Honington Medical Centre

Honington, Bury St Edmunds, IP31 1EE

Defence Medical Services inspection report

This report describes our judgement of the quality of care at Honington Medical Centre. It is based on a combination of what we found through information provided about the service, patient feedback and through interviews with staff and others connected with the service. We gathered evidence remotely in line with COVID-19 restrictions and guidance and undertook a short visit to the practice.

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

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As a result of this inspection the practice is rated as good overall

The key questions are rated as:

Are services safe? – good

Are services effective? – good

Are services caring? – good

Are services responsive? – good

Are services well-led? - good

We carried out an announced comprehensive inspection of Honington Medical Centre on 15 May 2018. The practice was rated as requires improvement overall, with a rating of requires improvement for the safe, effective and well-led key questions. The practice was rated as good for the caring and responsive key questions. A copy of the report from the previous inspection can be found at:

www.cqc.org.uk/dms

We carried out a follow up inspection of Honington Medical Centre on 9 July 2019. The practice rating remained as requires improvement overall, with a rating of inadequate for the safe key question, requires improvement for the well-led key question and good for providing effective, caring and responsive services. A copy of the report from the previous inspection can be found at:

www.cqc.org.uk/dms

We carried out this announced follow up inspection on 5 and 12 July 2021. The inspection was carried out remotely on both days and included a short visit by a CQC inspector on 12 July. This report covers our findings in relation to the recommendations made and any additional findings made during the inspection.

The CQC does not have the same statutory powers with regard to improvement action for 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 CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the Defence Medical Services.

At this inspection we found:

- The practice was well-led and the leadership team demonstrated they had the vision, capability and commitment to provide a patient-focused service and consistently sought ways to develop and improve.
- The leadership team had a clear understanding of the issues and had developed plans to resolve or mitigate identified risks.
- There was an open and transparent approach to safety. An effective system was in place for managing significant events and staff knew how to report and record using this system.
- Effective arrangements were in place for infection prevention and control. These included steps taken to minimise the risks associated with COVID-19.
- The arrangements for managing medicines, including obtaining, prescribing, recording, handling and disposal in the practice minimised risks to patient safety.
- Standard operating procedures had been developed to ensure appropriate coding, outcomes and templates are consistently used by clinicians. A programme of ongoing audit of clinical records had been established to ensure standards of record keeping are monitored. However, this did not extend to the nursing team.
- Patient feedback about the service was positive. It showed patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The practice had developed an audit programme to improve patient outcomes but there was scope to improve the amount of clinical auditing.
- The practice had a system to ensure that staff completed the required mandated training. Further work was required to improve professional training available to the nursing team.
- Effective medical cover was in place to cover the times when the practice was closed.
- Staff understood the Mental Capacity Act (2005) and how it applied in the context of the service they provided.
- Effective processes were in place for capturing and acting on patient feedback. The practice had adopted a proactive approach to increase the amount of data captured through patient feedback.
- Governance systems, activities and working practices had been strengthened and better integrated. The healthcare governance workbook was well-developed and captured a wide-range of information to illustrate how the practice was performing.
- Information systems and processes to deliver safe treatment and care had been developed including referral tracking, notes summarising, audit of clinical record keeping and the management of referrals.

- The practice had good lines of communication with the units and welfare team to ensure the wellbeing of recruits. Links had been developed both internally and externally to enhance the support provided to patients.
- The building and equipment were sufficient to treat patients and meet their needs.
- The privacy and dignity of patients was respected with clinicians using privacy screens and curtains when treating patients.
- Staff understood and adhered to the duty of candour principles.

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

- A pro-active approach had been taken to ensure patients with hearing difficulties were able to be supported when attending the centre.
- The practice manager had developed leaflets for patients leaving the military to help transition into civilian life. For example, advice on what services were available and what people's entitlements are once they had left the military.
- The practice manager had worked with a doctor from Brize Norton to develop a leaflet to help and advise on how to maintain good mental health. The leaflet was already live on the station SharePoint and had been sent for print so the practice could do a leaflet drop throughout the station.
- The practice had been proactive in upskilling and motivating medics through enhanced training and individual development plans. This approach had been recognised by the regional team as a potential roll out project.

The Chief Inspector recommends:

- Ensure safeguarding contact details are clearly displayed in all clinical rooms.
- Take action to address issues identified in the infection prevention and control audits.
- Further strengthen the arrangements for waste management to minimise risks associated with clinical waste.
- Ensure Primary Care Rehabilitation Facility (PCRF) staff use appropriate templates when assessing patients.
- Improve the documentation of clinical review meetings for the nursing team.
- Continue to explore ways to ensure that all patients are supported to identify risks that might lead them to develop poor long term health.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

This inspection was undertaken by a CQC inspector and the inspection team comprised specialist advisors including a primary care doctor, a practice nurse, a practice manager, a physiotherapist, a pharmacist and a second CQC inspector.

Background to Honington Medical Centre

Honington Medical Centre provides a routine primary care service to a patient population of approximately 1,200 service personnel. Families and dependants are signposted to nearby NHS services. At the time of the inspection there were 19 registered patients under the age of 18 and 293 patients aged 40 and over. The practice also provides occupational health to service personnel only.

In addition to routine GP services, the treatment facility offers minor surgical procedures, physiotherapy services and travel advice. Family planning advice is available, with referral onwards to NHS community services. Maternity and midwifery services are provided by NHS practices and community teams.

Opening hours are from 08:00 to 17:00 on Monday, Tuesday and Thursday. On a Wednesday and Friday, the practice opens from 08:00 to 13:00 and from 13:00 to 17:00 for urgent appointments. Outside of these hours including weekends and public holidays, cover is provided by NHS 111.

The staff team at the time of the inspection

Position	Numbers
Senior Medical Officer (SMO)	one
Deputy SMO	one
Civilian medical practitioners (CMP)	two
Civilian practice nurses	three
Warrant Officer Military practice manager	one one
Pharmacy technician	one
Physiotherapist	four
Exercise Rehabilitation Instructor (ERI)	three
Administrative staff	one E1

	one E2
Combat medical technicians (medics)	15

Are services safe?

We rated the practice as good for providing safe services.

Following our previous inspection, we rated the practice as inadequate for providing safe services. We found inconsistencies in processes to keep patients and staff safe including gaps in:

- medicines and equipment required when dealing with an emergency;
- healthcare waste management;
- referral tracking; and
- systems and processes for medicines management.

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

Safety systems and processes

- 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. The safeguarding policies were reviewed annually.
- There was a risk register of vulnerable patients and a system to highlight them on the clinical operating system (referred to as DMICP). The practice had strengthened their Read coding, patients aged under the age of 18 were Read coded as vulnerable and females in training were coded to allow closer monitoring. We reviewed an example of a patient who had presented with symptoms that raised concerns of domestic abuse. The practice described how the patient was supported with a coordinated approach.
- Staff took steps to protect trainees from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Practice staff attended meetings with welfare teams and the Chain of Command to discuss the needs of this population group when required.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. A list of trained chaperones was displayed in clinical rooms. Chaperone training was part of the induction and supported by annual discussion around the role and responsibilities, being a chaperone and shared experience of carrying out the role. However, safeguarding contact details were not clearly displayed in all clinical rooms meaning potential delays in referral.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- There was a system to manage infection prevention and control (IPC). Since the last inspection, the practice had appointed a lead and deputy who were supported by the regional IPC lead. The practice IPC link nurse and practice manager conducted a monthly compliance check of the building. This was recorded on a register together with any follow up action required. However, we found requests for minor non-compliances that went back to 2018.
- There were systems for safely managing healthcare waste supported by a policy. Clinical waste and pre-acceptance audits were carried out annually, the most recent in March 2021. The external storage area for waste while awaiting collection was now secured. The practice had no nappy bin in the baby changing area nor purple lidded bins (used for cytotoxic waste; medicines used to treat cancer, immunosuppressant's, anti-virals or hormone based). The practice staff were not aware that injectable contraceptives must be disposed of in purple lidded bins and raised this with the regional pharmacist. The practice established that the only waste came from a contraceptive injection and there was none scheduled for eight weeks. The waste disposal contract was amended to include a nappy bin and a purple lidded bin and this was placed on the risk register while waiting for delivery of the new bins.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. The safety certificates for water, gas, electric and legionella were held by the unit and copies were made available to the practice. We viewed these to view on the inspection day, the practice manager kept a board with a note of due dates for all safety checks and a folder with copies of the most recent certificate. There was a programme to flush taps in order to prevent the build-up of bacteria that can lead to legionella.
- Clinicians within the PCRF who utilised acupuncture adhered to a standard operating procedure (SOP) which detailed the use of acupuncture within the Defence Medical Services. However, the practical application of acupuncture within the SOP was generic and had not been adapted to include more details regarding application. There was a written patient consent form for acupuncture and this was scanned onto the patient's clinical notes. There was an acupuncture specific risk assessment, patient information leaflet and health screening form.

Risks to patients

There was a system to assess, monitor and manage risks to patient safety. At the last inspection, we found some gaps which had now been strengthened.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods. At the last inspection, there was a short-term manning issue within the PCRF although patients continued to be seen within the DPHC target of 10 days. At this inspection we were told that the PCRF team were up to the full establishment and all key performance indicators (KPIs) were being met.
- An induction system was in place for temporary staff and this had been tailored to their role. The practice manager had developed this, for example there was a specific locum

induction pack different to the pack for permanent staff who had more mandatory training and station wide briefings.

- Clinicians adhered to military guidance around sickness periods for personnel. They communicated effectively with Chain of Command so that line managers knew which tasks personnel could safely undertake.
- Following the previous inspection, the practice had risk assessed the emergency medicines held and was now equipped to deal with medical emergencies. All items located on the emergency trolley had been uploaded onto the clinical operating system (DMCIP) which enabled stock expiry to be managed more efficiently.
- Staff were trained in how to respond to a medical emergency, for example, simulated training scenarios had been carried out and the medics had completed additional training in telephone triage. Clinicians knew how to identify and manage patients with severe infections including sepsis. Sepsis training was last done in October 2020 and was refreshed annually. There was a dedicated notice board with leaflets to inform patients about sepsis. Further training that was refreshed annually included cold injuries, heat injuries, basic life support and anaphylaxis.
- When there were changes to services or staff, the practice assessed and monitored the impact on safety using a comprehensive risk assessment template.
- There was no wet globe bulb testing (WBGT-used to determine appropriate exposure levels to high temperatures) monitoring at the time of inspection. This was on the risk register and a wet globe had been ordered. In the interim, temperature readings with a thermometer were recorded. PCRF staff had attended training on heat injury and heat illness prevention. There was a risk assessment in place for heat stress. The medical centre did have an air conditioning system that included the gymnasium. Information on display in the gymnasium advised patients on safe exercise to rest ratios.
- A COVID-19 risk assessment had been completed. Clinics had been moved to telephone and/or Skype to reduce the need to visit the medical centre. Face to face appointments were offered when required. Staff were provided with personal protective equipment and lateral flow tests were required for anyone entering the medical centre. Sick parade had changed to a virtual clinic and a private room was set aside in the training wing specifically for trainees. Staff worked from home where possible and there was a one way system round the practice with hand sanitiser available at the main entrance and throughout the centre.

Information to deliver safe care and treatment

At our previous inspection we identified that staff did not always have the information they needed to deliver safe care and treatment to patients because individual care records were not always written and managed in a way that kept patients safe. The system to manage hospital letters had been strengthened to include internal referrals and the summarising of patient notes was up-to-date.

- The system to manage pathology results was effective. There was a responsible individual and several staff members were trained to cover any period of absence.

- At the previous inspection the practice had experienced a significant backlog in electronic summarising. The practice had introduced an SoP for summarising and the practice manager checked population manager monthly and this was pulled forward in between times following any intake of trainees. There was only one set of notes to be summarised at this inspection.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results with named staff responsible.
- Referrals and hospital appointments were managed by the administrative team and patients were well supported to obtain the timeliest access to secondary care. A standard referral template letter was in use by clinicians and an audit had been done to ensure that referrals were being written in the most effective way. Internal referrals (to other healthcare services within the military) had been included since the last inspection.
- Staff told us that access to clinical records in DMICP was generally reliable but sometimes delayed due to connection issues. In such an event, regional headquarters was informed and a tannoy announcement informed patients that only urgent appointments could be facilitated. Clinic appointments, printed on the day preceding, made practice staff aware of who is due in for an appointment so they could ensure patients were contacted and appointments rearranged. This was included in the practice business continuity plan.

Safe and appropriate use of medicines

Systems for appropriate and safe handling of medicines had improved following the previous inspection:

- Regular checks were routinely carried out on medicines, including vaccines, and emergency medicines and equipment. We found all items were within date and appropriately stored.
- The practice's arrangements for the access, storage and monitoring of prescription stationary had been improved since the previous inspection. Blank prescription pads and prescription paper were stored securely and an effective tracking system had been implemented.
- The practice routinely held controlled drugs on the premises. Storage and access arrangements were satisfactory and there was now an effective system for monitoring items prescribed.
- Written procedures (SOPs) were in place to support safe dispensing practice. Doctors, nurses and medics had now signed the SOPs applicable to them; for example, access for key coded doors and lone working. Competencies of medics were assessed to confirm compliance with SOPs; for example, the pharmacy technician assessed medics for dispensary competencies. Medics were not permitted to run the dispensary without the pharmacy technician present.

- Staff had access to British National Formulary (BNF) and prescribing formulary. An antibiotic prescribing audit ensured that prescribing practice was in line with local guidelines.
- Prescriptions were signed before medicines were dispensed and handed out to patients.
- Patients taking high risk medicines (HRMs) were well managed and the relevant monitoring checks were checked as completed before their repeat prescription was issued. A doctor led on the monitoring of HRMs supported by the pharmacy technician.
- PGDs (Patient Group Directions) were in use to allow non-prescribing staff to carry out vaccinations in a safe way. PGDs were appropriately managed, staff had received training and authorisation by the SMO had been recorded. The practice stated that PSDs (Patient Specific Directions) were not currently used with routine vaccinations normally administered by medics on hold to allow time to deliver COVID-19 vaccinations.

Track record on safety

The practice had a good safety record:

- The practice manager was the lead for health and safety. Risk assessments in place included needle stick injury, lifting and handling, legionella management and lone working.
- The new facilities that housed the medical centre had an inbuilt alarm system in all clinical areas that was audible throughout the building.
- A risk register was kept and reviewed monthly. In addition, a separate record of short-term issues was recorded.

Lessons learned and improvements made

The practice shared learning and made improvements when things went wrong.

There was a system and policy for recording and acting on significant events (referred to as ASERs) and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

There were systems for reviewing and investigating when things went wrong. There was evidence that the practice learned and shared lessons, identified themes and took action to improve safety in the practice. Staff we spoke with could recall the learning from recent significant events and minutes of meetings showed lessons learnt were discussed at the practice meeting. For example, a recent ASER highlighted a lack of clarity on responsibility for patients who were classed as temporarily unsuitable. An email from The Department of Community Mental Health (DCMH) had been sent to an individual's email box and resulted in a time delay due to not having been checked in a timely manner. As a result, the process was revised and correspondence was only sent to the group email inbox. In

addition, a piece of work was underway with the medical centre feeding into air command to help clearly define who carried responsibility at each stage of treatment.

There was a system for receiving and acting on patient safety alerts and the dispensary manager was the responsible individual for managing alerts. Central Alerting System (CAS) alerts were forwarded to clinicians for their review and any action taken was documented. There was a dedicated member of staff responsible for managing device alerts. A new system (run through the government website) had been implemented and included all alerts including MHRA, CAS and patient safety alerts. Key personnel were named and had accounts to provide a failsafe system. Weekly updates were sent out by email. Staff ran searches and recorded onto a tracker with retained searches retained.

Are services effective?

We rated the practice as good for providing effective services.

Effective needs assessment, care and treatment

Clinicians were aware of relevant and current evidence-based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical meetings had been held and minutes contained a record of discussion of best practice guidance.

- Our review of patients' notes showed that NICE best practice guidelines were being followed. A physiotherapist and CMP had the lead for implementing best practice guidelines.
- Staff we spoke with could refer to this and gave examples of updates they had acted on and discussed within the practice.
- The Defence Primary Health Care (DPHC) Team produced a newsletter that was circulated to clinicians providing further information and a summary of relevant safety updates.
- Guidelines were recorded on the healthcare governance workbook together with links and a record of when and who they were sent to. This was managed by a member of the PCRF.

Monitoring care and treatment

The practice undertook quality improvement work to review the effectiveness and appropriateness of the care provided.

- The DMS have a responsibility to deliver the same quality of care as patients expect in the NHS. 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 nurse was the lead for the management of patients with long term conditions (LTC). The population manager facility (referred to as 'popman') was used to identify and monitor patients with an LTC. A total of three patients were recorded as having high blood pressure and all had a record of their blood pressure having been recorded in the last nine months. There were four patients on the diabetic register and two had a total cholesterol of 5mmol/or less, an indicator of positive cholesterol control. There were 17 patients on the asthma register, 15 patients had been reviewed in the last 12 months and one was a new diagnosis. Those patients categorised as at risk were reviewed monthly.
- The practice had low numbers of patients with an LTC so the nurse provided us with an overview of the current status for each patient, including the action taken if patients failed to respond to recall letters.

- We looked at a range of patient records and were assured that the care of patients with a mental illness and/or depressive symptoms was being effectively and safely managed. Patients presenting with a mild to moderate anxiety or low mood were assessed in accordance with the pathway and treated initially at the practice (step 1) or referred to the DCMH if their clinical need was assessed as greater than what step 1 could provide. Patients and clinicians benefitted from the DCMH being on site; for example, we saw that there was no waiting list and close working relationships aided discussion and urgent handover for more complex patients.
- The PCRF used the musculoskeletal health questionnaire (MSK-HQ) for initial patient assessments with patients issued appropriate measures based on their injury. However, a review of patient notes highlighted record keeping could be improved. The questionnaire was missing in some cases, the template had not always been used and discharge measures were not always captured. Patients records showed Rehab Guru (software used for rehabilitation plans and outcomes) was routinely used to provide exercise rehabilitation programmes for patients.
- 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 57% of patients. This was low as guidance had been issued from strategic command during the COVID-19 pandemic to reduce face-to-face appointments. In addition, one of the two audio booths had been out of action for approximately 12 weeks. The practice had secured funding for a healthcare assistant and planned to task them with improving the percentage of patients in date for audiometric assessments.
- The practice had implemented a structured programme of audits to monitor and systematically review clinical and non-clinical outcomes to ensure treatment and care was being provided in accordance national and local standards. The PCRF lead led on clinical audit; this was included in the TORs. We noted the audit programme was recently implemented, therefore many of the audits were first cycle. However, the audit programme had been impacted due to staff absence, and there was scope to use clinical audit to further drive improvement. Audits undertaken in 2020/21 included:
    - antibiotic prescribing;
    - minor surgery;
    - pre-acceptance healthcare waste;
    - environment;

- The PCRF had their own audit plan integrated into the audit schedule. The PCRF had started looking at audits on stress fractures and on the uptake of direct access into physiotherapy. The plan had recently been implemented so it was too soon to evaluate any quality improvement.
- An internal quality assurance tool, the Defence Medical Services (DMS) Common Assurance Framework (CAF) was used to monitor safety and performance. The DMS CAF was formally introduced in September 2009 and since that time has been the

standard healthcare governance assurance tool utilised by DMS practices to assure the standards of health care delivery within DMS.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. The nursing team were the only exception, although staff demonstrated the knowledge and experience to carry out their duties, additional training would further continued professional develop (CPD) of individuals.

- 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.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation. The induction process had a separate annex for each professional cadre with an additional reference manual for doctors.
- Mandated training was monitored by the practice manager. Staff were sent an email each month reminding them of training they needed to complete and a link to the training. Compliance in mandatory training was at 89%.
- The nurses were given protected time to complete CPD work. However, funding for training was reported as issue with one nurse having used her own money to fund a cervical smear training course (the money was due to be reimbursed and a member of the regional management team explained that insufficient time was the reason that funding had not been approved prior to the course being completed). The nursing team had completed refresher training for asthma and diabetes in the last 12 months due to financial constraints. Patients who required spirometry were asked to attend military medical centres at Woodbridge or Colchester. There was no formal supervision in place to maintain oversight of the work carried out by the nursing team. We were told informal conversation took place but this was not documented.
- Internal and external training sessions were available to staff. For example, the practice manager had completed the DPHC practice manager's course, health and safety (IOSH) training, and training on aviation incident and event reporting. The practice nurse had completed 'IPC Link' training since the previous inspection. Medics had recently completed training in phlebotomy.
- The practice had implemented a formal peer review process for the ERIs and physiotherapists. An audit of the PCRF team's notes had been carried out in 2020 and was scheduled to be repeated in 2021.
- The RAF medics had SOPs and terms of reference (TOR) to set out their duties. They had specific training after nine weeks of being posted to allow them to work autonomously and a competency check as part of the induction which included being shadowed by a doctor, time in the PCRF, time in dispensary and on reception.

Coordinating care and treatment

Staff worked together and with other care professionals to deliver effective care and treatment. The practice met with welfare teams and line managers to discuss vulnerable patients who were both trainees and permanent staff.

- The practice had established links with local NHS services that had been put on hold due to COVID-19. These included connecting with the local clinical commissioning group, MASH and local safeguarding teams.
- The practice had developed better links with military practices to improve the handover of patients. For example, for patients who were considered unfit for service and were being treated in a military practice closer to where they lived.
- The practice manager had developed leaflets for patients leaving the military to help transition into civilian life. For example, advice on what services were available and what people's entitlements are once they had left the military.
- The Medical Centre is located within the same building as the PCRF service which provides physiotherapy assessment and treatment and an exercise rehabilitation service. Referral into the service was via a primary care clinician or through direct access to physiotherapy (DAP). Patients were able to obtain swift access to the PCRF and strong partnership working arrangements resulted in co-ordinated and person-centred care for patients.
- The SMO had a specialist interest in dermatology and reviewed cases from other military bases and had participated in clinics in the local hospital.

Helping patients to live healthier lives

The practice identified patients who may need 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.
- One of the nurses had the lead for health promotion. A medic acted as deputy but had been deployed. 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. For example, the training area around the base had a problem with ticks, the practice had delivered a 'tick awareness' campaign.
- The practice offered basic sexual health advice and the lead nurse had completed the 'Sexually Transmitted Infection Foundation' course (referred to as STIF). Chlamydia testing kits were positioned in the medical centre and in toilets around the station. However, the medical centre did not provide free condoms. Information was available for patients requiring sexual health advice, including signposting to other services. Where appropriate patients were referred to local genitourinary clinic for screening. In the nurse's corridor, information about local sexual health pathways was displayed for patients on a dedicated board.

- Medical centre staff attended unit open days and manned stalls to provide health promotion information to personnel. Notice boards were used in the waiting area for health promotion campaigns. These were dated and refreshed in line with the strategy. At the time of the inspection there were displays about mental health and prostate cancer. There was a monthly programme whereby promotions were refreshed in line with seasonal and/or topical demand. There had not been a health fair since the previous inspection due to COVID-19 but a health and wellbeing day had been held in October 2020. Wellbeing and resilience week took place annually with different topics that had included lower back pain workshop and women's health. The next workshop planned for October 2021 was to include lifting techniques and how to avoid injury.
- One of the nurses and one of the medics had been seconded to support vaccinations in the community. Nine of the medics had supported NHS secondary care during COVID-19 working in the intensive treatment unit (ITU), accident and emergency departments and the Nightingale hospitals. Vaccination parades were held at the medical centre for regional military personnel.
- The PCRF team collected and collated useful statistics and analysis of trends and used this to educate and advise the wider station with hope of reducing injuries and modifying training. For example, statistics were collated and presented at the 'Phase 2 Injuries in Steering Group' meeting and other working groups to highlighted trends that could be looked into further/acted on to prevent the same injuries occurring.
- A mental health information display was available for patients that took into account wellbeing and mindfulness. It provided details about websites patients could access for further information.
- The practice recalled patients for preventative health checks. Health checks can help to identify any conditions that patients may be at-risk of and could be avoided by preventative treatment and lifestyle choices. Royal Air Force (RAF) patients were recalled by birth date for medical screening. However, there were personnel located at Honington that were not routinely being recalled for over 40's health checks.
- A monthly search was undertaken for all patients aged 50 to 64 years who were entitled to breast screening. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred into the bowel cancer or abdominal aortic aneurysm (AAA) screening programs.
- The number of women aged 25 to 49 (there were no women patients aged 50 to 64) whose notes recorded that a cervical smear had been performed in the last three to five years was 86 out of 89 eligible women. This represented an achievement of 97%. The NHS target was 80%. Invite letters were sent out and followed up if not responded to. The smear lead contacted patients by telephone or email and invited them into the practice to discuss the smear test and if required, to show them the kit and equipment which then could help the patient decide if they wish to go ahead. If the patient decided she would like a test, then this was completed immediately to prevent any further delay. Since implementation, this approach had resulted in the smear uptake in the practice being improved.

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 July 2021 provides vaccination data for patients using this practice (regional and national comparisons were not available):

- 92% of patients were recorded as being up to date with vaccination against diphtheria.
- 92% 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.
- 93% of patients were recorded as being up to date with vaccination against Hepatitis A.
- 92% of patients were recorded as being up to date with vaccination against Tetanus.
- 99% of patients were recorded as in date for vaccination against MMR
- 98% of patients were recorded as in date for vaccination against meningitis.

- Units were responsible for ensuring their personnel kept up-to-date with vaccinations. The practice worked collaboratively with Chain of Command to ensure all personnel requiring additional immunisations in line with operational requirements were identified and vaccinated within an appropriate timeframe. Monthly searches were undertaken to recall patients for vaccinations.
- On leaving the Armed Forces, personnel underwent a release medical with the approach tailored to individual patient's needs. The welfare team were engaged throughout the process to ensure all issues were adequately addressed. Transition to National Health Service (NHS) services was managed to ensure continuity of care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. For example, verbal consent was recorded in DMICP and PCRF staff took written consent for acupuncture procedures. An audit on consent had been carried out in June 2021. It was established that in the last 12 months 1,227 patients had consent documented on their records using 13 different codes. An email was sent out as a reminder to all staff to ensure that same codes were used consistently.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All staff had been given safeguarding adults pocketbooks which included a section on the application of the MCA. Bespoke in house training session on MCA was planned for July 2021.

When providing care and treatment for young recruits aged between 16 and18 years, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- The medical centre had taken account of patients' personal, cultural, social and religious needs; for example, practice staff we asked could explain how they would support patients if going through gender reassignment.
- The practice gave patients timely support and information. Translation services were available. For example, a guidance note had been provided for staff on how to use the 'Big Word' service and staff had been encouraged to open an account in readiness for exercises about to start overseas. A language poster was displayed using the five core languages to advise on the service availability and staff knew of a 'Big Word' print off that extended to 27 languages.
- A knowledge board in the main administration office was used to communicate key information. For example, any death of a service personnel and the process to follow. The board also included self-harm reporting and the requirements of the medical centre to inform welfare including the requisite form.
- A notice on the reception desk informed patients that if they wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. The practice manager planned to introduce a card to support patients request an appointment for a sensitive subject.
- The practice had an information network available to all members of the service community, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area. Information included what was available from the local unit and from civilian facilities, including healthcare facilities.

Involvement in decisions about care and treatment

- The clinicians and staff at the practice recognised that the trainee personnel they provided care and treatment for, could be making decisions about treatment for the first time. 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.
- The e-referral service had been implemented and was used to support patient choice as appropriate. (e-referral is a national electronic referral service which gives patients the choice of date and time for their first outpatient appointment in a hospital).
- Results from the practice's Patient Experience Survey in June 2021 (153 responses were collated);

- 97% said they felt they had been given clear information regarding their treatment and care.
- 99% of patients who responded said that they were treated with kindness and compassion.

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

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of organisations. We saw information that was age appropriate and relevant to the patient demographic which was prominently displayed and accessible. For example, we saw dedicated notice boards to promote 'Headspace' a scheme launched to support mental health wellbeing of RAF personnel.
- The practice acted in a compassionate way toward any patient that had to be discharged on health grounds. We saw that the practice reassured these 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.
- Practice staff told us that the station welfare staff kept a register of patients who were also carers and provided extra support as required. Carers were identified as part of the new patient registration process. The register included both carers and cared for patients. Carers and cared for patients were Read coded and recalled for annual flu immunisations and were prioritised for Covid vaccinations. There was an open door policy for support to be provided and staff knew of services that carers could be signposted to.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Privacy screening was provided in doctors', nurses' and medics' consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Clinic room doors were closed during consultations.
- The practice had identified the fact that conversations with receptionists could be overheard by patients in the waiting room, due to the open plan nature of the waiting area. The seating was set back from the reception desk, signage asked patients to stand back while waiting to be seen and music and television had been provided to assist with privacy.
- The practice could facilitate patients who wished to see a clinician of a specific gender.
- The Patient Experience Survey showed 99% of patients felt their privacy and dignity was always respected.

Are services responsive to people's needs?

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, tick removal had been promoted due to the amount of field exercise taking place and the quantity of ticks. The practice manager had worked with a doctor from Brize Norton to develop a leaflet to help and advise on how to maintain good mental health. The leaflet was already live on the station SharePoint and had been sent for print so the practice could do a leaflet drop throughout the station. Furthermore, we saw examples of the medical centre proactively finding ways to meet the health and wellbeing needs of certain patient groups by utilisation of the waiting area for health promotion.
- The facilities and premises were bespoke and appropriate for the services delivered. An access audit had been completed in August 2020 and resultant actions included repair of the automatic doors, the ordering of high back chairs and the review/update of all posters to ensure the font was size 16 and at a suitable height. Carry chairs had been ordered to be placed at refuge points for safe evacuation.
- A hearing loop had been approved although delays had been experienced with funding. The practice manager produced a business case to show there were a number of patients with hearing aids and 100 patients with moderate hearing loss (many patients who had suffered hearing damage when in areas of conflict who had then arranged privately fitted hearing aids).
- The practice had a policy available to staff or patients around when a home visit might be necessary and appropriate. The policy was included in the practice leaflet.
- The practice trained staff in equality and diversity and there was a 'diversity and inclusion' lead. The practice lead for diversity and inclusion had additional training for this role planned but put on hold due to COVID-19. Staff could access the lead on station and a dedicated board detailed all qualified leads on station and the point of contact in the medical centre. The lead also attended diversity and inclusion meetings at unit and national level.

Timely access to care and treatment

Patients' needs were met in a timely way.

- The medical centre accommodated patients with an emergency need on the day they presented at the practice. Routine appointments with a doctor could be facilitated the

same day and gradings were available within two working days. Nurses had capacity to see a patient within one day.

- The Defence Rehabilitation Headquarters collates a dashboard of information in relation to waiting times and patients who do not attend for their appointment. These are key performance indicators (KPIs) as timely access to physiotherapy and rehabilitation are important for effective patient recovery. The dashboard showed that 100% of KPIs had been met. For example, a routine physiotherapy appointment for a new patient was available within one day, a follow up physiotherapy appointment within three days and we were told urgent appointments would be accommodated on the same day. A direct access physiotherapy (DAP) service was in place for patients to self-refer to the PCRF. Patients using DAP were seen the next day in most instances.
- Outside of routine clinic hours, telephone cover was provided by a doctor. From 18.30 hours, patients were diverted to the NHS 111 service and/or E-consult (a message could be left for the practice to follow up on the following working day if not urgent). If the practice closed on an afternoon for training purposes, patients could still access a doctor in an emergency. In this way, the practice ensured that patients could directly access a doctor between the hours of 08.00 and 18.30, in line with DPHC's arrangement with NHS England.
- The nearest accident and emergency department was located at the West Suffolk Hospital in Bury St Edmunds (approximately 13 miles away and detailed in the practice leaflet).
- Results from the practice's patient experience survey (153 responses were received) showed that patient satisfaction levels with access to routine care and treatment were high;
    - 96% of patients said they were able to access healthcare easily.
    - 97% of patients felt satisfied with the method of their appointment (in person, by telephone or by E-consult).

- Outlined in the practice information leaflet, electronic consultations with a clinician could be organised. The practice leaflet confirmed home visits were available and provided comprehensive details for out of hours services.

Listening and learning from concerns and complaints

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

- Defence Primary Health Care had an established policy and the practice adhered to this.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We reviewed 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. Complaints management was comprehensive and included an audit to identify any

trends. The last audit (January 2021) showed no obvious trend. We reviewed a recent complaint to find that it was managed appropriately and to the satisfaction of the complainant.

- Information was available to help patients understand the complaints system.

Are services well-led?

We rated the practice as good for providing well-led services.

At our previous inspection, we rated the practice as requires improvement for providing well-led services. We identified shortfalls in governance arrangements and managing risks.

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

Leadership, capacity and capability

The leaders at the medical centre had been working hard to address areas they had identified as requiring improvement as well as building resilience and continuity in readiness for a handover from the SMO. Significant work had been undertaken and it was evident that a cohesive and comprehensive plan had been implemented by the practice management team. The impact of COVID-19 was seen to have been well managed, areas that required further development such as audit, had been scheduled but categorised as lower priority.

- Staff felt that they could raise concerns if they had them. A practice-wide meeting had been established where all staff could get together to share and learn from key messages. Regular social events held helped develop a team approach. These had continued during COVID with quizzes and Christmas celebrations facilitated using digital platforms.
- The practice was well supported by the regional management team and in particular, the regional team supported the practice manager when tackling issues that needed help. For example, funding to provide enhanced training for the medics.
- Leaders were knowledgeable about issues and priorities relating to the quality of services. As a result, key risks were being addressed.
- There was flexibility within leadership roles to ensure continuity in each department. The practice manager had worked hard to ensure key roles had at least one second point of contact.
- The practice had supported a doctor in need. Advice was sought from occupational health and adjustments were made to support the individual, for example, minimising the use of stairs by allocating a room closest to the waiting area, joining meetings electronically and encouraging use of the lift.

Vision and strategy

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

- The practice had formulated their own mission statement developed through engagement with the station: 'To maintain the health and operational effectiveness of RAF Honington through efficient and high-quality healthcare' and there was a drive to become an exemplar standard for the region now that the long-term future of the base had now been confirmed and manning levels had been addressed.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The leadership team were working on a succession plan to address known future changes in key personnel.
- The medical centre planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care and key systems had been reviewed to make them more effective:

- Staff stated they felt respected, supported and valued. Discussion with staff members indicated that morale was high and in particular staff were complimentary about the leadership.
- The practice focused on the needs of patients.
- Leaders and managers had taken action to address gaps in the performance of the practice, specifically in response to those issues highlighted at the previous inspection and in particular the strengthening of processes around medicines management.
- 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 had confidence that these would be addressed. Opportunities for staff to have positive influence on the practice had been extended due to the establishment of a regular practice wide forum.
- There were processes for providing staff with professional development. This included appraisal and career development conversations. All staff received annual appraisals and were supported to meet the requirements of professional revalidation where necessary. Staff were encouraged to complete courses aimed at their professional development. For example, particular focus had been given to upskill medics, for example, phlebotomy and blue light training (allows them to drive the first responder vehicle). Individual plans had been put together where for example, report writing (workshop was put on) and effective communications (run by the Padre). This had been looked at by regional team as a potential roll out. The training had been in response to the medics having returned to desk based roles having supported the Covid effort in hospitals and in the community. Designed to keep them motivated and upskilled with transferable qualifications recognised outside the military. However, there was scope to improve CPD within the nursing team.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

Having consolidated and clarified responsibilities, roles and systems of accountability to support good governance and management, the practice had built in more resilience with leads, deputies and cross working, in particular using the medics to take on additional roles. Improvements had been built on since the last inspection:

- Joint working with the welfare team, pastoral support and Chain of Command was in place with a view to safeguarding vulnerable personnel and ensuring co-ordinated person-centred care for these individuals. The Department of Community Mental Health (DCMH) provided a weekly outreach service at the practice which fostered strong links between the practice and the department.
- The PCRF delivered rehabilitation services from the same building as the medical centre. The service enabled patients to access timely, holistic care. Staff working within the PCRF felt integrated within the medical centre team.
- Shared care protocols were in place for patients taking high risk drugs and an effective system implemented for the controlled storage of medicines and prescription stationary.
- Practice leaders had established a number of policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. However, the clinical waste procedure was strengthened after gaps had been highlighted at the inspection.
- A comprehensive meeting schedule was established and had been consolidated since the last inspection. This included healthcare governance, clinical, full practice meeting and management meetings held monthly. Junior rank meetings were held every six to eight weeks and heads of department meetings every month. Discussion at each meeting was recorded and made available to those unable to attend.

Managing risks, issues and performance

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

- Practice leaders had established a governance structure that provided oversight of risk and the quality of service.
- The practice maintained a risk register a record of short-term issues. We saw that these were reviewed regularly and acted on.
- Audit was having a positive impact on safety.
- The practice had a SOP for the deactivation of electronic accounts as soon as staff ceased working within the practice to prevent any data breach. All staff were in date for ‘defence information passport’ and ‘data security awareness’ training.
- There was a business resilience plan and a station major incident plan that were reviewed regularly and tested through simulation. The PCRF business continuity plan was separate and could be made more resilient if merged.

Appropriate and accurate information

- An understanding of the performance of the practice was maintained. The practice manager used the Common Assessment Framework (CAF) as an effective governance tool. A number of different meetings were held regularly and extended to the whole team. A practice wide meeting had been established and had provided a forum for effective discussion and shared learning. Minutes from meetings we reviewed demonstrated that key agenda items had been discussed including safeguarding, NICE guidance and CAS alerts. Meetings were used for forward planning, for example, to ensure that patient needs were met during busy clinic times and periods of staff sickness.
- 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.
- As part of the medical centre, the PCRF used the same eCAF as the medical centre. It was maintained by all staff who each had responsibility for a domain.

Engagement with patients, the public, staff and external partners

The 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. Patient feedback was requested monthly, and a patient experience survey was undertaken throughout the year.
- Patients could leave feedback via a complaints and compliments book. A notice board in the waiting area provided a summary of feedback for patients. This included actions taken, for example, high back chairs and chairs with arm rests had been ordered following feedback from patients.
- There was evidence that the practice acted on feedback from patients. For example, in response to the January 2021 patient survey, a report was produced and discussed with the practice team. Areas of improvement identified included better involvement in decisions about patient care by referral options to be routinely discussed with the patient, and, reception staff to always ask the patient if the appointment time offered was convenient for them.
- The PCRF staff ran their own patient survey. The feedback from the most recent survey (run in April, May and June 2021, 40 responses) showed a high level of patient satisfaction. The PCRF ran their own survey in between the main practice survey so not overload requests for feedback.
- Good and effective links with internal and external organisations were established, including with the welfare team, RRU and of note, with DCMH. Since the previous inspection, the practice had developed working arrangements with the local Clinical

Commissioning Groups (CCGs), local primary care networks (PCNs), veterans support and the armed forces disability network.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation. The practice maintained a quality improvement log on the health governance workbook. The practice had completed a number of quality improvement projects (QIPs) which were detailed on the quality improvement log. QIPs were also communicated to DPHC Regional Headquarters. There was a good examples of quality improvement that included:

- Wipeable clean/to be cleaned signs for waiting room chairs to minimise the risk of spreading infection (as part of the COVID-19 measures).
- Gaining the agreement from Occupational Medicine for verbal consent to be adequate to ensure that downgrading/upgrading could continue with COVID-19 restrictions.
- Promotion of physiotherapy advertising about post pregnancy/ menstrual injuries due to hormonal changes. The practice reached out to this group of patients to capture their needs if required.
- Patients questionnaire improvement to achieve an uptake in returns. A template had been set up for the reception staff to email a feedback questionnaire to 50% of the previous week's appointments. This was completed for every week when the survey was running and resulted in the facility getting the highest amount of returns regionally as well as useful data to improve the practice and identify what worked well.
- The PCRF had been involved in a number of QIPs. All were recorded on the workbook. For example, a review of the impact following long runs had resulted in distances being shortened and carrying less weight.