

Defence Medical Services

Hyde Park Medical Centre

Quality Report

Knightsbridge
London
SW7 1SE

Date of inspection visit: 8 November 2019
Date of publication: 19 December 2019

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

Ratings

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

Chief Inspector's Summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection at Hyde Park on 08 November 2019. Overall, the practice is rated as outstanding. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff.
- We saw examples of collaborative working and sharing of best practice to promote better health outcomes for patients.
- There was a comprehensive programme of clinical audits including regular reviews of the service used to drive improvements in patient outcomes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Staff were aware of current evidence-based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the Defence Medical Services (DMS) patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Patients we spoke with told us that medical staff went the extra mile to ensure that their needs were well supported in the way that most convenient for the patient.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The medical centre staff worked proactively with Chain of Command and welfare services to ensure that registered personnel and their dependants received emotional and holistic support as required. They also engaged in injury prevention work.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

The medical centre engaged with Chain of Command to find ways to balance the requirements for delivering traditional mounted ceremonial duties, whilst also preventing injuries amongst military

personnel. Examples included the appropriate use of saddles during Guard Exercise and the introduction of pilot use of air body protectors for mounted personnel.

The medical centre delivered continuity of care which was strongly tailored to meet the needs of the individual. Clinicians understood the needs of patients and made themselves available to ensure that the medical centre was open when regiments were working (sometimes from 01:00 hours) and also at weekends when ceremonial activities were scheduled.

We reviewed patient records and saw examples of clinicians going the extra mile to ensure that vulnerable patients were supported not only with their healthcare needs, but also with debt management, housing concerns and also issues resulting from living away from their family members. We spoke with a number of patients on the day of our inspection who confirmed that the holistic support they had received was outstanding and helped them to improve their mood and outlook.

Many personnel working at Hyde Park Barracks were living away from home, their families and often their children. We reviewed consultations with patients who had sustained injury or were experiencing poor mental health and noted that clinicians had invested significant time in accessing care services closer to the patient's actual home as this better supported their recovery and emotional needs. We spoke with a number of patients on the day of the inspection who confirmed that clinicians had 'gone the extra mile' to secure them care at home in order that their families could support their recovery. Patients told us that this had led to improved outcomes for them.

Staff identified a concern around the timely collection of specimens and, as a result, arranged for a courier to provide more reliable transport. We saw evidence that showed that this improvement had led to more timely and accurate test results for patients.

Dr Rosie Benneyworth BM BS BMedSci MRCP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager adviser. A CQC Deputy Chief Inspector shadowed the inspection and spoke with patients.

Background to Hyde Park Medical Centre

Hyde Park Medical Treatment Facility is located in Knightsbridge in London. The treatment facility offers care only to forces personnel. Dependants and children must register at an NHS practice. At the time of inspection, the patient list was approximately 410. Occupational health services are also provided to personnel and a small number of reservists.

Family planning advice is available, with referral onwards to NHS community services. Maternity and midwifery services are provided by NHS practices and community teams. Patients requiring minor surgical procedures are referred to the medical centre at Wellington Barracks and those requiring physiotherapy services are seen in Aldershot. Sexual health services are available nearby and patients can be seen at either John Hunter Clinic at Chelsea and Westminster Hospital or 56 Dean Street. Secondary care referrals are made mainly to Chelsea and Westminster or Frimley Park Hospital.

The staff team

Position	Numbers
Regimental Medical Officer	one
General Duties Medical Officer (GDMO)	one
Civilian practice nurses	one
Practice Manager	one
Medic	one
Administrator	one

The medical centre was open from 07:00 to 16:00 Monday to Thursday and Friday from 07:00 to 14:00. However, the Medical Centre was often open from as early as 01:00 in order to allow patients to access care whilst working night shifts. The Medical Centre also opened at weekends when ceremonial events were taking place. The arrangements for access to medical care outside of opening hours were outlined in the practice leaflet and directed patients to contact NHS 111.

Are services safe?

Good



Our findings

Safety systems and processes

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

- The practice had safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff, including locums. They outlined clearly who to go to for further guidance. Staff received safety information for the practice as part of their induction and refresher training.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients was in place.
- The practice worked with other agencies to support patients and protect them from neglect and abuse, including operational managers, welfare teams and social services. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check.
- 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 an effective system to manage infection prevention and control.
- There were systems for managing healthcare waste. The clinical waste bin was currently shared with the veterinary service, but plans were in place to separate the disposal of human and animal clinical waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

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

- 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. Hyde Park Medical Centre belongs to the London Central Affiliated Medical Facilities; the other medical facilities are Woolwich Medical

Station and George Guthrie Centre for Health. This affiliation allows the three medical centres to share manpower and resource and so to effectively mitigate risks that arise.

- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The hatch in the reception area was higher than is ideal, but staff confirmed that they were able to monitor the welfare of waiting patients through regular checks. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- 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.
- Referral letters included all of the necessary information. There was an effective system in place to monitor referrals made and to follow up any anomalies.
- A process was established for scrutiny and summarising of patients' records and this was monitored by the practice manager. On arrival, patients were required to complete a new patient form and they were also encouraged to book a new patient appointment with a clinician. A clinician was responsible for summarising the notes in DMICP (Defence Medical Information Capability Programme). At the time of the inspection there was no backlog in summarising notes.
- Staff told us that there was infrequent loss of connectivity with DMICP and that issues never lasted more than an hour. Therefore the impact on patients was minimal. The practice had put together emergency outage packs which included paper copies of essential documents.

Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

- A process was established for the management of and monitoring of patients prescribed high risk medicines (HRM). Alerts, coding, diary dates and monthly searches were used to identify and manage patients on HRM. Shared care agreements were in place for the patients that required them.
- Written procedures were in place and reviewed regularly to ensure safe practice.
- Prescriptions were signed before medicines were dispensed and handed out to patients.
- The nurse was the sole clinician to administer medicines within the legal framework of PGDs (Patient Group Directions). An audit of administration within PDGs was undertaken in February 2019 and showed 95% compliance with the required standards. The 5% non-compliance related to minor diversion from protocol and did not raise serious concerns. A further audit is planned toward the end of 2019 with the aim of achieving 100% compliance.

Track record on safety

The practice had a good safety record.

- Measures to ensure the safety of the facilities and equipment were in place. The practice manager was the lead for health and safety. Electrical and gas safety were up-to-date. Arrangements were in place to check the safety of the water. A fire risk assessment of the building was undertaken annually. The fire system was tested each week. Staff were up-to-date with fire safety training and were aware of the evacuation plan.
- Safety processes for the practice were monitored and reviewed, which provided a clear and current picture that led to safety improvements. Risk assessments pertinent to the practice were in place and they had been reviewed. Safety data sheets were in place for hazardous substances. Equipment checks, including the testing of portable electrical appliances were in-date.
- An alarm system was in place and was tested weekly.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- 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. Staff provided several varied examples of significant events confirming there was a culture of effectively reporting incidents. Significant events were discussed and lessons learnt identified at the practice meetings. Significant events were not closed until all actions had been completed. ASERs were also discussed at London Central Affiliated Medical Facilities Healthcare Governance meetings to broaden shared learning.
- There was a system for receiving and acting on patient safety alerts, including alerts from MHRA (Medicines and Healthcare Products Regulatory Agency).
- Staff identified a concern around the timely collection of specimens and, as a result, arranged for a courier to provide more reliable transport. We saw evidence that showed that this improvement had led to more timely and accurate test results for patients.

Are services effective? (for example, treatment is effective)

Good



Our findings

Effective needs assessment

Our review of patient records demonstrated 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). These were discussed at the weekly meetings for clinicians and, if relevant to the wider staff team, at the practice meetings and health care governance meetings. Staff were also kept informed of clinical and medicines updates through the Defence Primary Health Care (DPHC) newsletter circulated to staff each month. Peer review between clinicians was being set up through the London Central Affiliated Medical Facilities with a view to further ensuring that guidelines were followed.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice. It is used across many NHS practices. The Defence Medical Services (DMS) have a responsibility to deliver the same quality of care as patients expect in the NHS. The QOF provides a useful way of measuring this for DMS). Because the numbers of patients with long term conditions are often significantly lower at DPHC practices, we are not using NHS data as a comparator.

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

- We reviewed patients on the diabetic register. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. For these diabetic patients, the last measured total cholesterol was 5mmol/l or less which is an indicator of positive cholesterol control. For these diabetic patients, the last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.
- We reviewed patients recorded as having high blood pressure. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. All had a record for their blood pressure in the past nine months. Of these patients with hypertension, one had a blood pressure reading of 150/90 or less. We discussed this patient with the nurse who confirmed that a monitoring system was in place and we saw that a future review appointment was booked.
- We reviewed patients with a diagnosis of asthma. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. All had

had an asthma review in the preceding 12 months which included an assessment of asthma control using the three Royal College of Physicians questions.

- We reviewed patients who were prescribed SSRIs (selective serotonin reuptake inhibitors are a class of drugs that are typically used as antidepressants in the treatment of depression and anxiety) and saw that patients had been encouraged to attend talking therapies before being offered anti-depressants. Patients had been reviewed consistently and we saw good evidence that their holistic and welfare needs had been discussed and solutions pursued. We noted extensive appropriate support for an individual with complex needs.

Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities, was also used to gauge performance. Data from the Force Protection Dashboard showed that instance of audiometric hearing assessment was slightly below average compared to DPHC practices regionally and nationally. 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). Current data showed:

- 100% of patients had a record of audiometric assessment compared to 99% for DPHC nationally.
- 77% of patients' audiometric assessments were in date (within the last two years) compared to 80% regionally and 85% for DPHC nationally. The medical centre communicated every week with Chain of Command (line managers) to request that personnel were overdue a hearing test received one. An audit was undertaken in May 2019 with the aim of sharing information and actions required with operational teams.

There was evidence of quality improvement including clinical audit:

- An ongoing programme of clinical audit was in place and demonstrated a commitment to improving outcomes for patients at the practice. Audits undertaken to date were cyclical and were relevant to the needs of registered patients. Audits were undertaken in 2019 to assess the smoking patterns of hypertensive patients and also to ensure that blood pressure checks were taking place. It was established that all hypertensive patients had been offered smoking cessation support and were currently non-smokers. All patients had had their blood pressure checked and some required recall. Ongoing monitoring and support for these patients had been agreed. An audit of antibiotic prescribing practice was undertaken in May 2019 and concluded that 90% of prescribing decisions had been in line with the 'summary of antimicrobial prescribing guidance – managing common infections' published by NICE and Public Health England. A recommendation was made around coding of clinical conditions and this was discussed and actioned at a weekly doctors review meeting. The audit was re-performed in November 2019 and showed improvement in coding. A referrals audit had been undertaken for all urgent referrals and action taken to improve coding in this area. An audit of equipment care checks was carried out in September 2019 and some gaps were identified and subsequent action taken.
- Monitoring exercises were in place to check that standard operating procedures continued to meet the needs of the practice and its patients.
- 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. When we reviewed the CAF we saw that any areas requiring further action or updating were being managed effectively.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This included topics such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and Caldicott accountability. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had all received mandatory training in subjects such as fire, basic life support and infection control. In addition staff had received role-specific training. For example, the infection control lead had attended a relevant course. Staff who acted as chaperones had received training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training including an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- The current practice manager was due to leave the service. The incoming practice manager was already in post, allowing for a period of learning and handover.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information was shared between services, with patients' consent, using a shared care record.

- From the sample of anonymised patient notes we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patient records were current and there was no backlog in summarising notes.
- Reports were usually received from the OOH service within 48hrs of a patient having accessed treatment. These reports were scanned on to DMCIP and alerts sent to a doctor to ensure they were read and appropriate follow up instigated if necessary. The reviewing doctor coded problems/conditions as necessary on DMCIP. Patients seen by the out of hours service (OOH) were required to present to the practice, if practicable, the next day for review.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We saw that any parental or guardian involvement in patients' care or treatment was with the consent of the patient.

- Informed consent was recorded in patient records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- All new patients were asked to complete a proforma on arrival. The practice nurse or GPs followed up any areas of concern, such as raised blood pressure.
- The practice offered basic sexual health advice including the issue of free condoms and referred on to local clinics in the community for more comprehensive services including family planning. The medical centre engaged with the sexual health consultant in Birmingham
- Medical centre staff attended health fayres to promote good health within the Regiment. This included advice and information on topics such as healthy eating, weight management, sexual health and supporting good mental health.
- Patients had access to appropriate health assessments and checks. A monthly search was undertaken for all patients aged 50 to 64 years who were entitled to breast screening. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred into the bowel cancer or abdominal aortic aneurysm (AAA) screening programs. All patients over 50 who had not had a cholesterol check in the past five years were called in to be tested. Flu vaccinations were offered to patients with a caring responsibility.
- Medical reviews were offered to all female personnel who were identified as women in ground close combat. These bespoke medicals sought to ensure that female staff knew how to monitor their own safety and when to seek advice, including advising a clinician (in confidence) promptly about pregnancy.
- The number of women aged 25 to 49 and 50 to 64 whose notes recorded that a cervical smear had been performed in the last three to five years was 21 which represented an achievement of 93%. The NHS target was 80%.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using public health information posters and they ensured a female sample taker was always available.

It is important that military personnel have sufficient immunity against the risk of contracting certain diseases. The World Health Organisation sets a target of 95% for vaccination against diphtheria, tetanus, pertussis and polio and measles, mumps and rubella. The data below from October 2019 provides vaccination data for patients using this practice. Regional and national comparative data is not currently available.

- 97% 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.
- 82% of patients were recorded as being up to date with vaccination against Hepatitis B.
- 84% of patients were recorded as being up to date with vaccination against Hepatitis A.
- 98% of patients were recorded as being up to date with vaccination against tetanus.

- Three patients were noted to be out of date for the MMR vaccine and had been contacted and advice offered.

Are services caring?

Outstanding



Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs and treated patients with equity.
- The practice gave patients timely support and information and we saw several examples where patients had been supported at unsociable hours in order to deliver positive outcomes for them.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 36 patient Care Quality Commission comment cards in total. Of these, 35 were entirely positive about the service experienced. One patient stated that a junior staff member had not communicated positively with them on one occasion but that the standard of care was high. Patients praised the medical centre staff who they perceived to be very caring and always available to meet their needs. Several patients described the efforts clinical staff had made to ensure that, not only their healthcare needs, but also their holistic needs had been met. Patients generally described clinicians who delivered good continuity of care in a compassionate and effective way.
- We spoke with 12 patients on the day of our inspection. All were patients who had used the medical centre within the last 12 months and who had volunteered to speak with us. They represented the diverse patient population served by the medical centre and four patients had experienced life-threatening conditions. We must protect the identity of patients and so cannot include any identifiable information or comment on the specifics of their treatment. We received a significant amount of very positive commentary around the service offered by Hyde Park medical centre. Of particular note was the personalised approach to care and a lack of assumption on behalf of clinicians that 'one size fits all'. Patients spoke about how important it was for them that their patient records were kept confidential and detail only shared with external stakeholders when absolutely necessary. It was clear that they felt that medical centre staff protected their confidentiality well. All patients spoke highly of clinical staff and told us that there were approachable and good at listening. One patient was clear that the approachable and trustworthy approach of the GP had been instrumental in them having the confidence to come forward and discuss a significant and potentially life-threatening condition.

Results from the practice's Patient Experience Survey (which took place between January and March 2019 and 40 patients responded) showed patients felt they were treated with compassion, dignity and respect. For example:

- 92% of patients said that they were treated with dignity and respect at all times.

- 93 % of patients said they found that the reception and administrative staff were friendly and helpful.
- 84% of patients said that the clinician fully explained their condition and treatment. 8% felt that this question did not apply to them.
- 84% of patients said the health professional they saw was good at listening to them. 8% felt that this question did not apply to them.
- 84% of patients said they had confidence in the clinician's treatment and decisions. 8% felt that this question did not apply to them.
- 85% of patients said if family, friends and colleagues could use the practice, they would recommend it to them. 15% said that this question did not apply to them (we commonly find that patients respond in this way as they know that their dependants are not entitled to register with many military medical centres).
- 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 demonstrated that they recognised that the junior 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. We spoke with a number of young patients who had expressed an interest in speaking with us and they told us that they were well supported to understand their injury or long term condition and to set realistic personal goals and to commit to their care plan in order to achieve best outcomes.
- In the patient survey conducted by the medical centre, 85% of respondents stated that they felt involved in making decisions about their care and treatment. 15% said that the question did not apply to them.
- Interpretation services were available for patients who did not have English as a first language and staff knew how to access them.
- The Choose and Book service had been implemented and was used to support patient choice as appropriate. (Choose and Book is a national electronic referral service which gives patients the choice of date and time for their first outpatient appointment in a hospital).
- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of organisations. We saw that information that was age appropriate and relevant to the patient demographic was prominently displayed and accessible. For example, we saw posters for symptoms that may suggest a sexual health screening appointment would be useful, avoidance and treatment of freezing cold injuries and the importance of talking to someone for people experiencing low mood or anxiety. We also visited the stables where cavalry personnel care for horses and saw that notices were displayed, encouraging personnel to seek support and advice if they had low mood.
- 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 them to

personnel within the military who could guide them through the exit process and transition to NHS care and other support functions.

- The practice proactively identified patients who were also carers and maintained a register. Where patients identified themselves as carers, a code was added to their records in order to make them identifiable and so that extra support or healthcare could be offered as required. There were signs displayed within the waiting area advising patients to make the medical centre aware of their caring responsibilities. A question was also included in the questionnaire for new patients.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. Patients we spoke with confirmed this.
- Patients could see a clinician of either sex if they had a preference. This was made possible through the affiliation arrangement with Wellington Barracks.
- 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. Music had been provided to assist with privacy and furniture had been re-arranged.
- We spoke with three patients who had recently experienced poor mental health. They had waited in line to speak with us because they wished to inform us about the high standard of care they had received. They particularly emphasised how the unobtrusive and calm demeanour of the clinicians had encouraged them to come forward and seek advice and support. They spoke about being 'respected' and 'not labelled'. They also felt that their clinical diagnoses would not be divulged without their consent to the Chain of Command and this played an important role in encouraging them to come forward and speak about their issues.
- In the patient survey, 84% of patients said they had confidence that their medical treatment and records would be treated confidentially. 8% felt that his question did not apply to them.

Are services responsive?

Outstanding



Our findings

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, the medical centre opened in line with the working hours of soldiers on stable duties. Sick parade therefore routinely started at 07:00 on week days and sometimes at 01:00 when the Regiment was preparing for certain duties. During weekend ceremonial activities, the medical centre also opened to provide care to personnel. Deploying units were offered bespoke force preparation clinics on request. Medical centre clinicians provided an immediate response on site to injuries caused by the horses (falls/bites/kicks).
- The medical centre engaged with Chain of Command to find ways to balance the requirements for delivering traditional mounted ceremonial duties, whilst also preventing injuries amongst military personnel. Examples included the appropriate use of saddles during Guard Exercise and the introduction of pilot use of air body protectors for mounted personnel.
- The facilities and premises, whilst dated and not spacious, were adequate for the services delivered.
- The practice stated that they would make reasonable adjustments in the rare circumstance that a patient found it hard to access services and required a home visit. A policy was in place to guide both staff and patients around when to grant a home visit.
- Clinicians working in Defence Medical Services also have a commitment to work alongside military services to deliver occupational healthcare. Hyde Park clinicians were involved in ensuring that personnel who were injured or unwell were provided with 'sick chits' which described which duties they could safely perform. We discussed several such cases with both clinicians and patients and found that the medical centre was rigorous in applying DPHC policy in order to keep personnel safe, whilst balancing the requirements of the Regiment with the emotional and physical needs of the patient.
- The practice had designed a bespoke 'fitness to work' chit which was more detailed and less ambiguous than the standard sick chit (FMed566). This meant that clinicians were better able to follow guidance around sickness periods for personnel and Chain of Command had a clearer idea of which tasks personnel could safely undertake.
- Many personnel working at Hyde Park Barracks were living away from home, their families and often their children. We reviewed consultations with patients who had sustained injury or were experiencing poor mental health and noted that clinicians had invested significant time in accessing care services closer to the patient's actual home as this better supported their recovery and emotional needs. We spoke with a number of patients on the day of the inspection who confirmed that clinicians had 'gone the extra mile' to secure them care at home

in order that their families could support their recovery. Patients demonstrated to us that this had led to improved outcomes for them.

Timely access to care and treatment

- Outside of routine clinic hours, telephone cover was provided by a GP at Northolt Medical Centre. From 18.00 hours, patients were diverted to the NHS 111 service. If the practice closed for an afternoon for training purposes, patients were diverted to a local affiliated medical centre. In this way, the practice ensured that patients could directly access a GP between the hours of 08.00 and 18.30, in line with DPHC's arrangement with NHSE.
- The practice leaflet gave clear directions on local accident and emergency unit access. The nearest accident and emergency department was located at Chelsea and Westminster Hospital.
- Results from the practice's patient experience survey showed that patient satisfaction levels with access to care and treatment were very high. For example:
- 92% of patients said they were able to obtain a convenient appointment in a convenient location when they needed one. 8% said that the question did not apply to them.
- 100% of patients who said that they needed to know which services were available to them said that they knew how to access them. Some patients said that this question did not apply to them.
- 85% said that they knew how to access treatment out of hours.
- Some patients mentioned access in comments cards they had filled out. All comments around accessing care and treatment were entirely positive and there were examples of patients who had been seen at unsociable times.

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 saw that information was available to help patients understand the complaints system. The RMO would investigate any clinical complaints.
- We spoke with 12 patients who told us that they felt comfortable and knew how to complain if the need arose. They confirmed that military rank would not be a barrier to them raising issues with the practice.
- Staff confirmed to us that there had been no written or verbal complaints raised in the last year. Staff confirmed that they would record verbal complaints and investigate them in the same way as those being made in writing.
- In the survey, 100% patients who felt that they needed to know how to complain responded to say that they knew how to. Some patients felt that this question did not apply to them.
- A Patient Participation Group (PPG) had recently been formed and was being overseen and supported by the practice nurse. Minutes from the October meeting showed that six PPG members had attended and given feedback on a number of areas. The nurse was able to demonstrate how some of the issues raised had already been addressed including the layout of reception furniture and ensuring that patients are not recalled more than necessary.

Are services well led?

Outstanding



Our findings

Leadership capacity and capability

Leaders were established within their leadership roles and the medical centre reaped the benefits of a stable workforce, including an RMO who had worked with the Household Cavalry since 2010.

Leaders demonstrated that they had the previous experience to address risks and they had implemented safe systems in line with DPHC requirements:

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood that the service faced challenge in 2020 when the current RMO was due to deploy elsewhere.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Best practice transitional arrangements were in place with the incoming practice manager already in post and working alongside the outgoing practice manager.

Vision and strategy

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

- There was a clear vision and set of values built around the Medical Facility's mission statement to 'deliver safe, efficient and accountable primary healthcare for entitled personnel to maximise their health and to deliver personnel medically fit for operations and ceremonial duties.' The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The medical centre planned its services to meet the needs of the practice population.
- The medical centre monitored progress against delivery of the strategy.

Culture

The medical centre had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The medical centre focused on the needs of patients and staff worked outside of their contracted hours to deliver care that was responsive and at a time and in a location that best supported the recovery of the individual patient.
- Openness, honesty and transparency were demonstrated when responding to incidents. 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses and medics, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

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

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

- Medical centre leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit was delivering impact on quality of care and outcomes for patients. Audit findings had been shared across the clinical team as a catalyst to improving individual's practice.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice had appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients which were sought through a comments box in the reception area, patient surveys and the PPG.
- An understanding of the performance of the practice was maintained. The practice manager used the Common Assessment Framework (CAF) as an effective governance tool. Practice meetings were held regularly and were used as an additional governance communication tool, for example to remind staff to complete all paperwork in respect of significant events. Learning

needs were discussed at practice meetings and appropriate training was requested and delivered through this forum. The meetings were also used for forward planning, for example, to ensure that patient needs were met during busy clinic times and periods of staff sickness. This provided an opportunity for staff to learn about how the performance of the practice could be improved and how each staff member could contribute to those improvements.

- Audit work has identified a requirement to refine the application of some clinical coding. Action had been taken to deliver this improvement. Staff at the medical centre were able to manipulate clinical data and could run searches to inform recall and monitoring activity.
- 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 practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- Patient views were sought and acted upon. Feedback was encouraged through surveys, the PPG and a comments box. We saw examples of improvements delivered in this way.
- The service was transparent and collaborative with external stakeholders in order to safeguard vulnerable individuals. Regular meetings with welfare teams and 'chain of command' provided a two-way forum for raising concerns and agreeing most appropriate support strategies.
- Clinicians engaged with local NHS services to learn and remain up to date with current national guidelines. The RMO attended NHS clinical meetings and also undertook locum work in an NHS practice.
- Staff were invited to feedback their ideas for improvement at practice meetings and during supervision and appraisal.

Continuous improvement and innovation

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

- Clinicians worked with Regimental officers to deliver injury prevention strategies in the best interest of personnel. They worked to find compromises which allowed the delivery of traditional ceremonial duties on horseback, whilst at the same time protecting the safety of riders. Recommendations around avoiding bare back riding during Guard exercise and a pilot use of air body protectors for mounted personnel were being implemented.
- There was a focus on continuous learning and improvement at all levels within the practice. For example, the nursing team had identified a risk around reliable collection of specimens and had arranged for a courier.
- The practice made use of both internal and external reviews of incidents and complaints and the affiliation approach enabled shared learning.