Northolt Medical Centre

Ruislip Middlesex HA4 6NG

Defence Medical Services inspection

This report describes our judgement of the quality of care at Northolt Medical Centre. It is based on a combination of what we found through information provided about the service, patient feedback and through interviews with staff and others connected with the service.

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

Contents

Summary

About this inspection

We carried out this announced comprehensive inspection on 24 May 2023.

As a result of this inspection the medical centre is rated as good in accordance with the Care Quality Commission's (CQC) inspection framework.

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? – outstanding

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 DMS.

At this inspection we found:

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. Patients told us they received appointments at a time that suited them.

Staff induction and training processes were complete and up-to-date.

Medicines management was good.

There was an effective programme in place to managed patients with long term conditions. Patients received effective care reflected in the timeliness of access to appointments, reviews, and screening/vaccination data. The care provided for children and families was accessible and effective.

The medical centre had good lines of communication with the unit, welfare team, local NHS, social services, and the Department of Community Mental Health to ensure the wellbeing of service personnel.

All staff knew how to raise and report an incident and were fully supported to do so.

Patients found it easy to make an appointment and urgent and often routine appointments were available the same day.

The medical centre benefitted from a strong and inclusive leadership style, such that staff felt valued and able to contribute to improved ways of working. An inclusive whole-team approach was supported by all staff who worked collaboratively to provide a consistent and sustainable patient-centred service.

The team were committed to delivering the best care through a culture of constant learning and improvement. The medical practice was an approved training practice and had a well-established training ethos.

A programme of quality improvement activity was in place and this was driving improvement in services for patients.

Staff were aware of the requirements of the duty of candour, (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Examples we reviewed showed the medical centre complied with these requirements.

The governance systems were effective with all relevant information captured to monitor service performance.

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

The medical centre had put together a comprehensive leaflet explaining what safeguarding is, including all types of abuse, what to do if you feel you are being abused and what actions you can take. It contained useful numbers and links to outside agencies and the contact details of the safeguarding leads within the medical centre. This leaflet was in reception for patients to take.

The catchment area for dependants of military personnel to register was limited (family members needed to live within four streets next to the medical centre). There were several instances whereby the NHS practice refused children to be registered without a parent also registered with the same practice. To resolve this the practice manager visited the local NHS practice and discussions were had as to how resolve this and to clarify that dependants of military personnel could be registered there without their parent. The medical centre wrote their own standard operating procedure stating the protocols and this information and guidance was shared with the Community Support Team, HIVE officer and Community Development Officer as it was found that they would have the first initial contact from families who may experience issues with registering with an NHS Practice.

Following a major incident exercise to aid medics in emergency response protocols specific pocket-sized aids were made by the medical centre and were attached to a lanyard for instant access and quick reference. These were plastic and 100% waterproof.

The Chief Inspector recommends to Defence Primary Healthcare (DPHC):

Ensure that all alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) are recorded and actioned.

Ensure the doctors bag has a risk assessment completed and daily checks of the bag are made and recorded.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

The inspection team was led by a CQC inspector. The team included specialist advisors including a primary care doctor, a senior pharmacy technician and a nurse. DMS had not been able to resource a physiotherapy advisor and so we were unable to inspect the PCRF. In addition, a representative from Defence Medical Services Regulator team shadowed this inspection.

Background to Northolt Medical Centre

Northolt Medical Centre supports both military and civilian aircraft and is home to units from all 3 of the armed forces. It provides primary and emergency care to a practice population of 1,029 patients. This inspection focussed on the primary health care provision, rather than any urgent care delivery.

Service personnel make up 83.8% of the population with the remaining 16.2% comprising reservists, civilian staff and the dependents of service personnel. In addition to routine primary care services, the medical centre provides occupational health care to service personnel, including force preparation, diving medicals and aviation medicals. Family planning advice is available. Maternity and midwifery are provided by NHS practices and community teams. Patients have access to medicines through the dispensary in the medical centre.

A Primary Care Rehabilitation Facility (PCRF) is located on the premises, with physiotherapy and rehabilitation staff integrated within the medical centre. However, the PCRF was not inspected on this occasion.

The medical centre is open from 08:00 to 17:00 hours Monday, Tuesday and Thursday; Wednesday and Friday 08:00 to 12:00 hours (emergencies only 12:00 – 17:00 hours). Arrangements are in place on weekdays for access to medical cover when the medical centre closed and before NHS 111 is available.

The staff team

Senior Medical Officer (SMO)	1
Medical Officers	1
Civilian medical practitioner	1
Practice manager	1

Deputy practice manager	1
Nurses	2
Healthcare assistants	2
Pharmacy technician	1
Exercise rehabilitation instructors (ERI)	1
Physiotherapists	1
Administrator	1
Medics	8
Environmental health practitioner (EHP)	1

Are services safe?

We rated the medical centre as good for providing safe services. However, some aspects of medicines management required strengthening.

Safety systems and processes

The Senior Medical Officer (SMO) was the lead for safeguarding. All staff had received up-to-date safeguarding training at a level appropriate to their role. The medical centre's standard operating procedures (SOP) for both adult and child safeguarding had been reviewed and included contact details for local safeguarding teams. All clinical staff had the NHS safeguarding app on their phones which provided details of out-of-area contacts. Staff we spoke with all had in depth knowledge of the requirement to safeguard. To compliment this, the medical centre had put together a comprehensive leaflet explaining what safeguarding is, including all types of abuse, what to do if you feel you are being abused and what actions you can take. It contained useful numbers and links to outside agencies and the contact details of the safeguarding leads within the medical centre. This leaflet was available in reception for patients.

Safeguarding concerns were discussed at the monthly clinical meetings. A vulnerable persons register, including patients under the age of 18, was maintained and a search of DMICP (electronic patient record system) was undertaken monthly. If the medical centre was made aware a patient was a care leaver then a code was added to their clinical record for ease of identification.

The doctors had strong links with the welfare teams, the Multi Agency Safeguarding Hub, the Soldiers' Sailors and Airmen's Families Association (SSAFA) and the Hillingdon Safeguarding Network.

Notices advising patients of the chaperone service were displayed. There was a list of trained chaperones and chaperone training was last held in May 2022 and then staff undertook assessments with the nurses and were signed off as competent the following week.

Staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check. 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 dedicated lead for infection prevention and control (IPC), and they had completed the IPC link training. Annual IPC audits were undertaken and actions taken as required.

Environmental cleaning was provided by an external contractor. A written cleaning schedule was in place, and these were signed off to confirm that cleaning tasks had been completed in line with the agreed frequency. Cleaning standards were monitored by the practice manager and at the time of inspection, the medical centre was clean. Required arrangements were in place for deep cleaning, the last had been carried in December 2022.

Healthcare waste was appropriately managed and disposed of with one of the medics named as the responsible individual. Clinical waste was monitored daily and, when required, yellow bags containing waste were secured, labelled and locked in containers awaiting collection. Clinical waste was collected weekly, and an annual waste audit was carried out in January 2023 showed full compliance. Alongside the waste audit, an audit was undertaken in the management of consignment notes, this was due to the medical centre struggling to receive them from the waste disposal company. The lead for clinical waste liaised with the waste disposal company as well as the external contractor and created an account so that consignment notes could be viewed as soon as they were 'live' on the system.

The medical centre had a system in place to distribute Medicines and Healthcare Products Regulatory Agency Alerts, we noted these had not always been recorded, specifically Field Safety Notices (FSNs) where no action was required, which would provide assurance that every alert had been reviewed. Alerts were discussed and minuted in practice meetings.

Risks to patients

There was a good balance of civilian and military staff which afforded continuity of care. Locum staff were used to fill staffing gaps when required. Yellow fever vaccinations could not be delivered if the permanent nurse was deployed. The regional team had advised that they would not fund training for more than one nurse to deliver this service.

All locum staff completed a full and comprehensive bespoke induction tailored to their role.

We reviewed the medicines on the emergency trolley and found they were appropriate and in-date. Defibrillators were located in the medical centre and also in the gym. Oxygen was held and was accessible. There was appropriate signage in place.

All staff had completed basic life support, sepsis, anaphylaxis and defibrillator training. Information about sepsis was displayed in various areas of the medical centre. Clinical staff had received training in climatic illness. The receptionist had received training in recognising and reacting to emergencies. This training covered the deteriorating patient and sepsis. The sepsis recognition policy and aide memoire for prioritising patients were held at reception for easy reference. All doctors were Military Aviation Medical Examiner (MAME) trained.

Waiting patients could be observed at all times by staff working on the front desk.

Information to deliver safe care and treatment.

A SOP was in place to ensure summarisation of patients' records was undertaken in a safe and timely way. Patients registering at the medical centre completed a new patient questionnaire, which was submitted to the nursing team for scrutiny and summarising. This process identified any actions that required follow up.

Peer review of doctors DMICP consultation records was undertaken regularly and a consistent methodology was used. Nurses' records were also peer reviewed, 10 records were last looked at in April 2023. This took place regularly and outcomes discussed at the nurses' meetings.

Historically, there had been a problem with the delay of test results coming back and incomplete results returned to the medical centre. Following several ASERs raised it was decided that one of the nurses would visit the pathology laboratory to identify what the problems were and try and resolve them. It was found there were some issues with the laboratory staff having to input the test requests manually into the system. This was resulting in human errors and incorrect/incomplete tests being requested. Improvements have been made by the laboratory staff and the management of specimens has improved. A record was maintained of all samples sent so when results were returned, they could be tracked, and any missing results identified.

Staff confirmed that access to patient records was only occasionally a concern and did not pose a significant risk to continuity of patient care. In the event of a DPHC-wide outage, the medical centre would revert to seeing emergency patients only. Appointments were printed out at the end of each day for the following day and hard copy forms were held for use in this scenario and documentation would be scanned onto DMICP when available.

The management of referrals was good. The majority of external referrals were made via the NHS electronic referral system (eRS). A referrals tracker with limited access was maintained and 2 week wait and urgent referrals were highlighted so were easily visible. The referrals register was held in a limited access folder on Sharepoint and was password protected.

Safe and appropriate use of medicines

Arrangements were established for the safe management of controlled drugs (CD), including destruction of unused CDs. We noted the newly mandated CD audit was on the audit calendar for later in the year.

Emergency medicines were easily accessible to staff in a secure area of the medical centre and all staff knew of their location. Medication requiring refrigeration was monitored twice a day to ensure it was stored within the correct temperature range. The doctors' crash bag was held in the dispensary to keep it in temperature range. Within it there were Accountable Drugs (AD). However, there was no daily check sheet (373) within the bag to confirm it had a recorded daily check nor a risk assessment since it was held outside of the CD/AD cupboard.

The shelving within the dispensary could be improved to store the stock held. There were no gaps between medicines, and some were stored behind other medicines.

All staff who administered vaccines had received the immunisation training as well as the mandatory anaphylaxis training.

Prescription pads were stored securely. There was a system to track their issue and usage so all prescription numbers could be traced to the prescriber.

Patient Group Directions (PGDs) had been signed off to allow appropriately trained staff to administer medicines in line with legislation. The PGDs were current and signed off by the authoriser.

Requests for repeat prescriptions were managed in person or by email in line with policy. A process was in place to update DMICP if changes to a patient's medication was made by secondary care or an out-of-hours service. The repeat prescription process was detailed in the medical centre leaflet.

We saw evidence to show that patients' medicines were reviewed regularly and the doctor's notes in DMICP around medication changes were comprehensive. A process was established for the management of, and monitoring of patients prescribed high risk medicines (HRM). The register of HRMs used at the medical centre was held on DMCIP and all doctors and relevant clinicians had access to this. We looked at a sample of patient records and saw that all had been coded or had shared care agreements in place.

There was a concern with regards to the access of the dispensary specifically how they were storing the key codes for the dispensary and more importantly the CD key safe codes. They were being stored in a signed and sealed envelope in the duty medic folder meaning anyone had access to this. Immediately following the inspection, the dispensary reviewed the current process and to mitigate the risk of having the envelope in the duty folder, the doctors were made responsible for the codes and remembering them. The envelope in the duty folder was removed.

Track record on safety

There was a designated health and safety lead and a board was displayed near the reception which was regularly externally audited. Electrical safety checks were up-to-date. Water safety checks were regularly carried out and a full legionella risk assessment was carried out in February 2022. A fire risk assessment of the building was undertaken annually. Firefighting equipment tests were current. Staff were up-to-date with fire safety training and were aware of the evacuation plan.

The station Health and Safety and Environmental Protection Workplace Inspection took place on June 2022 to ensure all aspects of health and safety were in place; the medical centre was found to be fully compliant.

We looked at the arrangements for the provision of a safe service. There were active and retired risk registers and issues logs on the healthcare governance workbook. There were risk assessments in place for all rooms which included both clinical and non-clinical risks.

There were handheld mobile alarms in all rooms. There was a record in place to record that alarm checks had been completed.

The practice manager was the Major Incident Medical Management Systems instructor. The Major Incident Plan (MIP) was a document held by the Unit. This was last updated in October 2022. The last practical exercise with the whole force station was held in October 2021 and a tabletop exercise, the 'Worst-Case Scenario (WCS)', was undertaken in July 2022. The station held Major Incident (MI), training exercises of an aircraft crash which involved the whole unit and medics were key personnel in the forefront of the exercise. Lessons were identified during the last MI exercise whereby some medics did not respond as well as expected under pressure, so specific pocket-sized aids were made by the

medical centre for medics to refer to. These were attached to a lanyard for instant access and quick reference. These were plastic and 100% waterproof.

Lessons learned and improvements made

All staff had access to the electronic organisational-wide system (referred to as ASER) for recording and acting on significant events and incidents. All incidents reported were logged through the ASER system. They were discussed at the practice meetings and an ASER register was maintained.

From interviews with staff and evidence provided, it was clear there was a culture of reporting incidents. Both clinical and non-clinical staff gave examples of incidents reported through the ASER system including the improvements made as a result of the outcome of investigations.

The medical centre had a system in place to distribute alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Discussion took place at clinical meetings and was recorded in minutes.

Are services effective?

We rated the medical centre as good for providing effective services.

Effective needs assessment, care, and treatment

Clinical staff had a forum to keep up-to-date with national clinical guidance, including National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) guidance. For example, we saw a discussion had taken place about weight loss pharmacological injections.

The Defence Primary Healthcare (DPHC) team produced a newsletter that was circulated to clinicians providing further information and a summary of relevant safety updates. The regional nursing advisor sent out weekly updates that included any new guidelines.

Clinicians had opportunities to attend regional forums, such as regional governance meetings and nurse development forums. Practice meetings were held month in order to discuss practice issues. Clinical meetings were held monthly where NICE and SIGN updates were discussed. Records of these meetings were seen with evidence clearly visible, and links of all updates contained within meeting minutes. Clinical meeting records were maintained on the healthcare governance workbook.

Monitoring care and treatment

We found that chronic conditions were managed well. Standard operating procedures (SOPs) outlining the management and monitoring arrangements of long-term conditions were in place.

All patients over the age of 40 were invited to a full health check including bloods and identifying risk factors. Lifestyle and health advice was provided as appropriate both verbally and written. This check was repeated every 3 to 5 years unless identified as a risk when patients were recalled annually for blood testing. All patients with a chronic disease had an annual screening including blood tests or more frequently if required.

There were 8 adult patients on the diabetic register and their care indicated positive control of both cholesterol control and blood pressure. There was 1 child on the diabetic register and their care was well co-ordinated with the local NHS hospital. Patients at risk of developing diabetes were identified through the over 40’s screening, which included relevant testing (HbA1c - average blood glucose (sugar) levels).

There were 32 patients recorded as having high blood pressure. Twenty were recorded as having a blood pressure check in the past 9 months.

There were 17 patients with a diagnosis of asthma and all had an asthma review in the preceding 12 months.

Audiology statistics showed 100% of patients had received an audiometric assessment within the last 2 years.

Through discussions with the doctors, we were assured that the care of patients with a mental illness and/or depressive symptoms was being effectively and safely managed, often in conjunction with talking therapies, charities and with the Department of Community Mental Health. The medical centre had also implemented a mental health support leaflet for patients as a guide with useful resources that they could access without the need of a referral by a medical professional. The medical centre played a key and effective role in safeguarding young and vulnerable patients.

A comprehensive quality improvement programme was in place which had been designed for optimal relevance to the patient population. We saw many audits were in place spanning clinical, administrative, and managerial topics. More than one cycle had been undertaken and, in many instances, and there was evidence of positive outcomes for patients. For example, audits were undertaken in chronic diseases, childhood vaccinations, mental health, referrals, medicines audits and notes audits.

Effective staffing

All staff had completed a full and comprehensive bespoke induction tailored to their role. The DPHC induction was used and had been further developed to include links to policies, training links, the healthcare governance workbook (HcG Wb) and standard operating procedures. We spoke to a new member of staff who confirmed this had been invaluable.

All staff could access the staff database and record their own training, some also kept their own training certificates. Protected time for mandatory training was included in the staff rota.

The doctors and nurses had the appropriate skills for their role and were working within their scope of practice. Clinical staff kept up to date with their own continual professional development and revalidation. Performance appraisals were conducted by line managers for all staff. All doctors were in date for appraisal and all doctors and nurses had completed timely revalidation.

Internal and external training sessions were available to staff. For example, the deputy practice manager had completed the Institute of Occupational Safety and Health course and the practice management training with AMSPAR (Medical Administration).
Staff were encouraged to manage their own personal development and were helped and encouraged to do so. For example, one medic wanted some experience in clinical care in Cyprus so went on a clinical placement for 6 weeks working on the ambulances. The health care assistant was trained in phlebotomy and smoking cessation following a request to do so.

Staff administering vaccines had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they kept up-to-date with changes to the immunisation programmes, for example by access to online resources and discussion at nurses' meetings.

Coordinating care and treatment

The medical centre staff met with welfare teams and line managers to discuss vulnerable patients. Staff told us that they had forged some good links with other stakeholders, including the local NHS, social services, and voluntary organisations.

For patients leaving the military, pre-release and final medicals were offered. During the pre-release phase the patient received an examination and a medication review. A summary print-out was provided for the patient and electronic notes were sent to the NHS practice. If the patient was deemed vulnerable the medical centre staff worked with them and the welfare department to help them register and access the NHS services they needed.

Patients who were considered vulnerable were discussed at least monthly in multi-disciplinary meetings. Monthly vulnerable adult searches were cross checked with the vulnerable adults register to highlight any patients who had deregistered with the medical centre to identify any who might have been missed.

Helping patients to live healthier lives

One of the nurses was the lead for health promotion. We saw information leaflets were available in the treatment rooms. There were notice boards located in various places around the medical centre, some example topics covered included sepsis, smoking, alcohol and safeguarding.

Two nurses had the appropriate sexual health training and provided sexual health support and advice. There was a dedicated sexual health information board in one of the waiting areas. Patients were signposted to local sexual health services for procedures not undertaken at the medical centre.

All eligible female patients are on the national cervical screening database and were recalled by the nurse. The latest data confirmed an 89% uptake, the NHS target was 80%. Regular searches were undertaken to identify patients who required screening for bowel, breast, and abdominal aortic aneurysm in line with national programmes. At the time of the inspection, there were 21 patients identified that met the criteria for bowel screening. Alerts were added to their DMICP record which allowed for opportunistic discussion with a health professional. DMICP searches had been created for all national screening.

An effective process was in place to recall patients for their vaccinations. Vaccination statistics were identified as follows:

- 99% of patients were in-date for vaccination against diphtheria.
- 99% of patients were in-date for vaccination against polio.
- 95% of patients were in-date for vaccination against hepatitis B.
- 98% of patients were in-date for vaccination against hepatitis A.
- 99% of patients were in-date for vaccination against tetanus.
- 97% of patients were in-date for vaccination against MMR.
- 100% of patients were in-date for vaccination against meningitis.

Child Immunisation

- The percentage of children aged 1 who had 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/Hepatitis B) was 100%.
- The percentage of children aged 2 who had received their booster immunisation for Pneumococcal infection (i.e., received Pneumococcal booster) (PCV booster) was 100%.
- The percentage of children aged 2 who had received their booster immunisation for Pneumococcal infection (i.e., received Pneumococcal booster) (PCV booster) was 100%.
- The percentage of children aged 2 who had received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e., received Hib/MenC booster) was 100%.
- The percentage of children aged 2 who had received immunisation for measles, mumps and rubella (one dose of MMR) was 100%.
- The percentage of children aged 5 who had received immunisation for measles, mumps and rubella (two doses of MMR) was 100%.

Consent to care and treatment

Staff had a good understanding of the Mental Capacity Act (2005) and how it would apply to the patient population, all staff had received training in the Mental Capacity Act.

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Clinicians advised us that implied consent was accepted for basic procedures such as the taking of blood pressure. Written consent was taken for more intimate examinations and this was regularly audited.

Are services caring?

We rated the medical centre as good providing caring services.

Kindness, respect, and compassion

In advance of the inspection, patient feedback cards were sent to the medical centre. A total of 56 patients responded and feedback was positive about the care and kindness shown and the helpfulness of staff, many patients commented on how especially helpful and kind the receptionist was. We also observed staff being courteous and respectful to patients in person and on the telephone.

Patients could access the welfare team and various support networks for assistance and guidance. Information regarding these services was available in the waiting areas and the clinical staff were fully aware of these services to signpost patients if required. We spoke with two members of the welfare service, both said staff at the medical centre were always on hand to help and advice.

Involvement in decisions about care and treatment

The clinicians and staff at the medical centre recognised that the personnel receiving care and treatment could be making health care decisions that could have a major impact on their military career. Staff demonstrated how they gauged the level of understanding of patients, gave clear explanations of diagnoses and treatment, and encouraged and empowered patients to make decisions based on evidence-based guidance and clinical facts.

The e-referral service had been implemented and was used to support patient choice as appropriate. (e-referral is a national electronic referral service which gives patients the choice of date and time for their first outpatient appointment in a hospital).

Patients identified with a caring responsibility were captured on a DMICP register. It included what had been discussed at the monthly practice/clinical meeting and any actions identified. There was a practice leaflet which included information for carers.

Staff explained that they occasionally saw patients who spoke English as a second language. They could access a translation service if they needed it. Staff told us about a recent instance where ‘The Big Word’ was used to provide a translation service during consultation.

Privacy and dignity

All patients we spoke with stated that they were confident that the medical centre would keep information about them confidential. All stated that they felt that their dignity and privacy were upheld by medical centre staff. Consultations took place in clinic rooms with the door closed. Patients were offered a private room if they wanted to discuss something in private or appeared distressed, there was a card available at reception that patients

could hand in without having to verbally ask. The waiting room was away from the reception desk and had a television on to mask any conversations held at the reception desk.

All staff had completed the Defence Information Management Passport training which incorporated the Caldicott principles.

The mix of male and female staff allowed the medical centre to facilitate patients who wished to see a clinician of a specific gender.

Are services responsive to people's needs?

We rated the medical centre as good for providing responsive services.

Responding to and meeting people's needs

The practice manager was the lead for diversity and inclusion. There was good communication with the unit leads and nominated leads within the medical centre. An Equality Access Audit as defined in the Equality Act 2010 was completed for individual sites within the past year. Any points identified were discussed and put onto the risk register. There was a notice board with information and contact details for patients in the main reception.

A policy was in place to guide staff in exploring the care pathway for patients transitioning gender.

The catchment area for dependants of military personnel to register was limited (family members needed to live within four streets next to the medical centre). There were several instances whereby the NHS practice refused children to be registered without a parent also registered with the same practice. To resolve this the practice manager visited the local NHS practice and discussions were had as to how resolve this and to clarify that dependants of military personnel could be registered there without their parent. The medical centre wrote their own standard operating procedure stating the protocols and this information and guidance was shared with the Community Support Team, HIVE officer and Community Development Officer as it was found that they would have the first initial contact from families who may experience issues with registering with an NHS Practice.

Dependant on the patient's clinical need, the option of a telephone or face-to-face appointment or e-mail reply could be offered. Telephone requests were added to a doctor's routine clinic as appropriate.

Home visits were provided by the duty doctor who would triage any request to carry out a visit in circumstances when the patient was unable to travel to the medical centre. Information on this was provided in the patient information leaflet. Staff reported that requests for home visits were rare with only 1 undertaken within the past 3 months.

Timely access to care and treatment

Details of how patients could access the doctor when the medical centre was closed were available through the station helpline. Details of the NHS 111 out of hours service was outlined in the practice information leaflet. Shoulder cover was provided by Pirbright Medical Centre until 18:30 hours then patients were directed to the NHS 111 service.

Urgent doctor and nurse appointments were available on the day. Routine doctor appointments were available within 2 working days. Routine appointments to see a nurse were available within a few days. Text messaging was used to remind patients of their appointments.

Listening and learning from concerns and complaints

The practice manager was the lead who handled all complaints in the practice. The practice had implemented a process to manage complaints in accordance with the Defence Primary Healthcare complaints policy and procedure, no complaints had been recorded within the past 12 months.

Information was available to help patients understand the complaints system, including in the patient information leaflet and in the waiting room.

Are services well-led?

We rated the medical centre as outstanding for providing well led services.

Vision and strategy

Staff we spoke with were clear that their remit was to support patients to benefit from the best possible healthcare outcomes which, in turn, supported operational capability.

The medical centre worked to Defence Primary Healthcare's (DPHC) mission statement.

'To provide safe and effective healthcare, which meets the needs of the patient and the chain of command, in order to contribute to the Fighting Power.'

In addition, the team had also created their own vision statement:

'Deliver a patient centred service in a practice that has a psychologically safe environment and culture for all staff, learners and educators.'

Leadership, capacity, and capability

The balance of civilian and military clinical input provided the best possible care for patients. The practice had a strong leadership strategy and vision that all staff championed. Staff reported feeling supported within their roles and listened to when suggesting change or raising concerns.

The team were committed to delivering the best care through a culture of constant learning and improvement. The medical practice was an approved training practice and had a well-established training ethos. It supported learners in a variety of trade groups including doctors, nurses and medics/paramedics which ensured teaching and learning was always a high priority.

Trainee medics rotated through the medical centre regularly, usually on a 6-week rotation. The station was the home of RAF paramedics, most in training, who worked within London Ambulance Service (LAS). They were not directly integrated into the practice team, however, were based in the building and were a constant resource of training and advice to all members of the team. They provided the medics with advanced trauma training including Battlefield Life Support (BATLS). There was a high pass rate due to the extra training and support from LAS. Where they offered practical medical training, the medical centre in turn offered management and leadership. This arrangement worked very well with good relationships built between the senior managers.

On Wednesday afternoons the medical centre was closed and this time was used for practice meetings and in-service training. This protected time allowed for training within specialties but importantly cross professional training where staff could learn from each other. Staff we spoke with had a positive attitude towards learning.

Culture

A responsive and patient-centred focus was clearly evident with this ethos embedded in practice. Staff continually looked at ways to improve the service for patients.

All staff described an approachable and supportive leadership team that was committed to ensuring cohesion, equality, and inclusion. It was clear from discussions with staff that their contributions to the development of the service were valued. All staff attended the practice meetings where they could put forward suggestions or raise concerns.

The practice management team empowered the junior staff within their roles. This created good relationships between the seniors and junior staff and made them feel valued whilst promoting trust and mutual respect. The junior staff we talked with confirmed they felt comfortable in their roles and felt part of the medical centre development. Junior staff rotated around the number of departments of the medical centre, developing them in all areas preparing individuals where possible, for promotion. The practice management staff promoted the Life Improvement Grant (LIG) to all staff applicable. Grant applications were submitted and used to provide a new television for the duty room, kitchen items such as a waffle maker, toastie maker, smoothie maker amongst many other things. This has helped moral of the junior staff who covered duties in the medical centre over weekends and when the airfield was open 24 hours.

The management within the medical centre recognised talent and achievement with one member of staff referred for a commendation for their work within the medical centre. To develop and prepare the Junior Non-Commissioned Officer (JNCO) for the next rank, JNCOs were involved in healthcare governance training and practice management training.

We heard from staff that the culture was inclusive with an open-door policy with everyone having an equal voice, regardless of rank or grade. All were familiar with the whistleblowing policy and said they would feel comfortable raising any concerns. We interviewed a cross section of staff, and all told us that it was a happy place to work and that they could rely on their work team to discuss and mitigate any concerns they faced. They spoke about colleagues who were supportive, compassionate, and caring.

Processes were established to ensure compliance with the requirements of the duty of candour, including giving those affected reasonable support, information, and a verbal and written apology. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We were provided with examples of when duty of candour had been applied.

Governance arrangements

Communication across the practice was strong and an appropriate meeting structure and healthcare governance approach was in place. This included regular clinical, practice, healthcare governance and unit healthcare committee meetings, safeguarding and Primary Care Rehabilitation Facility (PCRF) meetings.

A comprehensive understanding of the performance of the medical centre was maintained. The system took account of medicals, vaccinations, cytology, summarising and non-attendance.

There was a clear staffing structure in place and staff were aware of their roles and responsibilities, including delegated lead roles in specific topic areas. Terms of reference (ToR) were in place to support job roles, including staff who had lead roles for specific areas. Staff had lead/deputy roles and responsibilities with some having multiple associated duties due to their particular expertise and skill sets.

The medical centre had worked hard to create and maintain the healthcare governance workbook (HcG Wb) so that it was easy to use for all staff. This work had been praised by other facilities within the region and some practices had adopted areas of the workbook into their own practices. The workbook included easily accessible links to documents, standard operating procedures, ToRs, audit, registers and training. This allowed a very fluid way of working and saved time searching the SharePoint site. It had a traffic light system to signify when training going out of date, allowing easy identification on what needed actioning.

Managing risks, issues and performance

There was a current and retired risk register on the HcG Wb along with current and retired issues. The register articulated the main risks identified by the practice team. The registers were regularly reviewed. There were a range of risk assessments in place including both clinical and non-clinical risks.

Staff who were not performing would be supported initially to identify any underlying cause and implement support structures. If performance did not improve then formal performance management processes, military or civilian, would be followed.

All staff were in date for ‘defence information passport’ and ‘data security awareness’ training. When a member of staff left, smart cards were returned to the guard room and they were removed from having access.

The business continuity plan (BCP) had been reviewed and was exercised to ensure that staff knew what to do in an emergency. The BCP covered all the main risks to the service. The practice had a major incident plan which supported all units and had been agreed by unit commanders.

Appropriate and accurate information

The eHAF commonly used in DPHC services to monitor performance is an internal quality assurance governance assurance tool to assure standards of health care delivery within defence healthcare.

National quality and operational information were used to ensure and improve performance.

There were arrangements at the practice 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

Options were in place for patients to leave feedback about the service including information in the practice leaflet. All feedback was collated and discussed at the practice meetings every month. The Governance Assurance Performance and Quality (GPAQ) dashboard was used to monitor and analyse patient feedback. Quick Review or QR codes were used throughout the medical centre to capture patient feedback and were also put into each bag alongside the prescribed medicine by the dispensary. The last QR audit showed over a 6-month period, 99 responses were received but only 2 were from patients receiving care from the PCRF. Between July and December 2022, the PCRF were only sending out the survey once the patient had been discharged from their care. It was felt that if the patient was asked to complete the survey for every appointment it could lead to survey fatigue. Since February 2023 the PCRF team were advertising the survey via the QR Code leaflets in the PCRF, providing the patient leaflet on their initial appointment, and then approximately every 6 weeks until treatment has been completed. The aim was to hopefully to capture more results. From the DPHC Patient Experience Analysis summary this method had already shown an uptake on the survey returns for PCRF, with already 5 results from March and April.

A staff survey was undertaken in March 2023, the uptake was low (only 9 responses) this actually showed an increase of returns from the previous survey. The audit completed in September 2022 received a very low response (6 returns). From this they reviewed the method of the survey (previously hard copies of the survey were completed) and felt that this may have deterred staff from completing the survey as they may not be completely anonymous. From March 2023 they had moved to an online anonymous format via Office 365 survey tool in which 9 responses were received with an aim to improve for the next audit due in September 2023.

The medical centre took part in Inspirational Women's Day, this included welcoming inviting into the medical centre local school children to talk with them about the RAF medical services. The medical centre is also facilitating a student on work experience for a week in the summer months.

The medical centre had recently started a patient participation group. The number of patients wishing to participate was low, so the practice manager planned to schedule the next meeting to coincide with the parent/toddler group to try and capture contributions from parents/guardians.

Continuous improvement and innovation

There was much evidence of continuous improvement in the medical centre.

Professional business cards were made for individuals in the management team. This was done as networking with other military units and the NHS became more frequent and provided others with all relevant contact details. Other military units were interested in doing the same.

The system for reviewing laboratory results had improved. Previously one doctor was responsible for this task, but they had since left. The medical centre took this as an opportunity to review the process and introduce a more effective and prompt system which was in-line with NHS practice.

The enhancement of the induction programme has benefited new staff.

The medical centre had worked hard to create and maintain the healthcare governance workbook (HcG Wb) so that it was easy to use for all staff. This work had been praised by other facilities within the region and some practices had adopted areas of the workbook into their own practices.

The introduction of specific pocket-sized aids for the medics, these were attached to a lanyard for instant access and quick reference in case of a major incident. These were plastic and 100% waterproof.

The introduction of a standard operating procedure and the engagement work done to ease new registrations for families at the local NHS practice has been welcomed and enabled families to receive appropriate and local care for their children.

The medical centre had put together a comprehensive leaflet explaining what safeguarding is, including all types of abuse, what to do if you feel you are being abused and what actions you can take. It contained useful numbers and links to outside agencies and the contact details of the safeguarding leads within the medical centre. This leaflet was available in reception for patients.