

Wittering Medical Healthcare Facility

RAF Wittering, Peterborough, PE8 6HB

Defence Medical Services inspection report

This report describes our judgement of the quality of care at Wittering Medical Healthcare Facility. 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 services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

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Summary

About this inspection

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 Wittering Medical Healthcare Facility in January 2020. The practice was rated as requiring improvement overall, with a rating of requires improvement for the safe, effective and well led key questions, and good for the caring and responsive key questions. A copy of the report from the previous inspection can be found at:

https://www.cqc.org.uk/sites/default/files/Wittering_MC_final_report.pdf

We carried out this announced follow up inspection on 7 and 8 July 2021. The inspection was carried out using a virtual approach on 7 July followed by a visit by the inspector on 8 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 the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare Regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the 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 Collyweston gym had been closed and the station gym refurbished. There were protected hours for patients undergoing rehabilitation to use the station gym. Most equipment within the gym had been appropriately tested and a cleaning schedule was in place and being monitored.

- Poor performance within some areas of the practice had been challenged and action taken to ensure that patients received consistently safe, effective and compassionate care.
- Effective arrangements were in place for infection prevention and control and these had been enhanced in response to the COVID pandemic.
- 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 strong lines of communication with the units and welfare team to ensure the wellbeing of military personnel.
- Staff had completed the required mandated training.
- Staff understood the Mental Capacity Act (2005) and how it applied in the context of the service they provided.
- Safe and effective processes were in place for the management of significant events and patient complaints.
- The outcome of clinical audit was used to improve patient outcomes. The practice had developed an integrated audit programme, designed so all staff groups participated in service improvement activity.
- 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.
- Governance systems, activities and working practices had been strengthened and better integrated. A list of lead roles for the practice was clearly displayed so staff were aware of the roles and responsibilities of colleagues.
- Information systems and processes to deliver safe treatment and care had been developed including Read coding, the use of review templates, the management of long-term conditions, audit of clinical record keeping, the new patient registration process and the management of referrals.
- The privacy and dignity of patients had improved with the reconfiguration of the waiting area and a partition wall within the PCRF.
- The arrangements for managing medicines, including obtaining, prescribing, recording, handling, storing, security and disposal in the practice minimised risks to patient safety.
- Staff understood and adhered to the duty of candour principles.

We escalated two issues to DMSR (Defence Medical Services Regulator) as they sit outside the influence of the medical centre team:

- Medical centre staff had requested but not been provided with a copy of the contract with the third party cleaning provider. Issues with regard to the effectiveness of cleaning provided had been noted and discussed with the contractor but had not resulted in the required changes. We escalated this issue to DMSR (Defence Medical

Services Regulator) as the contracted cleaning provision is within the scope of influence of station staff, rather than the medical centre team.

- As a result of connectivity outage at RAF Wittering, a number of staff have suffered loss of IT for between 2 and 4 days in June 2021. When this happens, the medical centre can only provide urgent care. Furthermore, there have been two occasions in June when power outage has resulted in the dispensing fridges being off for a considerable time frame, resulting in destruction of and /or limited shelf life of dispensing stock. We escalated this issue to DMSR (Defence Medical Services Regulator) as power and connectivity provision is within the scope of influence of station staff, rather than the medical centre team

The Chief Inspector recommends:

The service should ensure that waiting patients can be observed by staff.

We found these areas of notable practice:

The dispensary has adapted its approach throughout the COVID pandemic in order to keep staff and patients safe. Medicines have been collected from a side door near the dispensary; scripts have been redirected to other medical centres and pharmacies, pharmacy staff have worked alternate days to reduce contact and used a handover book and email to communicate professional information. At times, the dispensary have taken on the work of Kendrew Barracks when they were unable to provide a service.

The centre has set up a quarantine facility and provided asymptomatic testing, as well as supporting the COVID immunisation programme.

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 supported by a military primary care doctor, a pharmacist and a second CQC inspector. DMS were unable to source a physiotherapist specialist advisor for this inspection and so we were unable to re-inspect the primary care rehabilitation facility (PCRF).

Background to Wittering Medical Healthcare Facility

Wittering Medical Healthcare Facility is located near Peterborough. The treatment facility offers care to forces personnel and also a number of dependants, including children. At the time of inspection, the patient list was approximately 1500 (including 536 dependants).

In addition to routine GP services, the treatment facility offers physiotherapy services and travel advice. The medical centre provides some minor surgery. Family planning and sexual health advice is available, with referral onwards to NHS community services. Maternity and midwifery services are provided between the GPs, local NHS hospital and community teams.

The medical centre has a dispensary. A Primary Care Rehabilitation Facility (PCRF) is situated in the medical centre and provides a physiotherapy and rehabilitation service for patients. The PCRF was not included in this re-inspection as no specialist advisor could be found.

Opening hours are from 0800-1830 hours Monday to Friday. From 18:30 weekdays and at weekends/public holidays an on call duty medic is available for advice in the first instance and patients can access NHS 111 if they need to consult with a doctor.

The staff team at the time of the inspection

Position	Numbers
Senior Medical Officer (SMO)	one
Deputy Senior Medical Officer (DSMO)	one
Civilian medical practitioners (CMP)	one full time (currently locum) one part time
Civilian practice nurses	one band 6
Military practice nurse	two
Military practice manager	one
Deputy military practice manager	one
Physiotherapists	one full time, one part time
Exercise rehabilitation instructors (ERI)	one
Pharmacy technicians	one military one part time civilian (currently not in post)

Administrative staff	5 (one receptionist not in post)
RAF medics	7

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

Systems to keep patients safe and safeguarded from abuse had been strengthened.

- The practice had safety policies including safeguarding policies for adults and under 18s which were reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- Staff we spoke with were aware of the system to highlight vulnerable patients in clinical records and clinical staff could point us to a risk register of vulnerable patients. Alerts were being used within the electronic patient records system to highlight the needs of patients.
- The practice worked with other agencies to support both vulnerable adults and children and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. There were regular meetings with welfare teams, health visitors and Chain of Command to discuss the needs of the population group. We spoke with the welfare officer as part of this inspection, who described proactive and effective communications with the medical facility and key stakeholders.
- All staff received up-to-date safeguarding and safety training appropriate to their role. All clinicians working with children had received Level 3 training. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. There was a list of trained chaperones within treatment and consultation rooms to guide staff.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. This was also the case for locum staff. 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. Cleaning services were provided by a contracted third party. Medical centre staff had requested but not been provided with a copy of the contract with the third party provider. Issues with regard to the standard of cleaning provided had been noted and discussed with the contractor and an issues log was in place. We escalated this issue to DMSR (Defence Medical Services Regulator) as the contracted cleaning provision is within the scope of influence of station staff, rather than the medical centre team.
- There were systems for safely managing healthcare waste.

- The practice ensured that facilities and equipment were safe within the medical centre and that equipment was maintained according to manufacturers' instructions.
- The gym equipment belonged to the station gym and were not DPHC assets. The Physical Education Flight on station were responsible for maintaining the facility and equipment. Since our last inspection, the station gym had been refurbished and new equipment had been purchased.

Risks to patients

There was an effective system 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.
- During a period of staff sickness, the nursing team identified the need to capture all tasks to be undertaken by the team. A nursing department guidance spreadsheet was produced which highlighted all daily, weekly and monthly tasks and included links to all standard operating procedures (SOPs). This was shared with the regional nurse and has been disseminated to all practices in East region.
- There was an induction system in place for temporary staff and this was tailored to their role. We looked at recently inducted staff records and noted that records had been completed to show that staff understood what was required of them.
- 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.
- 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. Clinicians knew how to identify and manage patients with thermal injury and 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 most of the time. However power and IT outages are a frequent occurrence at the medical facility. Sometimes these challenges are anticipated and can be planned for, but sometimes they are not and care is disrupted. When outages happen, staff engage the business continuity plan which includes the use of printed patients records, hand written notes and prescriptions and the sole provision of emergency and urgent care. Such is the frequency of power outages that the clinic list for the following working day is printed at the end of each day so patients can be contacted in the event of the

practice losing power and their appointment re-arranged. For pathology results a back up written record of outstanding results is maintained. Where longer outages occur, patient care can be delivered by the medical centre at Kendrew Barracks. In response to these challenges, the medical centre had created a form to capture essential clinical information for patients which allowed consultations to go ahead in the event of no access to DMICP. This form had been adopted at other practices in the area.

- Individual care records were written and managed in a way that kept patients safe. Medical officers, physiotherapists and nurses all undertook peer review of their records. A peer review write-up was shared in December 2020 which demonstrated areas of good practice and areas for improvement and this was discussed at a clinical meeting in May 21. Staff told us there were plans to include patient records review on the clinical development meeting agenda in order that notes are discussed on a rolling basis.
- The system to manage hospital letters was effective. Hospital letters were scanned and tasked to a clinician for their review. The system to manage pathology results was effective.
- Eighteen sets of patient notes were waiting to be summarised at the time of this inspection and there had been a one month wait thus far. There was a plan in place to action this requirement and all summarising was undertaken by clinicians.
- 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.
- Referrals and hospital appointments were managed well by the administrative team and patients were well supported to obtain the most timely access to secondary care. A standard referral template letter was in use by clinicians and we saw that effective communication protocols were in place to ensure that patients attended appointments and received results in a timely way. This was also the case for internal referrals within DMS.

Safe and appropriate use of medicines

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

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. Since our last inspection, improvements had been delivered in relation to the safe storage of controlled drugs through the purchase and installation of a cabinet which complied with 'misuse of drugs' regulations. 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. Access to the dispensary was restricted to authorised staff only and vaccines were stored in locked fridges.
- There was a named GP responsible for the dispensary. Arrangements for dispensing medicines at the practice kept patients safe. Written procedures (SOPs) were in place to support safe dispensing practice. There was a system for staff to record that they had read and understood them. Controlled drugs were checked by a second person

when dispensed, and following our previous inspection, these were now recorded in the BMED12. Controlled drugs were denatured and disposed of by the pharmacy staff. Following our last inspection, there was now a T28 exemption in place (The T28 exemption allows pharmacies and similar places to denature controlled drugs to comply with Misuse of Drugs Regulations 2001).

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. There was a register of patients taking high risk drugs and alerts were in place in DMICP records. Staff we spoke with were aware of the Defence Primary Health Care (DPHC) DMARDs policy. Where appropriate, patients who took DMARDs (disease-modifying anti rheumatic drugs) had shared care protocols uploaded into their notes and recall dates had been set for blood testing.
- Prescriptions were signed before medicines were dispensed and handed out to patients. Requests for repeat prescriptions were only accepted in writing and never over the phone.
- PGDs (Patient Group Directions) were in use to allow non-prescribing staff to carry out vaccinations in a safe way. PGDs were appropriately managed as staff had received training and authorisation by the SMO had been recorded. PSDs (Patient Specific Directions) were not currently in use, although staff confirmed that the appropriate training and forms were readily available should they be required.

Track record on safety

Arrangements to ensure the safety of the premises and facilities had been strengthened.

- The practice manager was the lead for health and safety and had completed training relevant for the role. Risk assessments were in place including needle stick injury, lifting and handling and legionella management. Lone working arrangements were in place to ensure staff safety and these were being followed in practice by RAF medics and the ERI.
- Mobile alarms were in place in treatment and consultation rooms and were tested on a weekly basis. One treatment room had a fixed alarm in place. Staff told us about instances where they had successfully used the alarm to attract attention.
- We reviewed the major incident plan in place to guide a response in the event of multiple casualties. This included guidance around who would be accountable for which tasks in the event of an incident and when to request NHS resource.
- A risk assessment was in place to guide staff on how to keep themselves and patients safe with regard to COVID-19. This had been approved by the Environmental Health Technician lead. All staff had undertaken a risk assessment to conclude which tasks they were safe to undertake and in which locations they could work. Personal protective equipment (PPE) and sanitiser stations were available throughout the medical centre and stock was available to staff and patients at all times. The level of cleaning provided by the contractor was supplemented by medical centre staff who engaged in additional cleaning across the medical centre in order to minimise the transfer of COVID infection. Patient footfall had been reduced through the use of

eConsult and telephone consulting. Face to face consultation was provided where required.

Lessons learned and improvements made

There was a system for delivering learning and making improvements when things go wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. All staff (including locums) had a login for the ASER system and so could report incidents.
- 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 could recall the learning from some recent significant events and they told us that issues were discussed on a weekly basis and then in more detail at monthly practice meetings. A log of significant events was maintained, although not all outcomes had been completed.
- There was a formal system for receiving and acting on patient safety alerts. CAS (Central Alerting System) alerts were routinely forwarded to clinicians for their review and action and read receipts were in place. Recording in relation to action taken was comprehensive. Staff confirmed that alerts and updates were discussed at practice meetings.

Are services effective?

We rated the practice as good for providing effective services.

Effective needs assessment, care and treatment

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

- Processes were in place to support staff with keeping 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). Prior to the COVID pandemic, clinical development meetings and healthcare governance meetings took place routinely, but these were put on hold due to some clinicians being held on 24 hour notice to move to fill MACA (military assistance to civilian authorities) tasks. Staff told us that the meetings will soon recommence.
- The Regional Clinical Director held weekly dial ins with the senior leadership team to share updates and collate news from the practice. Guidance was disseminated to all staff at practice meetings. An email folder was being maintained containing COVID updates. The DPHC Newsletter was published twice monthly and contained NICE, BMJ, policy and guidance updates. The practice received and acted upon weekly e-mail updates from Peterborough CCG (Clinical Commissioning Group).
- Weekly Updates were received from the regional nurse. Medical Officers within the practice attended a Public Health dial in weekly and clinical/Aviation medicine RAF service updates.

Monitoring care and treatment

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 medical centre granted us remote access to the patients records system and we were able to review patient outcomes data for a selection of patients living with a long term condition:
 - There were 11 patients on the diabetic register. For 9 patients, the last measured total cholesterol was 5mmol/l or less which is an indicator of positive

cholesterol control. For 9 patients, the last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.

- There were 39 patients recorded as having high blood pressure. 34 patients had a record for their blood pressure taken in the past nine months. 34 patients had a blood pressure reading of 150/90 or less.
- There were 34 patients with a diagnosis of asthma. All but 3 patients had an asthma review in the preceding 12 months which included an assessment of asthma control using the three RCGP questions. Staff told us that 3 patients were persistent non-responders despite best efforts to recall. The asthma template is used consistently by the asthma nurse lead, however due to a high turnover in staff the template has not always been used.
- Medical officers were aware of and followed DPHC mental health referral protocols appropriately. Initial management of patients included Step 1 interventions such as signposting to self help or initiating medication, prior to a referral to DCMH after several weeks if required. A list of agreed Read codes was in use to assist in searching for and monitoring patients with mental health needs. Where possible, mental health patients were supported to see the same clinician where possible, although this has been challenging recently due to a high turnover of locum staff.
- Data from the Force Protection Dashboard showed that instance of audiometric hearing assessment was slightly below average compared to DPHC practices 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).
 - Within the last two years, 56% of patients' audiometric assessments were in date.
 - Routine audiology screens had been postponed for a year during the COVID pandemic in line with FRAGO 005.6 Postponement of Services Routine Audiometry Screening. Exceptions were made for patients with certain requirements.
 - We conducted a search on the day of our inspection to ensure that recording within DMICP married with information held within JMES (Joint Medical Employment Standard: a means of communicating personnel's employability). We saw that where the JMES was complete for the HCP (Hearing Conservation Programme), this tallied with DMICP to show that an audiology test had actually been undertaken for the patient.

Throughout the COVID-19 pandemic, a broad programme of quality improvement work including clinical audit has continued and this had led to improved outcomes for patients. A nurse lead has been appointed and audits covered both clinical and administrative concerns. PCRF staff were also involved and delivered their own audit work. A medic had audited the quality of referral checking criteria such as urgency, destination and speciality, as well as clinical detail such as investigation results, drug history, allergies and main recommendation. A motion sickness re-audit had been undertaken in order to ensure that patients prescribed anti-emetics are monitored and do not fly solo. Audit work around prescription of sodium valproate had reviewed instances where clinicians had prescribed outside of NICE guidelines. A number of rolling audits were in place around the management of long term conditions. All results of audits and recommendations are

discussed at the monthly practice meeting. Throughout the pandemic, waits to see a nurse and a physiotherapist had been audited.

The last antibiotic prescribing audit was undertaken in November 2020. Analysis of the prescriptions revealed that 17 of 19 (89.5%) were deemed clinically justified and an antibiotic would be recommended in accordance with Public Health England guidelines. This result is an improvement on the last audit cycle's result and only marginally below the standard of 90%.

In 2021 the locum doctor has started to perform some minor surgery procedures, mostly skin tag, mole, cyst removals and cryotherapy. To date an audit has not been performed due to the locum only being in post since early 2021 although audit work is planned for the future.

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 practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff confirmed that all mandatory training was up to date.
- All nursing staff had received training from the Frankie Stevens Health Promotion Specialist Cambridgeshire & Peterborough Sexual Health Prevention Partnership.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, mentoring, clinical supervision and support for revalidation.
- Clinicians confirmed that periodic review of medical records took place with nurses, general practitioners, physiotherapists and medics reviewing one another's consultation records and Read coding. Our review of patient records indicated that improvements have been made in the quality of clinical record keeping since our last inspection.

Coordinating care and treatment

Improvements had been delivered and staff worked well together and with other care professionals to deliver effective care and treatment.

- Either the SMO or DMSO attended Unit Healthcare and Welfare Meetings and welfare staff we spoke with confirmed that working relationships with the medical centre staff were strong and effective. Minutes were maintained and shared. Staff had forged some strong links with other stakeholders, including SAFFA, the Padre, Cambridgeshire and Peterborough Public Health Initiative, local sexual health services and local NHS

Accident and Emergency departments (to facilitate protection plans when required). There was a nominated Link worker at DCMH for staff to liaise with.

- The Medical Centre is located within the same building as the PCRF service which provides physiotherapy assessment and treatment. An exercise rehabilitation service was also available for patients, a 500 metre walk from the medical centre. Referral into the service is either via a primary care clinician or through DAP (direct access for patients). 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.
- Arrangements had been made through the primary care network to deliver COVID vaccinations to the patient population at Wittering.
- All military personnel who are being discharged from service are given a medical including information about registering with an NHS GP practice. There is a personal recovery unit that takes care of patients who have a need for additional support and this cohort of patients are discussed every month at patient focus meetings.

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. The medical centre liaised with the Cambridgeshire and Peterborough Diabetes Prevention Programme and referred pre-diabetic patients to a tailored nine month programme for diet and exercise support.
- The practice offered basic sexual health advice including the issue of free condoms and chlamydia test kits and referred on to local clinics in the community for more comprehensive services including family planning. The lead nurse has received STIF (sexually transmitted infection foundation) training. The medical centre was partnered with the Terrance Higgins Trust which provided sexual health workshops for patients to sign up to.
- Prior to COVID restrictions, medical centre staff routinely attended unit open days and manned stalls to provide health promotion information to personnel.
- A comprehensive set of health promotion boards was maintained in the waiting room and included information around women's health, supporting healthy childhood choices, sexual health, vaccinations, a number of long term conditions and identifying the potential signs of a COVID infection.
- 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. Of the 16 women eligible for mammography, 7 had been screened and 9 patients were awaiting an initial invite.
- Of the 9 patients eligible for bowel screening, 7 have been screened and 2 are being supported to access a screen.
- Patients at increased risk of abdominal aortic aneurysm (AAA) were offered screening.

- 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 240 out of 250 eligible women. This represented an achievement of 95%. 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 June 2021 provides vaccination data for patients using this practice:

- 95% of patients were recorded as being up to date with vaccination against diphtheria
- 95% of patients were recorded as being up to date with vaccination against polio
- 97% of patients were recorded as being up to date with vaccination against Hepatitis B
- 98% of patients were recorded as being up to date with vaccination against Hepatitis A
- 95% of patients were recorded as being up to date with vaccination against Tetanus
- 80% of patients were recorded as being up to date for the MMR vaccination
- 73% of patients were in-date for vaccination against meningitis B/Hib Men C

Status of childhood immunisations

The practice had a system in place to contact the parents or guardians of children who were due to have childhood immunisations. The practice has exceeded the WHO based national target of 95% (the recommended standard for achieving herd immunity) for three childhood immunisation uptake indicators. For the three indicators where the national target were marginally unmet, the practice could explain that this was as a result of:

- 2 patients had to be re-booked due to vaccine unavailability due to fridge failure
- 1 patient has just turned 12 months old
- 1 patient was temporarily registered and vaccination history was awaited

Results are below:

Child Immunisation	Practice %	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB)	100%	WHO target met.
The percentage of children aged 2 who	92%	WHO target not met.

have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)		Practice taking appropriate action.
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster)	92%	WHO target not met. Practice taking appropriate action.
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR)	92%	WHO target not met. Practice taking appropriate action.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Staff sought patients' consent to care and treatment in line with legislation and guidance. Verbal consent was recorded in DMICP in a free text box.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Training was last provided to staff in June 2021.
- When providing care and treatment for children, staff carried out assessments of capacity to consent in line with relevant guidance.
- Military personnel gave written consent for information about them to be shared with the unit commanders and for discussion at the unit healthcare meetings.
- Staff we spoke with were aware of the principles of the Mental Capacity Act (2005), and how it could apply to their patient population.

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.

- Staff explained that they sometimes saw patients who spoke English as a second language. They could access a translation service if they needed it.
- 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 were unable to collate responses from patients using Care Quality Commission paper comment cards in order to comply with COVID-19 restrictions. However we spoke with 12 patients over the telephone. These conversations were very positive about the service experienced. Patients praised clinicians who took time to understand their needs and who went the extra mile to provide a good service. One patient told us that they had found one staff member to be brusque but that they had not felt it necessary to lodge a complaint.
- The medical centre had asked its patients to complete a written survey and had received 53 responses. 98% of respondents stated that staff treated them with compassion and respect.
- 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

- Staff supported younger people to access the treatment they required in an appropriate way. Children were only seen by GPs for examination and assessment and told us how they presented information to them in a way that they could understand.
- 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).
- Results from the practice's Patient Experience Survey (53 responses were collated) showed that patients felt they were involved in their treatment:
 - 98% of respondents said they had been given clear healthcare information as a basis for decision making.

- 84% of respondents said they would recommend the medical centre to others. Four patients felt that this question was not appropriate and one patient would not recommend the centre to others.
- A wide range of 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 posters for symptoms that may suggest a sexual health screening appointment would be useful and on the importance of vaccinations, spotting potential signs of sepsis, seeking help for a mental health concern and the significance of health screening to spot disease early. There was also a specific display for patients who might be deployed abroad which provided guidance around the medicals they needed to register for and any vaccinations they would need.
- 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. Leaders explained how they took care to ensure that the healthcare records for these patients were shared promptly and comprehensively to NHS services.
- Practice staff identified patients who were also carers. The practice sent letters to all patients who were cared for and attached a carer referral form. They also sent letters to patients who could be undertaking a caring role to invite them to consider benefits they might be entitled to and to access additional support. Codes were added to their records in order to make them identifiable and so that extra support or healthcare could be offered as required.

Privacy and dignity

The arrangements for ensuring the privacy and dignity of patients had been improved.

- We spoke with 12 patients as part of our inspection and they all confirmed that they could ask to see a specific clinician or a clinician of a certain gender if they wished. Female clinicians were available to undertake cytology testing.
- The practice had identified the fact that conversations with receptionists could be overheard by patients in the waiting room and the waiting room had been reconfigured since our previous inspection. The new configuration meant that waiting patients could not be easily monitored by staff, but a request for CCTV had been submitted in order to rectify this. Patients who had received vaccines were monitored in an area where staff could see and assist. Reception staff could take patients to a separate area if they were upset or requested a private conversation.
- Since the last inspection, a partition wall had been erected in the PCRF which meant that patients could be treated in privacy. A private treatment room was available and was offered for more sensitive issues or on request by the patient. The 12 patients we spoke with confirmed they were content that their privacy was respected and all were aware that they could request a chaperone.

Are services responsive to people's needs?

We rated the practice as good for providing responsive services.

Responding to and meeting people's needs

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

- The facilities and premises were bespoke and appropriate for the services delivered.
- A duty clinic was in place which provided after school appointments for school children. Appointment slots for aircrew were available and well woman clinics were provided flexibly as required. The Facebook Patient Participation Group (PPG) had been used to inform changes to clinics.
- The nursing team had produced a Facebook VLOG (Video log) to support patients with healthy alcohol intake.
- An access audit (as defined in the Equality Act 2010) had been completed and since our last inspection a safety alarm had been fitted in the accessible WC.
- The medical centre offered home visits to its patients and a policy was available to staff and patients around when a home visit might be necessary and appropriate. A register was maintained to log home visits. Three recent home visits had been undertaken including a visit to provide physiotherapy input to a patient who could not travel.
- The medical centre had carried out diversity audit work which sought to ensure that services provided were fair and equally accessible to everyone. A transgender policy was in place and staff told us about the importance of ensuring that patients were addressed according to their wishes and that they were invited for appropriate health screening.

Timely access to care and treatment

Patients' needs were met in a timely way.

- The practice accommodated patients with an emergency need on the day they presented at the practice. Routine appointments with a doctor could be facilitated within two weeks and nurses had capacity to see a patient on the same day. Patients requiring an Annual Aircrew Medical with an Aviation Medical Officer could secure one within two weeks. There were no overdue aviation medicals at the time of this inspection.
- Telephone consultations had been used more extensively during the COVID-19 pandemic.
- Outside of routine clinic hours, patients were signposted to the 111 OOH service. If the practice closed for an afternoon for training purposes, patients were seen by a duty medical officer. 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 Peterborough City Hospital.
- Results from the practice's patient experience survey (53 responses were received) showed that patient satisfaction levels with access to care and treatment were generally high. For example:
- 88% of patients who responded said that the medical centre listened to their comments, compliments or complaints. Four patients said that this was not applicable to them.
- 99% of patients said that their appointment was appropriate for them.
- We spoke with 12 patients who had recently received care from the medical centre. They all told us that they could secure appointments when they needed them and were confident that they would be seen quickly if they had an urgent concern.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to individuals appropriately.

- Posters had been placed in the reception area and a complaints form was attached to the registration form handed out to all new patients. Complaints cards were also available in the waiting area.
- Defence Primary Health Care had an established complaints policy and the practice adhered to this. The practice manager was the designated responsible person who handled all complaints in the practice.
- We spoke with twelve 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.
- We reviewed the two complaints that had been submitted by patients in the past 12 months. There was no common theme.

Are services well-led?

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

Leadership, capacity and capability

The SMO at the medical centre had come into post a few weeks prior to our initial inspection. Since then they had worked hard with their team to address areas identified as requiring improvement. This included improving systems in order to ensure that care for patients was safe and effective. At this second inspection, we met with a staff team who were enthusiastic, open and transparent and who articulated well the journey they had travelled since the previous inspection.

Staff we spoke with told us that they enjoyed working at the medical centre and that the team approach was motivating and supportive. Many staff had worked from home during the pandemic combined with also providing on site services at RAF Wittering. A number of staff had been deployed to assist with the national COVID response:

COVID Response

Wittering Medical Healthcare Facility supported the British Military Operation during the COVID-19 pandemic by training non medical military staff to take COVID swabs.

Some medical centre staff supported the NHS working alongside their civilian counterparts in various trusts across the whole of the UK. All medics¹ were required to undertake additional training to prepare for this role so were on standby ready to deploy within two days. Some staff have continued to work alongside the NHS with the vaccination rollout programme, deploying to other areas and working in large vaccination centres.

Vision and strategy

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

The practice worked to the DPHC mission statement: 'To provide and commission safe and effective healthcare which meets the needs of the patient and the chain of command in order to contribute to Fighting Power'. The medical facility staff also worked to achieve their own mission statement which was 'To support A4 Operations and provide a confidential and integrated service that is responsive to the health and welfare needs of permanent staff and entitled patients'.

¹ A medic is a soldier who has received specialist training in field medicine. It is a unique role in the forces and their role is similar to that of a health care assistant in NHS GP practices but with a broader scope of practice.

- 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.

Culture

The practice had a culture of high-quality sustainable care, and staff had worked to address issues identified at the last inspection.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and action had been taken (in conjunction with the regional team and DPHC) to address concerns identified in 2019 in order to ensure that safe and effective care was provided to patients consistently. This included challenging and taking action to address poor performance in some areas of practice.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- All clinical staff 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, and lone working arrangements were in place and followed.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

Since the previous inspection, responsibilities and roles and systems of accountability had been clarified and consolidated in order to support good governance and management.

- Joint working with the welfare team, pastoral support and Chain of Command was in place and there were well established systems to safeguard vulnerable personnel and to ensure co-ordinated person-centred care for these individuals.
- Practice leaders had established a number of policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Action had been taken to address gaps.
- A programme of clinical improvement work was in place and was driving improvements for patients.
- The centre uses a governance workbook to capture all activity including audits and significant events management. During the pandemic some governance activity had

been paused and there was a plan to re-engage with the eCAF (Common Assurance Framework) when priorities allowed.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. Staff had effectively addressed issues that were previously identified.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- Practice leaders had oversight of national and local safety alerts and action had been taken as appropriate.
- The medical centre maintained a risk register and was aware of the risks facing its staff and patients.
- Complaints were comprehensively managed and individuals were given responses when they complained.

Appropriate and accurate information

The practice held appropriate and accurate information.

- Quality information was used to ensure and improve performance. The views of patients were routinely sought in line with DMS policy and staff provided examples of changes this feedback had triggered.
- An understanding of the performance of the practice was maintained. A number of different meetings were held regularly. We saw that meetings were used for forward planning, for example, to ensure that patient needs continued to be met during the COVID pandemic. Staff met together to learn from one another, discuss recent guidance changes and to review their approach in clinical settings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Staff had identified inconsistent use of Read codes and worked to address this. Staff had received training in the use of 'Population Manager' which is a clinical search facility. Staff had adopted corroborative ways of working by using patient registers which they routinely updated and cross checked.
- 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.

Continuous improvement and innovation

- A new system had been implemented to manage treatment room cupboard expiry dates. Small laminated notices were attached to each drawer in the treatment room

annotated with the next product expiry date. Staff told us that this ensured stock rotation, disposal of any expired items and cupboard cleaning.

- A nursing department guidance spreadsheet has been created to identify daily weekly and monthly workloads and ownership.
- The dispensary has adapted its approach throughout the COVID pandemic in order to keep staff and patients safe. Medicines have been collected from a side door near the dispensary; scripts have been redirected to other medical centres and pharmacies, pharmacy staff have worked alternate days to reduce contact and used a handover book and email to communicate professional information. At times, the dispensary have taken on the work of Kendrew Barracks when they were unable to provide a service.
- During the pandemic, staff have offered telephone appointments, e-consultations, phone TMES reviews and electronic out of area preps.
- The centre has set up a quarantine facility and provided asymptomatic testing, as well as supporting the COVID immunisation programme.
- There is a ‘red area’. an Isolation Area with a separate entrance to see patients of uncertain COVID status.