



## Pirbright Combined Medical Practice

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Pirbright Medical Centre - Alexander Barracks, Surrey, GU24 0QQ  
Windsor Medical Centre - Combermere Barracks, Windsor, SL4 3DN

### Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information given to us by the practice and patient feedback about the service.

Overall rating for this service	<b>Good</b>	
Are services safe?	<b>Good</b>	

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# Summary

## About this inspection

We carried out an announced comprehensive inspection of Pirbright Combined Medical Practice on 11,12 and 25 September 2024. We rated the service as good overall with a rating of requires improvement for the safe and a rating of good for the effective, caring, responsive and well-led key questions.

A copy of the previous inspection report can be found at:

[www.cqc.org.uk/dms](http://www.cqc.org.uk/dms)

We carried out this announced focussed follow up inspection on 9 and 16 December 2025. The report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

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

Are services safe? – good

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 observations and recommendations within this report.

This inspection is 1 of a programme of inspections the CQC will complete at the invitation of the DMSR in its role as the military healthcare regulator for the DMS.

### **At this inspection we found:**

- Improvements had been made to:
  - coding and alerts for vulnerable patients
  - staff training to keep people safe, including training in safeguarding, infection prevention and control, paediatric basic life support and sepsis
  - monitoring of patients prescribed valproate (medicine to treat epilepsy and bipolar disorder)
  - referrals management
  - support and supervision of medics
  - summarisation of trainees' clinical records
  - the management of long-term conditions
  - Primary Care Rehabilitation Facility infrastructure and facilities

**We made no recommendations to the practice:**

**Professor Bola Owolabi**

Chief Inspector of Primary and Community Services

## Our inspection team

The inspection team was led by a CQC inspector supported by a practice nurse specialist advisor.

## Background to Pirbright Combined Medical Practice

Pirbright Combined Medical Practice (referred to as ‘the practice’ throughout the report) provides primary care to a patient population of 3,192 including Phase 1 trainees, permanent staff and service personnel attending development courses. As a combined practice, care is provided across 2 locations; Pirbright and Windsor Combermere medical centres. In addition, service personnel based at Victoria Barracks are registered at Windsor Combermere Medical Centre. Families of service personnel are registered at Pirbright Medical Centre only.

In addition to routine primary care services, the practice provides a range of other services including vaccinations, sexual health, smoking cessation, cervical cytology, over 40’s health screening, chronic disease management and aviation medicals. A Primary Care Rehabilitation Facility (PCRF) is available at both locations, and there is a dispensary at Pirbright Medical Centre.

The practice is open Monday to Friday 08:00 to 18:30 hours. Outside of these hours, patients are signposted to local out-of-hours services.

## The staff team

Staff team	Pirbright Medical Centre	Windsor Medical Centre
Doctors	Senior Medical Officer (SMO) Deputy SMO – post vacant Regimental Medical Officer – post vacant MOD General Practitioners x 4 - 2 part time	Regimental Medical Officer x 2
Practice nurses	Senior Nursing Officer (SNO) – post vacant Deputy SNO Band 6 nurse x 6 Band 5 nurse x 4 – 3 posts vacant Healthcare assistant x 5 – 2 posts vacant	Band 6 nurse – post vacant

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PCRf	OC (lead) PCRf – deployed Band 7 physiotherapist x 2 – 1 acting OC PCRf Band 6 physiotherapist x 4 Exercise rehabilitation instructor (ERI) x 2 – 1 post vacant	Band 6 physiotherapist
Practice management and administration	Group practice manager Office manager Administrators x 8	Branch manager Administrators x 2
Medic team*	Medics x 9 – 4 posts vacant	Medics x 19 – all deployed
Dispensary	Pharmacy technician x 2	N/A

\*In the army, 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 primary care but with a broader scope of practice.

## Are services safe?

**We rated the practice as good for providing safe services.**

Following our last inspection, we rated the practice as requires improvement for providing safe services as we found shortfalls with:

- staff training to keep people safe, including training in safeguarding, infection prevention and control (IPC), paediatric basic life support (BLS) and sepsis
- coding and alerts for vulnerable patients
- referrals management
- support and supervision of medics
- summarisation of trainees' clinical records
- monitoring of patients prescribed valproate (medicine to treat epilepsy and bipolar disorder).

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

## Safety systems and processes

Staff records showed that all staff were up-to-date with safeguarding training. Following the last inspection, the inconsistency with applying alerts to the records of vulnerable patients (VP) and carers was discussed at the doctors' meeting. All records, including clinical coding and alerts, for VP and carers were reviewed and updated in July 2025. The NHS definition for vulnerable persons was used when assigning the relevant codes. A DMICP (patient electronic record system) synonym (short cut to standardise clinical activity) was created to formalise the recording of multi-disciplinary team patient discussions.

In preparation for the unit-led, monthly Vulnerability Risk Management meetings, DMICP searches were undertaken to identify both VP and carers. These patients were discussed at the meeting if appropriate. A VP audit in April 2025, along with a carers audit in March 2025, showed appropriate alerts were applied to clinical records. Only 3 staff had access to the VP and carers register.

Training records confirmed the staff team was in-date for IPC training. The Warrant Officer nurse who recently joined the practice was the IPC lead and had completed the link practitioner training.

## Risks to patients

Training records demonstrated that all staff had completed online level 2 paediatric BLS in February 2025. Three of the nurses had undertaken Train the Trainer paediatric BLS and

were due to be signed off in February 2025 to deliver this training at the practice, and within the region if required.

In-service sepsis training was held both in February and December 2025. Further training was scheduled in February 2026. The moulage or scenario-based training held in December 2025 covered both sepsis and the 'sick child'. Further moulage training sessions for 2026 have been added to the training calendar.

### Information to deliver safe care and treatment

At the previous inspection the practice had not moved to the new Defence Primary Healthcare (DPHC) referrals management platform and referrals were managed differently at both Pirbright and Windsor medical centres. At this inspection we found that both practices were using the DPHC system to manage referrals. A referral lead was identified at each medical centre and they held a weekly meeting to ensure referrals were being managed effectively. They also provided cover for each other during absences and an office manager who was familiar with the process could also provide cover. A referrals audit was undertaken in April 2025.

As the medics worked directly for the training academy, there was no Regimental Medical Officer to provide supervision of their clinical work. The practice manager confirmed that the duty doctor and nurse were undertaking this role on a daily basis, which included a review of the medics' clinical records. A log of supervision sessions for medics was maintained. An audit of the medics' record keeping was carried out in both May and November 2025.

At the last inspection, new recruits arriving at the Pirbright without their clinical records summarised had been captured on the risk register. This summarisation was undertaken by an external recruitment company. This issue was now resolved and the risk had been retired.

### Safe and appropriate use of medicines

At the last inspection, the valproate DMICP search was set for service personnel only. Since then, the search function had been changed to incorporate all patients registered at the practice.

## Are services effective?

**We rated the practice as good for providing effective services.**

Although the effective key question was rated good at the previous inspection, we followed up on advice and guidance recommendations. They were in relation to:

- the management of long-term conditions (LTC)
- Primary Care Rehabilitation Facility (PCRF) infrastructure and facilities
- staff training.

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

### Effective needs assessment, care and treatment

At the last inspection an application had been submitted to the unit for improvements to be made to the infrastructure at the PCRF in Pirbright. The improvements would provide more space and ensure fixtures were compliant with infection prevention and control standards. A phased plan for the improvements was underway. The first phase involved the refurbishment of a building at Pirbright to become a rehabilitation gym. Work on this building was underway. Primary care facilities at Winchester were due to close by July 2026 and move to Pirbright. Equipment from the PCRF at Winchester had already been moved to Pirbright to be used in the new gym. Once the rehabilitation gym was completed, the PCRF would move there temporarily whilst the necessary improvements to the PCRF building were made.

It was identified at the previous inspection that conversations with patients could be overheard in the PCRF at Windsor by contractors who were based in a room on the same corridor. Since then, the door to the PCRF had been relocated and a wall sound proofed. There was no further concerns regarding conversations being overheard.

### Monitoring care and treatment

It was identified at the last inspection that the management of LTCs was inconsistent between both medical centres within the combined practice. A formalised process was now in place across the practice which included the use of a single template spreadsheet. This was accessible to the referral leads for both medical centres.

### Effective staffing

Records showed the staff team was up-to-date with mandatory training.