

Dhekelia Group Practice

Dhekelia Medical Centre

Ayios Nikolaos Medical Centre

Quality report

Dhekelia Station
BFPO 58

Date of inspection visit:
11 September 2019

Date of publication:
19 March 2020

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.

Chief Inspector's Summary

This practice was not rated as part of the inspection

We carried out an announced comprehensive inspection of Dhekelia Group Practice on 11 September 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.

Dhekelia Group Practice was providing safe and effective care. However, we have made some recommendations to the practice, Defence Primary Healthcare (DPHC) and HQ British Forces Cyprus with the aim of improving the delivery of care to patients.

At this inspection we found:

- There was an open and transparent approach to safety. A system was in place for managing significant events and staff knew how to report and record using this system.
- Staff were familiar with safeguarding processes. Staff had received training in safeguarding but not all staff were trained to the level their role required.
- There was a thorough approach to the assessment and management of clinical risk. However, both medical centres would benefit from a full review of the building risk assessments.
- The arrangements for managing medicines, including obtaining, prescribing, recording, handling, storing, security and disposal minimised risks to patient safety. There was an effective approach to the monitoring of patients on high risk medicines.
- Staff were aware of current evidence based guidance. They had received training so they were skilled and knowledgeable to deliver effective care and treatment.
- The group practice worked collaboratively and shared best practice to promote better health outcomes for patients.
- There was evidence to demonstrate quality improvement was embedded in practice, including using the outcomes of clinical audit to drive improvements for patients.
- The group practice proactively sought feedback from staff and patients which it acted on. Results from the most recent patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- An open and transparent culture was evident. Staff were aware of the requirements of the duty of candour.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Facilities and equipment were sufficient to treat patients and meet their needs.
- There was a clear strong leadership structure and staff felt engaged, supported and valued by leadership team.
- The group practice had an established integrated governance structure and all staff understood their role and responsibilities in the structure.

We identified the following notable practice, which had a positive impact on patient experience:

- Dhekelia Medical Centre had introduced 'distraction therapy boxes' to support children to cope with a painful or complex procedure, ongoing appointments and when waiting for a transfer to hospital. The practice had four boxes which could be used flexibly and the child could keep the contents as a reward. Clinical staff found these boxes useful for distracting children during examination and treatment.
- Following a significant event in relation to medicines, the group practice introduced the 'It's OK to ask' scheme to encourage patients to ask questions if they were unsure about their medicine. A patient charter was developed and circulated to staff, three information displays were set up to inform patients of the campaign and all staff wear an 'It's OK to ask' badge.
- The three practices in Cyprus had shared best practice and all engaged in the wider community to promote good healthcare. This included visits to the local schools and youth groups to deliver health education sessions. For example, the medical centre had delivered a session on how to manage choking to the school at Dhekelia.

The Chief Inspector has escalated the following issues of significance by letter to the Defence Medical Services Regulator (DMSR) who will feedback in due course:

- DPHC should review staffing requirements to ensure that there are sufficient staff with the right skills and experience to deliver both primary care and PHEC (Pre-Hospital Emergency Care). This should include identifying and assigning clinical staff with the appropriate qualifications and, where this is not possible, providing essential training on island in order to enhance staff skills. Currently medical centres are staffed to meet the requirements of daytime primary care services, yet staff are delivering OOH (out of hours) and 112 (equivalent to 999) care to a section of the local Cypriot population. These additional demands on staff have impacted morale at times.
- Secondary care clinics used on the island sometimes recommend treatments which fall outside British national guidance such as NICE (National Institute for Health and Care Excellence) and SIGN (Scottish Intercollegiate Guidelines Network). In such instances the doctor for each patient will decide (in liaison with UK specialists as required) whether a treatment is appropriate. However, there were risks around consistency of approach and when access to advice in the UK is delayed. Shared guidance is required to assist doctors in assessing more promptly which treatments are appropriate.
- Challenges around timely access to accurate patient records occur as the electronic patient record system, DMICP 'hybrid', is a system with reduced functionality and some outage periods. DPHC should review the functionality of DMICP 'hybrid' in partnership with Cyprus medical centres and deliver solutions to improve access to up-to-date records.
- British Forces Cyprus should ensure arrangements are in place to deliver deep cleaning for all four medical centre buildings. Practices should have sight of cleaning contracts so they can monitor their delivery.
- DPHC should ensure physiotherapy staff have sufficient training to assess and treat children.

The Chief Inspector recommends to Dhekelia Group Practice:

- All staff are provided with safeguarding training at a level appropriate to their role within the group practice.
- The risk assessments for both medical centres should be fully reviewed to ensure they are up-to-date.
- The offer of and use of a chaperone is recorded in the patient's record.
- The practice considers implementation of Direct Access Physiotherapy (DAP) in order to ensure equity of access for all patients.

Dr Rosie Benneworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector, supported by another CQC inspector. The team involved a range of specialist advisers including a doctor, nurse, pharmacist, physiotherapist and practice manager.

Background to Dhekelia Group Practice

Located in the Eastern Sovereign Base Area (ESBA) of Cyprus, Dhekelia Group Practice comprises two medical centres approximately a 20 minute drive from each other. Dhekelia Medical Centre is the main practice with Ayios Nikolaos Medical Centre identified as the satellite practice. All clinical services are based at Dhekelia Medical Centre and support the satellite practice on a sessional basis. There is a dispensary at Dhekelia Medical Centre.

The group practice provides a routine primary care and rehabilitation service to a patient population of 2,612 including service personnel, families, dependents and contractors. Occupational health is provided for service personnel only. A 'bedding down' facility is located at Dhekelia Medical Centre and patients can be admitted to this facility any time day or night as it is staffed by clinicians from the medical centre. This facility is used mainly to isolate patients with infection in order to prevent spread of infection within shared living environments.

Secondary care is provided primarily by the Ygia Polyclinic in Limassol and other government hospitals are sometimes used including Larnaca General, Paralimni and Nicosia General. Patients can also be referred to the UK NHS services if required.

Although not within the scope of this inspection, the group practice is responsible for the provision of: Pre-Hospital Emergency Care (PHEC) covering the whole of the ESBA and to a population of 12,500; prison health to HMP Dhekelia and 112 ambulance cover for ESBA.

Opening hours for Dhekelia Medical Centre

Monday: 07:30 - 17:00

Tuesday: 07:30 - 13:30

Wednesday: 07:30 - 16:30

Thursday: 07:30 - 13:30

Friday: 07:30 - 13:30

Opening hours for Ayios Nikolaos Medical Centre

Monday: 07:30 - 15:00

Tuesday: closed

Wednesday: 07:30 - 14:00

Thursday: closed

Friday: 07:30 - 14:00

Out of hours cover, including weekends and public holidays was provided internally by the group practice.

Position	Numbers
Senior Medical Officer (SMO)	One
Deputy SMO	One
Medical Officers (MO)	Two (one post filled)
Civilian medical practitioners (CMP)	One (part time)
Senior Nursing Officer (SNO)	One
Deputy SNO	Vacant
Civilian practice nurses	Eight permanent; Three standby
Military practice nurses	Four (two posts filled)
Military practice manager	Two – both practices
Deputy practice manager	Two – both practices
Administrative staff	Seven (five posts filled)
Pharmacy staff	Two
Primary Care Rehabilitation Facility (PCRF)	Four
Medics	Ten
Regimental Aid Posts	One

Are services safe?

We found that this practice was safe in accordance with CQC's inspection framework

Safety systems and processes

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

- Measures were in place to protect patients from abuse and neglect, including safeguarding policies and processes. These were available on Sharepoint, a repository for service information, and all staff had access to the system. The Senior Medical Officer (SMO) was the group practice safeguarding lead and the duty doctor was the point of contact for any concerns out-of-hours. Training records showed that clinical staff had completed level 3 training in child safeguarding.
- The PCRF was treating children and the lead physiotherapist was trained to level 2 based on advice from the training team. We were informed by the DPHC after the inspection that all clinicians treating children are required to have level 3 training. The PCRF team at Dhekelia

Medical Centre was co-located with the medical centre so had access to level 3 trained clinicians. Vulnerable patients were discussed at the weekly senior management meeting.

- SSAFA is a not-for-profit organisation providing welfare and support for serving personnel in the British Army, veterans and military families. In Cyprus SSAFA provides community services through a contract which is owned and managed by HQ British Forces Cyprus. The SSAFA team included a Senior Social Work Practitioner, Personal and Family Support Worker and Childcare Coordinator. SSAFA accepted referrals from various sources including self-referrals.
- A local safeguarding standard operating procedure (SoP) and flowchart was in place that clearly outlined the child safeguarding referral process. These were displayed in clinical and communal areas throughout both medical centres. A multi-agency referral form (referred to as a MARF) was required to be completed by the referring individual. SSAFA delivered level 3 safeguarding to the group practice clinical team in September 2019.
- The SMO attended regular meetings with SSAFA. Staff working at Dhekelia Medical Centre said they valued the presence of SSAFA in the building as it meant they had prompt access to advice for patients they were concerned about. The station Welfare Officer had developed good relationships with SSAFA and meetings were held every two weeks to review vulnerable patients both parties were involved with.
- Coding and alerts were used to highlight vulnerable patients, including children with a learning disability or autism, and patients vulnerable as a result of their domestic circumstances. A register for both vulnerable adults and children was held within practice documents on the electronic patient record system (referred to as DMICP). The needs of service personnel assessed as being vulnerable were discussed in the second part of the monthly Unit Health Committee (UHC) meetings. The group practice was represented at these meetings and the Welfare Officer was also in attendance.
- Relevant staff had completed the annex to the Defence Primary Health Care (DPHC) chaperone policy confirming they had completed chaperone training. A chaperone register along with notices advising of this service was available at each medical centre for patients to refer to. Whether a chaperone was offered and/or used was not recorded in all the clinical records we looked at.
- The full range of recruitment records for permanent staff was held centrally. However, the group practice had a process to illustrate relevant safety checks had taken place at the point of recruitment including a Disclosure and Barring Service (DBS) check to ensure staff, including locum staff, were suitable to work with vulnerable adults and young people. DBS checks were renewed every five years. Staff had received the appropriate vaccinations for their role.
- Arrangements were in place to monitor the registration status of clinical staff with their regulatory body. Clinical staff had professional indemnity cover. Information was in place to confirm staff had received all the relevant vaccinations required for their role.
- There was an effective process to manage infection prevention and control (IPC), including an IPC staff lead who had appropriate knowledge and skills for the role. The staff team was up-to-date with IPC training. An internal IPC audit in January 2018 showed 87% compliance and a management action plan (MAP) was developed in response. An external audit in August 2019 showed improvement with 90% compliance.
- Arrangements were in place for the safe provision of acupuncture and electrotherapy by the physiotherapists. Risk assessments and SoPs were in place, and sharps boxes checked regularly.

- Environmental cleaning was provided by an external contractor. The SNO was responsible for monitoring the contract and ensuring the cleaning arrangements/schedules were adhered to. Deep cleaning of the premises was not included in the contract. The leadership team was aware this was an issue and had escalated the matter to a senior level.
- A dedicated lead was identified for the safe management of healthcare waste and they had terms of reference for the role. Clinical waste was collected once a week. Consignment notes were held at each of the medical centres. Annual waste audits was undertaken for both centres. and an IPC waste audit was carried out in March 2019.

Risks to patients

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

- The leadership team acknowledged that achieving the correct staffing level and skill mix was a challenge with a number of issues impacting staffing levels and skill mix at the group practice. Firstly, the transition of the Resident Infantry Battalion (RIB) which happened every two years meant a loss of RIB clinicians from the service. For example, a transition had happened in July 2019 and the group practice lost five full time nurses and a part time nurse.
- The loss of clinical staff due to the RIB transition also meant a loss of suitably experienced and qualified personnel (SQEP). For example, the loss of nurses meant a loss of key skills including the lead nurse for sexual health. Incoming clinicians did not always have the skills or expertise to replace the SQEP lost. Nevertheless, the medical centre was managing the challenges effectively and there was no impact to patients.
- Although out-of-scope for this inspection and in common with the other two medical centres in Cyprus, the group practice was responsible for Pre-Hospital Emergency Care (PHEC); the provision of emergency and first response care to both entitled military and civilian (including Cypriot patients). Doctors and medics providing this care were recommended to have specific training (referred to as mPHEC and Battlefields) which is only provided in the UK.
- A doctor or medic can be posted to Cyprus without the PHEC training, which means they cannot participate in the PHEC out-of-hours rota or provide ambulance cover. We were advised that civilian doctors were not routinely offered this training. Consequently, the provision of PHEC then sits with a reduced pool of doctors and medics. Whilst there are clear risks that this arrangement could impact the role of clinicians in primary care, staff confirmed they were currently managing any risks effectively. This was due to a larger larger pool of clinical staff to support the group practice model and to staff the 24-hour bedding down facility.
- The availability of doctors was reviewed at the weekly doctor's meeting. Staff shortages were managed through the use of locums and by seeking support from the other medical centres on the island.
- A comprehensive locum induction programme was in place to familiarise temporary staff, including locums, with systems and processes specific to the group practice.
- The group practice was equipped to deal with medical emergencies and all staff were suitably trained in emergency procedures, including staff trained in life support. An emergency kit, including a defibrillator, oxygen with masks and emergency medicines were accessible to staff in a secure area of both practices; all staff knew of their location. A first aid kit and accident book was available. Monthly checks were in place to ensure the required kit and medicines were available and in-date.

- Staff were up-to-date with the required training for medical emergencies. A doctor facilitated medical emergency training each morning, including the use of scenarios, to ensure staff were up-to-date with the types of emergencies they would likely encounter. For example, records for June 2019 showed training delivered in acute asthma, chicken pox and anaphylaxis (potential life threatening allergic reaction).
- Staff received regular training and updates in how to manage patients presenting with a suspected climatic injury. Training in the recognition and management of sepsis was provided for the staff team in 2017. Records showed the SMO provided reception staff with sepsis training in August 2019. Posters about sepsis were displayed in both medical centres. The sepsis screening tool was available in clinical areas for staff to refer to. Staff we spoke with were clear in their understanding of the symptoms and management of potential sepsis.

Information to deliver safe care and treatment

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

- We looked at 10 sets of individual patient records on DMICP and found they were well written and managed in a way that kept patients safe. For example, the patient pathway was clear including assessment, diagnosis, prescribing history with coding appropriately applied.
- An audit of record keeping was undertaken in February 2018 and again in April 2019. Overall, it identified the standard of record keeping was high with some areas identified as requiring further development. Actions were identified to address these areas.
- A process was established for scrutiny and summarising of patients' records. Records for service personnel were scrutinised by the medics, including a check of the vaccination status of service personnel. A medic is trained to provide medical support on various operations and exercises. In a medical centre setting, their role is similar to that of a health care assistant in NHS GP practices but with a broader scope of practice.
- Summarisation was undertaken by the nurses including the summarisation of civilian paper records. The deputy practice manager confirmed that summarisation was up-to-date. The group practice had not adopted the DPHC new patient registration guidance. This had been a considered and well documented decision to wait until after the RIB transition had concluded given the vast amount of work the new form generates, especially at a time when nursing numbers were depleted.
- The practice used DMICP 'hybrid', which had reduced functionality compared to the UK. Medical centres in Cyprus have experienced challenges around planned/unplanned outages, failures during updates and conflicting records. Staff said that while DMICP 'hybrid' challenges can create additional work with occasional periods of no access to patient records, they were clear that safe delivery of care had not been compromised. If there was a loss of connectivity with DMICP, clinics could be delayed. If this happened, the business resilience plan was followed and only emergency patients were treated. Staff acknowledged that where two DMICP numbers existed for patients this had the potential for errors in recording and loss of contemporaneous notes. Furthermore, there was no direct referral system to the PCRf within 'deployed' and clinicians were using tasks and emails instead. This risk with DMICP 'deployed' was identified on the group practice risk register.
- Referrals to internal departments and external health care services, including urgent referrals, were managed by two dedicated administrative staff. They maintained a spreadsheet that tracked all referrals except referrals back to the UK. Referrals were reviewed at the weekly doctor's meeting so both the doctors also had oversight of the status of all referrals. Minutes of

the group practice doctor's meeting held in August 2019 confirmed referrals were discussed. Despite this central system, the PCRf managed its own referrals, including referrals to MIAC (multi-disciplinary injury assessment clinic) and the RRU (Regional Rehabilitation Unit).

- Reviewed in August 2018, a comprehensive SoP was in place to provide guidance regarding the management of samples, including the requesting of tests and investigations through Ygia Polyclinic. The SoP aimed to ensure samples were taken safely, appropriately recorded on DMICP and results reviewed and actioned by the relevant clinician. We found that samples and results were effectively managed in accordance with the SoP. The SoP also included the action nurses should take if patients failed to make contact for their results.

Safe and appropriate use of medicines

The group practice had reliable systems for the appropriate and safe handling of medicines.

- The SMO was identified as the lead and subject matter expert for medicines management with the day-to-day management of medicines delegated to the two pharmacy technicians. Dhekelia Medical Centre included a dispensary. A dispensary was located in Ayios Nikolaos and was used for the storage of over stock and labelled medicines. Safe procedures were in place at both medical centres for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment. Specific SoPs were in place for the management of medicines at Ayios Nikolas Medical Centre.
- Dispensary stock was checked regularly. A separate stock area was identified for over labelled medicines and Patient Group Directions (PGD) stock at Dhekelia Medical Centre. We observed a stock check being undertaken by the nurse at Ayios Nikolaos Medical Centre and it was evident that a recording process was established to monitor the stock. A detailed SoP was in place for the issuing of medicines out-of-hours.
- A comprehensive PGD SoP had been developed to permit appropriately trained nurses to administer medicines in line with legislation. The SoP included guidance on the use of PGDs out-of-hours and the restocking of the PGD medicines cupboard. The SNO monitored that PGDs were current, signed and nurses up-to-date with training. The SNO conducted a PGD audit every six months.
- Medics were signed off to issue medicines once they had completed 50% of their Medics Issuing Protocols (referred to as MIPs) portfolio, which was reviewed and ratified by the SMO and/or SNO.
- Prescriptions were faxed from Ayios Nikolaos Medical Centre to the dispensary at Dhekelia Medical Centre. The medicines were dispensed and sent with the fax attached back to Ayios Nikolaos Medical Centre in a locked box. On arrival the medicines, were logged in a book and secured in the medicines room.
- Appropriate arrangements were established for the security and safety of controlled drugs (CD), including destruction of unused CDs. These included monthly stock checks and quarterly external checks. Medication requiring refrigeration was monitored twice a day to ensure it was stored within the correct temperature range. Prescription forms were securely stored and their use monitored.
- Requests for repeat prescriptions were safely managed and no telephone requests were accepted. If the pharmacy technician had any concerns about issuing a repeat prescription then they referred back to the doctor.

- A process was established for the management of and monitoring of patients prescribed high risk medicines (HRM). A password protected spreadsheet of patients prescribed these medicines was maintained. It was monitored weekly by a pharmacy technician and an email sent to the SMO with a list of patients requiring a review. Patients were then informed that they needed to make an appointment with the doctor. Alerts, coding, diary dates and monthly searches were used to identify and manage patients on HRMs. Shared care agreements were in place for the patients that required them. These were stored and managed on DMICP which all clinicians had access to. Records we looked at for patients prescribed an HRM confirmed safe and effective management arrangements were in place.
- The group practice was aware of risks associated with the recommended prescribing guidance by secondary care services, notably Ygia Polyclinic. For this reason, the SMO in February 2019 conducted an antibiotic prescribing audit for patients discharged from the Polyclinic and made recommendations to reduce and manage the risk. The SMO advised us that the risk was mitigated by inclusion in the doctor's induction pack advice about compliance with DPHC policy on shared care agreements, how to access defence consultant advisors or the Aeromedical Evacuation Control Centre (AECC) if a more urgent response was required. Another option available to doctors for advice was through the duty staff at Queen Elizabeth Hospital Birmingham. The SMO informed us that the Polyclinic was in the process of undertaking a British National Formulary (BNF) audit which would be made available to the on-island pharmacist to review.

Track record on safety

The group practice had measures in place to ensure the safety of facilities and equipment were in place. Some improvement was needed.

- A lead was identified for health and safety. Arrangements were in place to check the safety of the electrics, gas and water, including a legionella risk assessment for both medical centres. A fire risk assessment of the building was undertaken annually. The fire system was tested regularly and staff were up-to-date with fire safety training including awareness of the evacuation plan.
- The group practice manager advised us that support from the health and safety team (referred to as SHEF) at both sites was good. The SHEF team undertook annual assessments of the premises. Although risks relevant to both sites were identified, both medical centres would benefit from a full review of the building risk assessments, including the safety data sheets for hazardous substances. Equipment checks, including the testing of portable electrical appliances were up-to-date. The PCRF provided evidence that the equipment held at the various gyms used to treat patients had been serviced.
- We were advised that there was no lone working at either of the medical centres. A practice-wide alarm system was available in clinical areas to summon support in the event of an emergency. In addition, staff also carried personal alarms.
- The main reception waiting area in Dhekelia Medical Centre could be observed by reception staff. A second waiting area and the PCRF waiting area could not be observed and a business case had been submitted for CCTV to be installed to monitor these areas.

Lessons learned and improvements made

The group practice learned and made improvements when things went wrong.

- The SNO was the lead for the management of significant events. Staff used the electronic organisational-wide system (referred to as ASER) for recording and acting on significant events, incidents and near misses. All staff had electronic access to the system, including locum staff. Staff provided several varied examples of significant events confirming there was a culture of effectively reporting incidents. However, no significant events had been reported by the PCRf in the last 12 months.
- Significant events were discussed at the healthcare governance meetings held each month. The ASER system was also used to report good practice and quality improvement initiatives. We noted from minutes that significant events were a standing agenda item at the healthcare governance meetings, at which the PCRf was represented. Minutes showed that the SNO delivered a training session in July 2019, which included the type of events that should be reported, how to use the ASER system and the positive impact of good reporting.
- A root cause analysis was undertaken over a period of 12 months (until 18 August 2019) of significant events. It identified four key lessons for the staff team, which the leadership team was addressing.
- Improvements were made as a result of investigations into significant events. For example, a secondary care antibiotic prescribing audit was carried out as a result of a significant event. The 'It's okay to ask' scheme was introduced as a result of a patient not understanding the dosage of their medication. This scheme was also recorded and submitted as a quality improvement project.
- The pharmacy technicians received medicine and safety alerts via email from the regional pharmacist. They emailed the alerts to clinicians and recorded them on a spreadsheet. They were also discussed at healthcare governance meetings and, if appropriate, at the group practice meetings. We were provided with an example of how a medicine alert relevant to the patient population was addressed to ensure the safety of patients.

Are services effective?

We found that this practice was effective in accordance with CQC's inspection framework

Effective needs assessment, care and treatment

The group practice had processes to keep clinicians up to date with current evidence-based practice.

- Patient records informed us that clinicians carried out assessments and provided care and treatment in line with national standards and guidance, supported by clear clinical pathways and protocols. Arrangements were established to ensure staff were up-to-date with current legislation, research and guidance, including NICE (National Institute for Health and Care Excellence) and the Scottish Intercollegiate Guidelines Network (SIGN). Guidance was a standing agenda item at the monthly healthcare governance meetings attended by clinicians.
- Clinical and medicines updates were also disseminated to staff through the monthly Defence Primary Health Care (DPHC) newsletter. One of the doctors summarised the NICE updates from the newsletter and presented it at the healthcare governance meetings. They also presented a 'brief' summary of updates at the weekly doctor's meetings. Minutes of the doctor's

meetings showed a range of clinical issues were discussed. In addition to participating in the wider group practice meetings, the PCRf team held regular departmental meetings to discuss current practice, share updates and for peer discussion.

- The secondary care clinics used on-the island sometimes recommended treatments which fell outside British national guidance such as NICE (National Institute for Health and Care Excellence) and SIGN (Scottish Intercollegiate Guidelines Network). In such instances the doctor for each patient decided (in liaison with UK specialists as required) whether a treatment was appropriate. However, there are risks when access to advice in the UK is delayed. Shared guidance is required to assist doctors in assessing more promptly which treatments are appropriate.
- The PCRf used the musculoskeletal (MSK) health questionnaire and consistently used RehabGuru, software for patient rehabilitation plans and outcomes. All PCRf staff had received internal training to ensure RehabGuru was consistently used. The PCRf team referred to the Defence Rehabilitation website for best practice guidance. For example, ERIs used it for guidance on equipment management, training and best practice guidance.

Monitoring care and treatment

The group practice used data collected for the Quality and Outcomes Framework (QOF) 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.

- A doctor was identified as the lead for each long term condition (LTC) with the SNO overseeing the overall management of patients. DMICP searches were undertaken on a regular basis to ensure patients with an LTC were being recalled in a timely way. Searches were used to populate and refresh an LTC spreadsheet.
- We were provided with QOF outcome data during the inspection and it showed that patients with diabetes, high blood pressure and asthma were being effectively managed, including the consistent use of pathways and review templates. Our review of clinical records confirmed this, including the adherence to NICE guidance. Staff could explain any anomalies in the data, such as patients not responding to recall invitations. If no response was received after the nursing team's third attempt to contact the patient, then a standard letter was sent to the patient.
- We looked at a range of clinical records and were assured that the care of patients with a mental illness and/or related symptoms was being effectively and safely managed. Appropriate templates were used to assess patients and plan their care. Clinicians worked closely with the Department of Community Mental Health (DCMH) and referred patients there for cognitive therapies, including cognitive processing therapy (CPT), a therapy used to support patients to recover from post-traumatic stress disorder. We spoke with a patient who said CPT had been instrumental in aiding their recovery. The group practice had access to a community psychiatric nurse 24-hours a day. Patients with a serious mental illness were admitted to Ygia Polyclinic.
- Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities, was also used to gauge performance. 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). Audiometric assessments were in date for 85% of patients. A review of clinical records

showed that patients were receiving hearing checks in accordance with the hearing conservation programme.

- Quality improvement, including an integrated approach to clinical audit, was clearly embedded in practice and seen as the responsibility of all staff. Audit took account of both population need and national guidance. A lead for audit was identified and a 12-month audit planner was established. Staff could add an audit topic to the calendar if they identified a need. An audit activity tracker was maintained that included the frequency of when the audit should be repeated. An audit summary spreadsheet provided an overview of each audit completed including the audit lead, link to the audit report, recommendations made and date the audit was shared with the team.
- The audits we looked at showed the group practice acted on outcomes to improve the service. For example, an audit of non-steroidal anti-inflammatory drugs (NSAID) recommended patients with sprains should not be referred to pharmacy. Furthermore, an intra-uterine contraceptive device (IUD) audit recommended a modification to the IUD template on DMICP so it took account of the patient's obstetric history. A cervical cytology audit undertaken in June 2019 recommended several initiatives to improve uptake, including the introduction of a text service.
- Clinicians provided care across both medical centres. To promote continuity, named doctors provided clinics at Ayios Nikolas Medical Centre on the three days it was open. To ensure continuity was maintained a detailed handover was in place. The group practice was looking at providing the same continuity from the nursing team once sufficient nursing staff had been recruited. All patients were assigned a named physiotherapist to promote continuity for patients.

Effective staffing

Continuous learning and development was promoted for staff. The staff database was monitored by the group practice manager to ensure staff were up-to-date with training and development to meet the needs of the patient population.

- A generic and role-specific induction was in place for new staff to the group practice. Staff described a comprehensive and supportive induction, which included supernumerary time and supervised practice.
- Mandated training was in-date for the staff team. We noted some training gaps on the monitoring spreadsheet. We received confirmation shortly after the inspection that confirmed staff had completed the training. A programme of ongoing development training was in place with in-house and external training sessions available to staff at Dhekelia Medical Centre on Monday afternoons. All staff were invited to participate including the staff from Ayios Nikolas Medical Centre.
- Clinicians were supported with continual professional development (CPD) and revalidation through protected time at least once a month. Doctors held a virtual clinic on DMICP to support with peer learning. Peer review of doctor's record keeping also took place at the weekly doctor's meetings held as a 'ghost' clinic. Minutes of the group practice doctor's meeting held in August 2019 confirmed all 'interesting cases' were discussed. A process for peer review of nursing records was established. This was on-hold due to loss of nursing staff through the RIB transition. We were advised this would be re-instated once new nurses had been fully recruited.
- The physiotherapist confirmed they followed DPHC guidance when treating children. However, concern was expressed about the lack of specific paediatric training available to physiotherapists and the lack of local support if a they were unsure of treatment and care for a child. The physiotherapist was clear they would not treat a child if they did not believe they were skilled and competent to do so.

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- A non-DPHC exercise rehabilitation instructor (ERI) worked on their own at Ayios Niklaos Medical Centre. Every week they undertook a clinic in conjunction with a physiotherapist, including joint assessment of patients. The ERI said this activity supported with peer review and provided an opportunity for supervision and competency checking. The ERI attended regularly held physiotherapy and ERI workshops. They were also invited to attend group practice meetings and regional events.

Coordinating care and treatment

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

- The clinical records we reviewed showed appropriate staff, including those in different teams, services and organisations were involved in assessing, planning and delivering care and treatment.
- The group practice had effective working relationships both with other DPHC medical facilities. Practice developments and ideas were shared between the medical centres to support consistency. For example, a simulated scenario template and a thermal injury template was shared across all practices to ensure consistency for patients in the delivery of their care.
- SSAFA was based in the building and staff described how this co-location supported excellent relationships and prompt discussion about vulnerable patients.
- A named doctor attended the each of the UHC meetings held to discuss the occupational health needs of patients including those who were medically downgraded and those who were vulnerable. A representative from the PCRf also attended the UHC meetings. The PCRf met regularly with the RIB Regimental Medical Officer (RMO) to discuss patient's progress.
- Doctors provided patients transitioning from the military with a release medical. Patients were signposted to SSAFA and patients could be referred to the welfare team for support with the transition. Dedicated resettlement centres and the Army Education Centre were also options patients could be signposted to.

Helping patients to live healthier lives

Staff were proactive and sought options to support patients to live healthier lives.

- Clinical records showed that staff encouraged and supported patients to be involved in monitoring and managing their health. Staff also discussed changes to care or treatment with patients as necessary.
 - The health promotion strategy was underpinned by national priorities and initiatives to improve the population's health including, stop smoking campaigns and tackling obesity. It also took account of the patient population need and seasonal variation impacting health, such as injury prevention and climatic injury.
 - Health promotion displays were available in patient areas across both medical centres. At the time of the inspection displays in relation to smoking, hydration, bowel and ovarian cancer, alcohol use, breastfeeding, mental health, flying with children and coeliac disease, an autoimmune disorder. Displays were dated and regularly refreshed.
 - Dhekelia Medical Centre worked closely with the local school and had provided educational sessions on a variety of topics including choking and 'restart a heart'.
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- A medic was the health promotion lead for the group practice and had only recently taken on the role. Health fairs were held on the base and the group practice was represented at these. For example, the PCRf team had an injury prevention stand at the fair in February 2019.
- One of the doctors was the lead for sexual health and had completed the required training for the role (referred to as STIF). They held a sexual health clinic once a week. Two nurses were also STIF trained. The military genitourinary qualified nurse from Akrotiri Medical Centre held clinics each week at Dhekelia Medical Centre. Doctors could refer patients to an approved gynaecologist at the Polyclinic. They could also access the defence sexual health consultant in the UK should additional advice be required. Information on sexual health was displayed in patient areas. Condoms and chlamydia kits were available at were available for patients.
- Patients had access to appropriate health assessments and checks. On-island screening was undertaken rather than using the NHS screening service. Regular searches were conducted for patients eligible for bowel (43 patients), abnormal aortic aneurysm (two patients) and breast (81 patients). Appropriate action was taken for patients identified. A mammogram audit showed that 79% of eligible patients had been screened. Records showed that 81% of eligible had received a smear test.
- Children's immunisations were managed by the health visitors employed by SSAFA. They worked closely with the medical centre and were integrated with staff to ensure seamless care was provided. Data provided by the practice showed:
 - Children aged under 12 months were 98% up to date with their immunisations.
 - Children aged under 24 months were 98% up to date with their immunisations.
 - Children aged under 5 years were 98% up to date with their immunisations.

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. Based on clinical records, the following illustrates the vaccination data for military patients at the time of inspection:

- 94% of patients were recorded as being up to date with vaccination against diphtheria
- 94% of patients were recorded as being up to date with vaccination against polio
- 93% 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
- 94% of patients were recorded as being up to date with vaccination against tetanus
- 97.5% of patients were recorded as being up to date with vaccination against MMR
- 99.5% of patients were recorded as being up to date with vaccination against meningitis

The unit commanders were responsible for ensuring their personnel kept up-to-date with vaccinations. The group practice undertook regular DMICP searches to determine the vaccination status of service personnel. This information was then passed to the units.

Consent to care and treatment

Clinicians obtained consent to care and treatment in accordance with legislation and guidance.

- Clinicians understood the requirements of legislation, including national and organisational guidance when considering consent and decision making. This included the PCRf who took

written consent acupuncture treatment. The clinical records we looked at showed consent was appropriately obtained.

- Where appropriate, clinicians assessed and recorded a patient's mental capacity to make a decision. Staff we spoke with were aware of mental capacity in relation to consent and provided relevant examples of how it would apply to their patient population. Staff had received training and a poster was displayed outlining the five principles of the Mental Capacity Act (2005).

Are services caring?

We found that this practice was caring in accordance with CQC's inspection framework

Kindness, respect and compassion

Staff supported patients in a kind and respectful way.

- Throughout the inspection staff were courteous and respectful to patients arriving for their appointments. Results and comments from the February 2019 group practice patient experience survey (approximately 269 respondents) indicated patients were happy with how they were treated. The eight patients we spoke with across the group practice were very complimentary about the friendly, considerate and caring attitude of staff.
- Staff had the option of using 'Distraction therapy boxes' as a way to support children through a complex or painful procedure. This initiative had been submitted and accepted as a quality improvement project.
- The results of the patient feedback survey was displayed at each medical centre. It included direct comments from patients and action the group practice had taken as a result of the feedback.
- Both medical centres were issued with CQC feedback forms for patients to complete prior to the inspection. Eighty-six forms were completed by patients and there was a consistent theme indicating a caring and respectful staff team that took time to listen to their needs.
- A practice information leaflet was available for each of the medical centres to ensure patients were clear about the facilities available including contact numbers, opening times and clinics provided.
- Details were available at both medical centres about the information network available to all service personnel and their families, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area.
- Patients could also visit the SSAFA team or padre for advice or support. The Welfare Officer was new to post and had set up a Facebook page (referred to as the Dhekelia Community Welfare Page) for service personnel and families. With a membership of 500, the page was a platform for services, clubs, health services and social organisations to advertise or provide information. The group practice had a dedicated administrator for the page who staff approached if they wished to post something on the page.

Involvement in decisions about care and treatment

Staff supported patients to be involved in decisions about their care.

- A translation service, the 'Big Word' was available for patients who did not have English as a first language. Staff advised us they had not had to use this service. Patients admitted to the

Polyclinic or other local health services had access to a hospital translator. Staff said this service had not been needed as local health care workers were fluent in English.

- The Patient Experience Survey showed that patients were involved in decisions about their care. Feedback on the CQC patient feedback cards highlighted that patients received information about their treatment to support them with making informed decisions about their treatment and care.
- The group practice proactively identified patients who were also carers. Even though the new DPHC registration had not been operationalised, the registration form in use asked new patients if they had caring responsibilities and an alert was placed on the system to readily identify patients with a caring responsibility. The SNO was the lead for carers and carried out regular searches to inform the carers register. A register of carers was maintained and it identified five patients with a caring responsibility. All carers were offered the flu vaccination and appointments could be flexible to meet their caring responsibilities.

Privacy and dignity

The group practice respected patients' privacy and dignity.

- Screening was provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Clinic room doors were closed during consultations.
- The layout of the reception areas and waiting areas meant that conversations between patients and reception staff would unlikely be overheard. If patients wished to discuss sensitive issues or appeared distressed at reception, they were offered a private room to discuss their needs.
- The group practice could facilitate patients who wished to see a doctor or nurse of a specific gender. All the physiotherapists were female and there was a mix of female and ERIs.

Are services responsive to people's needs?	
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We found that this practice was responsive in accordance with CQC's inspection framework

Responding to and meeting people's needs

Services were organised and reviewed to meet patient needs and preferences where possible.

- Staff understood the needs of its population and tailored services in response to those needs. Appointments slots were organised to meet the needs of specific population groups. For example, an after school clinic for children and teachers only was held each afternoon during term time. Appointments were available with the midwife each day and patients could also contact the school nurse for advice and support. The midwife visited Ayios Nikolas once a week and could increase these visits depending on need.
- Other regular clinics we established for asthma, diabetes, hypertension monitoring, cervical screening, smoking cessation, sexual health, dermatology and travel advice. The community psychiatric nurse (CPN) also held a clinic at Dhekelia Medical Centre.
- Facilities were available for families, including a private room for breast feeding, baby changing facilities and a play area in both waiting areas.

- The patient experience survey provided an opportunity for the group practice to see what patients thought of the service. The survey from February 2019 highlighted that more than 90% of respondents would recommend the practice to family and friends.
- An access audit as defined in the Equality Act 2010 had been completed for both medical centres resulting in a business case being put forward for some modifications, such as a hearing loop. The building was accessible for patients with a disability, including wheelchair users. Clinic rooms were available on the ground floor. Notices in both waiting areas advised patients of where the accessible WC facilities were located. We confirmed staff had completed training in equality and diversity and 'Freedom to speak' champions were identified for the group practice. Notice boards displaying diversity and inclusion information were available in each medical centre.

Timely access to care and treatment

Patients' needs were met in a timely way.

- Dhekelia Medical Centre could accommodate patients each day who presented with an emergency need. Military patients were seen on the same day by a doctor and the nursing team triaged civilian patients. When Ayios Nikolaos Medical Centre was open on Monday, Tuesday and Wednesday patients with an urgent need could be seen. On Tuesday and Thursdays patients had the option of travelling to the medical centre at Dhekelia.
- Routine appointments with a doctor could usually be accommodated within three to four working days and the same day with a nurse. Patients with complex needs or multiple health needs could arrange a double appointment. Same day appointments were available for children when the school clinic was not in operation. Patients requiring specialist medicals, such as an aviation medical were seen within 14 days. If there was an urgent need for a medical that the group practice was unable to accommodate, then the patient was referred to the other medical centre on the island.
- Urgent appointments were available with the physiotherapist either the same or the next day, routine appointments within two days and follow up physiotherapy appointments within three days. The direct access physiotherapy (DAP) service had not been introduced by the PCRf. The PCRf trialed it as a once-weekly clinic and did not consider it appropriate as it increased wait times. Despite DAP being mandated by the DPHC, there was no regional agreement in place for the group practice not to support its introduction. New patient ERI appointments were available within two days and follow-up ERI appointments the next day.
- There was a four week appointment wait for patients referred to the Multidisciplinary Injury assessment Clinic (MIAC). Patients were referred to a regional rehabilitation unit (RRU) of their preference.
- Patients had access to the duty doctor, nurse and medic out-of-hours, including weekends and public holidays. They could also access the emergency service (referred to as 112)
- A home visit SoP was in place and we were advised that these were very rarely requested. Telephone consultations were also available with clinicians.

Listening and learning from concerns and complaints

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

- Information was displayed in the waiting area, outlined in the practice leaflets to help patients access and/or understand the complaints process.
- Complaints were managed in accordance with the DPHC complaints policy and procedure. The group practice manager was the complaints lead for Dhekelia Medical Centre and the practice manager for Ayios Nikolas Medical Centre lead on complaints for that site. Deputising arrangements were in place for when the leads were not available. Both Written and verbal complaints were recorded on a register
- Complaints and compliments were a standing agenda item at the healthcare governance meetings including any lessons identified. This was confirmed by the minutes of the meetings in July and August 2019. If appropriate, complaints were discussed more widely at the group practice meetings. Changes to practice were made if appropriate and used to improve the patient experience. We looked at a complaint made about clinical care and were satisfied it had been effectively managed and to the satisfaction of the complaint. It was clear lessons had been learnt and action taken as a result.
- A complaints analysis and audit was completed in August 2019 and no trends were identified.

Are services well-led?	
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We found that this practice was well-led in accordance with CQC's inspection framework

Leadership capacity and capability

The group practice had the capacity, experience and skills to deliver high-quality sustainable care.

- Based on a hub and spoke model, the group practice included Dhekelia Medical Centre as the hub with Ayios Nikolas Medical Centre as the spoke service. The group practice manager was based at Dhekelia Medical Centre and was supported by a deputy practice manager and a team of administrators. A practice manager supported by a deputy and receptionist was based at Ayios Nikolas Medical Centre and reported to the group practice manager. The SMO was responsible for the overall clinical leadership of the group practice, including the governance structure.
- The leadership team worked closely with the overseas regional management team and had prompt access to advice and support. The management team was available each day via Skype and the Regional Clinical Director (RCD) including other key regional staff visited the group practice regularly or when required to provide support on specific issues.
- On the day of inspection, we saw a group practice that was integrated and well-led. In addition to effective management skills, it was clear the leadership team were focussed on providing the best possible service for their patients. They were aware of the risks to the service and kept them under scrutiny. The management team understood the risks to the service and kept them under review. To promote continuity of leadership, some of the posts were protected meaning military staff would not be deployed.

Vision and strategy

The group practice demonstrated it was working in accordance with the following principles to provide high quality care to patients:

- Provision of a safe, high quality, accessible and patient-centred primary care service to the population, and also provision of out-of-hours and emergency cover within the Eastern Sovereign Base Area.
- Patients will be treated with dignity and respect and their confidentiality maintained. Their views will be actively sought to shape and improve our practice.
- Provision of a supportive culture for continuous improvement, learning and professional development for all staff.
- A group practice development plan was in place and had been updated in July 2019. It was subject to monthly reviews.
- Patient feedback was taken into account when developing the service. For example, the after school clinic was introduced as a result of feedback. In addition, a change to the clinic times at Ayios Nikolas Medical Centre were positively received by patients and this was due to the leadership team acting on patient feedback.

Culture

The culture at the group practice supported the provision of high-quality sustainable patient care.

- Staff spoke highly of the inclusive, supportive and collaborative leadership. This was particularly important for the staff at Ayios Nikolas Medical Centre who were the smaller team and reliant on Dhekelia Medical Centre for all clinical input. Staff said they felt respected, valued and were encouraged to contribute to developing the service.
- A whole-team ethos was promoted. All staff had an equal voice, regardless of rank or grade. They said the team worked well together and supported each other.
- The leadership team openly acknowledged the contribution of staff to the group practice. For example, a 'BZ Board' had been introduced. Based on Navy signals 'BZ' translates as 'well done'. Staff could give a 'BZ' to another member of staff and display their reason for this on the board. An 'employee of the month' scheme was also established. In addition, one of the ERIs facilitated physical training sessions for staff working at the group practice.
- The group practice clearly demonstrated a patient-centred focus. Staff understood the specific needs population and tailored the service to meet those needs. This was evident from the patient feedback and clinical records we reviewed.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff provided examples to support this. Processes were in place to ensure compliance with the requirements of the duty of candour, including giving those affected reasonable support, information and a verbal and written apology. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed by the leadership team.
- There were processes for providing all staff with the development they need. This included appraisal and career development opportunities. All staff received regular annual appraisals in the last year and they were supported to meet the requirements of professional revalidation where necessary.

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- There was a strong emphasis on the safety and well-being of all staff. For example, the lone working ERI based at Ayios Nikolas Medical Centre undertook a joint clinic with a physiotherapist once a week as a form of one-to-one supervision.
 - Teams and departments affiliated with the group practice spoke highly of the positive relationships they had developed with the group practice. In particular, these included SSAFA and the Welfare Officer.

Governance arrangements

An integrated overarching governance framework was in place which supported the delivery of good quality care.

- The group practice had developed a range of local SoPs and protocols to support or supplement DPHC policy (referred to as JSP 950). There was a clear staffing structure in place and staff were aware of their roles and responsibilities, including delegated lead roles in specific topic areas. Although under review at the time of inspection, terms of reference were in place to support job roles. The regional management team worked closely with the practice.
- The group practice worked to the health governance workbook, a system that brings together a comprehensive range of governance activities, including the risk register, significant events tracker, lessons learnt log, training register, policies, meetings, quality improvement and audit. All staff had access to the workbook which provided links to meeting minutes, policies and other information.
- An effective range of communication streams were established including a schedule of regular practice, healthcare governance and departmental meetings.
- Audit was a routine method used to measure the effectiveness and success of clinical practice. An integrated and comprehensive audit programme was established with clear evidence of action taken to change practice and improve the service for patients.
- Secondary care contracts were monitored by the staff by the practice. Oversight of the contract by headquarters staff would afford improved breadth and consistency of monitoring.

Managing risks, issues and performance

There was an integrated approach to the management of risk, issues and performance.

- Risk to the service was well recognised, logged on the risk register and kept under scrutiny through regular review at the healthcare governance meeting. It was also discussed at the quarterly British Forces Cyprus meeting. We noted the risks associated with PHEC were not identified on the risk register. An issues register was also maintained.
- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety. Systems were in place to monitor national and local safety alerts, incidents, and complaints. Processes were in place to manage staff performance.
- A business continuity plan was in place. Although it had been reviewed in 2019, it required a staff update. The group practice were aware of and had access to the major incident plan for the base.

Appropriate and accurate information

The group practice acted on appropriate and accurate information.

- The DMS Common Assurance Framework (CAF) along with patient feedback was used to monitor and improve performance. 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 DMS. The group practice was using the recently introduced eCAF
- The CAF was reviewed at each healthcare governance meeting. We noted that resulting MAP was regularly updated. There were separate CAFs for each medical centre and the leadership team was waiting authorisation to have one integrated CAF for the group practice.
- The group practice submitted performance data to RCD and DPHC as required. The PCRf received an advisory visit in July 2017 and had acted on any recommendations made.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The group practice involved patients, staff and external partners to support high-quality sustainable services.

- There were various options in place to encourage patients to provide feedback on the service and contribute to the development of the service. A patient experience survey was undertaken quarterly. A patient participation group was active and meetings were held each quarter. A suggestion box was also available in each medical centre.
- The group practice had good and effective links with internal and external organisations including unit commanders, the Polyclinic, local school, Welfare Officer, RRU, DCMH and SSAFA
- An annual staff survey was undertaken.

Continuous improvement and innovation

Continuous improvement was embedded in the culture of the group practice. A quality improvement register was maintained on the health governance workbook, which showed learning points, evaluation of impact on practice and subsequent action taken. Sources of improvements were based on the outcome of feedback about the service, complaints, audits, staff suggestions, clinical meeting discussions and significant events.

Some examples of quality improvements made included:

- Health education/promotion activity with the local school.
- Based on patient feedback the revision of the opening hours, provision of additional clinics, including a peripatetic PCRf clinic, and continuity of clinicians at Ayios Nikolas Medical Centre.
- The PCRf provision of regular musculoskeletal training to doctors, nurses and medics.
- The ERI and physical training instructors jointly facilitated reconditioning rehabilitation classes for patients to support continuity back to mainstream physical training.
- The 'It's okay to ask' scheme was introduced as a result of a patient not understanding the dosage of their medication.
- Proactive approach to recruitment including recruitment outside of the usual processes, such as recruiting in advance of the RIB transition, prompt DBS checks and interviewing through Skype.

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- The use of 'distraction therapy boxes' with children under going appointments, examinations and procedures.
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