was at 95% (the 5% included 2 staff members who were on long-term absence and therefore unable to complete their training). The training matrix showed a calendar of future courses that had been planned; for example, sepsis training was scheduled for October 2025 for the 1 member of staff who was due their annual refresher.

Risks to patients

There was a good balance of well-trained civilian and military staff which afforded continuity of care. However, staffing levels at the last inspection were depleted across both sites, a number of vacant clinical posts posed a challenge to consistently deliver all aspects of the required healthcare. The practice was established for 6.8 full time equivalent MOD GPs plus the Senior Medical Officer (SMO). At the time of the last inspection, there were 5 doctor long-term vacancies, this was partially mitigated by the provision of locum doctors providing 3 full-time equivalent posts spread throughout the working week. There was no deputy SMO and there were vacant civilian administrative posts. At this inspection, we found the staffing levels had improved. A copy of the current staffing table showed that levels had improved significantly, reportedly due to considerable efforts driving forward recruitment into vacant positions. There were still a small number of vacant posts but recruitment was underway. All the full-time MOD GP positions had been recruited into with 2 new doctors now in post. The Band 6 nurse position at Minley had been filled, as had 2 additional full-time administrative positions. Two Band 6 physios had been recruited at Aldershot Primary Care Rehabilitation Facility (PCRF) and the department was now fully staffed. Overall staffing levels were now considered to be at a level that made the delivery of services sustainable whilst allowing time to support good

governance. The locum staff utilised were well known to the practice and could step in to fill clinical hours when Regimental Medical Officers deployed and provided cover for the full-time doctors and nurses. Staff reported that the locum clinical staff were experienced, consistent and well-integrated into the team. This facilitated more timely occupation health reviews, an issue that was highlighted at the last inspection.

All staff within the team had now received updated training. Training had been completed in emergency procedures, including basic life support (BLS), automated external defibrillator (AED) and anaphylaxis (we had noted at the last inspection that 3 staff members were out-of-date with their annual BLS update). Additional training sessions had been made available to increase from the 6 monthly sessions previously provided. Clinical staff had completed hot/cold injury mandatory training.

Safe and appropriate use of medicines

Arrangements for the management of CDs had been strengthened, including destruction of unused CDs. At the last inspection, we found internal monthly checks had not all been completed. Both pharmacy technicians (PTs) had been reminded and supported to arrange and conduct the monthly CD checks on a consistent basis. Monthly CD checks (together with the name of the clinician undertaking the checks) had been added to the combined practice calendar. A medicines management lead had been appointed for the practice and acted as the primary point of contact between prescribers and the dispensary, supporting the PTs with the management of CD and high risk drug audits. The lead maintained clinical oversight on the completion of CD checks. Photographic evidence of checks having been signed off was provided as part of this inspection.

We highlighted at the last inspection that the dispensary door was left unlocked to allow nurses to access the vaccines. In response, a coded keypad lock had been installed on the dispensary door (the code was limited to PTs and nursing staff). To minimise disruption in the dispensary, all staff had been asked to not enter the dispensary unless absolutely essential. This was communicated through prominent signage displayed on the dispensary door. The long-term plan was to move the vaccine fridges out of dispensary to be more accessible to the nursing team, further reducing disruption and increasing space in the dispensary, ongoing infrastructure work was required for this to be completed. This was to ensure generator back-up was provided at electrical sockets in an alternative location. In the interim, the fridges were situated close to the door within easy access to minimise disturbances when PTs were doing their checks. PTs were content with the arrangements and highlighted that they helped facilitate discussion with the nurses on vaccine requirements. The CD keys were kept separate from the dispensary keys. There were clear processes in place for the access to CDs out of hours.

Track record on safety

Measures to ensure the safety of facilities and equipment were in place. The garrison conducted inspections and held the details on a spreadsheet, health and safety audits were completed and sent back to the health and safety team. Electrical safety checks were up-to-date. Water safety checks were regularly carried out.

Electrical appliance testing had now been completed at the Aldershot (in December 2024 and January 2025) site with all equipment tested annually by in-house trained staff. Testing at Minley continued to be carried out by an external contractor and was in-date having last been completed in June 2025.

Both locations had a mix of fixed and portable alarms. All staff had personal alarms and alarms were tested on a 2 weekly basis and recorded on the healthcare governance workbook. Aldershot had a built-in alarm system. However, at the last inspection, it was found that the system was not working in the downstairs area (there was no lone working in this area allowed). LED screens built into the fixed alarm system (upstairs and downstairs) now provided visibility with both panels identifying where the alarm has been activated.

Lessons learned and improvements made

Having been made aware of the requirement to complete learning disability and autism training, the practice had added this to the practice training matrix, and all staff had been encouraged to complete it. The training matrix provided as part of this inspection highlighted that all but 1 staff had completed the training.

Further improvements were reported that were in addition to the recommendations:

A training session had been delivered in June 2025 on the DPHC standard operating procedure (SOP) used to standardise Read coding. This session involved doctors and nurses who apply the codes, administration staff also attended for awareness.

A new SOP had been developed for the over 40s health checks. A lead had been appointed and a training session delivered. A local working practice was drafted following the last inspection to expand eligibility and ensure consistency among the nursing team, for example, to ensure that the same blood test results were requested. Patients continued to be recalled whilst the DPHC short-notice policy was being worked on (the practice awaited clarity and direction on ethnicities at greater risk from DPHC).

The health assurance framework had been improved following the last inspection. A management action plan was formalised and was regularly reviewed at heads of department meetings. Evidence was provided to show regular updates; for example, risks that had been transferred to regional headquarters when the practice were able to resolve or provide sufficient mitigation. An example of a transferred risk was the lack of space for equipment being stored. Since the last CQC inspection, the practice had received an internal assurance review in February 2025 and achieved an overall grading of ‘substantial assurance.’