

Providing NHS Services

# Quality Report 2020/21

DMC Healthcare Ltd.

*Delivering Healthier Outcomes*



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## Executive Summary

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### **Welcome to our Quality Account for 2020/21.**

This document provides an overview of the quality of the services we provided over the past twelve months and identifies our priorities for quality improvement during the coming year. In developing the report, we have engaged with our staff, service users, and the Board.

DMC has been providing a core Primary Care service since 1967, allowing us to widen our offering to provide more specialty services in partnership with the NHS. We work as in-source and out-source community-based provider, as well as digital remote services; we have previously provided outpatient urology, ophthalmology surgery and physiotherapy services and currently deliver Dermatology, Endoscopy and Radiology Reporting to the NHS.

The past twelve months have been unprecedented with the global pandemic dictating the priority of service provision. DMC along with all other NHS and healthcare services has continued to support our patients and provide expert and high standards of care. 2020 has additionally been a momentous year for DMC Healthcare in which we have taken time to reassess, refocus and redesign our approach to providing services. This has been an extremely valuable review and allowed us to identify our strengths and weaknesses and better understand the opportunities and challenges which may face us in the future.

We can be proud of our achievements in 2020/21 and positive about the future with clear direction of our continued areas of improvement and embedding robust clinical governance across our services. Our strategy will focus on improving and enhancing our systems and processes and enable us to concentrate on where we add the greatest value to the communities we serve.

## Executive Summary

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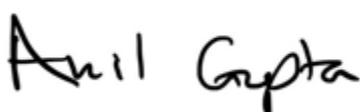
We had a number of non-rating CQC Inspections, across our services, in 2020/21 and recognise a number of areas identified in which improvements were required. We have reflected on the inspection reports and enabled a programme to deliver on targeted and general improvement.

We have also revised our patient experience and engagement strategy to ensure quality is not only a dashboard of statistical measurements; it is also the measure we gauge and improve care experienced by our patients and their families and carers. Collaboration and communication remain high priorities across DMC including building relationships with our partners, and regulators.

Our Quality Account demonstrates the challenges DMC have encountered over the last year which has enlightened us to continuously strive to improve our services. This has been enabled by us listening to the voices of our stakeholders and their comments at the end of the Quality Account demonstrate the improvement and journey of DMC Healthcare over the last year.

Without our staff, their engagement, commitment, dedication, collaborative working and loyalty we could not achieve all we have or want to in the future and would like to close by thanking them for their tremendous dedication and outstanding contribution.

To the best of our knowledge, the information in this document is accurate.



**Anil Gupta**

Group Managing Director



**Dr Ravi Gupta**

Group Medical Director

## Chief Medical Officer Introduction

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Welcome to the first DMC Healthcare Quality Account.

The year just past is astounding in its uniqueness, globally, nationally, for DMC, and personally for everyone. The pandemic took many lives, damaged the physical and mental health of many more. There is also the even greater and lasting damage that is financial and lost potential through lost work and education opportunities.

We responded with great agility to convert care pathways to digital working, made possible by great teamwork and focus on the needs of patients. The pace was impressive, as was the way the majority of patients settled quickly to digital clinics. We all had to learn to work from home to keep the organisation functioning well.

The challenges of the North Kent Dermatology contract compounded by the CQC challenges facing into the most stressed primary care sites taken on in 2019 has led to a significant change in the shape of the organisation. We returned the contracts by mutual agreement supporting a safe transfer to new providers, wishing them all the very best.

The summer of 2020 through to late Autumn was difficult, stressful, and not without considerable soul searching. We proved to be tenacious in our ambition to be better in all we do to serve patients. We extracted every learning and improvement opportunity. As a result of the Kent contract challenges, we transformed the governance of clinical care, the capability of the operations team and the governance of human resource standards.

## Chief Medical Officer Introduction

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We can confidently say that with the building of strong governance and operation teams, and unrelenting focus on HR compliance and related standards, we have the foundation for delivering high quality care and sustainable business growth.

This report describes the detail of the changes and improvements in 2020/21, and what we have set as our ambitions for the year ahead.

We are proud to serve the NHS and patients since 1967. Providing healthcare has never been tougher because of national workforce challenges and increasingly challenging regulatory scrutiny that is working to be increasingly objective. We are innovative, agile, quick to learn and welcome improvements.

We are proud of our staff who have gone through all the challenges, kept focused and come up with ways to improve and grow.

We look forward to continuing to serve the NHS over the coming decades, delivering on our primary purpose - to provide great care, provided by people that care.



**Dr Nadeem Moghal**

MBChB BAO (MRCP) FRCPCH MBA FRCPI (Hon.)

Chief Medical Officer

## Welcome to DMC Healthcare

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DMC Healthcare is a national provider of clinically led and clinically delivered services to the NHS.

Established more than 50 years ago as a family-run GP practice, we are still family-owned and clinically run.

We have grown into a leading provider of primary care, community-based clinical services, secondary care in-reach services and radiology reporting.

High quality patient care and experience are our highest priorities. We invest in people and technology, providing services that are clinically led, safe and efficient. Our aim is to deliver healthier outcomes for our patients, responsible for their healthcare and contribute to the long-term sustainability of the NHS.

***‘Our service is built on the ethos of trust and respect between patient and clinician’.***

## Review of Our Services

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### Primary Care

DMC is a leading provider of consultant-led Primary Care with:

- **6 GP surgeries, 4 in Kent and 2 in Southwark**
- **1 Walk in Centre in Sheppey**
- **147,319 consultations in the last year**
- **114 staff across all sites**

Primary care is the bedrock of the NHS but is under pressure to keep pace with an aging population, complex health conditions and structural workforce challenges. We believe that it is vital that patients who most urgently need care have timely access to our services. This includes booking appointments and ordering repeat prescriptions digitally.

Our primary healthcare centres are clean, modern, spacious facilities which offer patients a full range of NHS primary and urgent care services, including extended opening hours.

Our core strength is in our staff and their passion. DMC invests in a multi-skilled and diverse workforce, providing patients with advice on the self-management of long-term conditions, regular health checks and improved prescription management.

## Review of Our Services

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### Dermatology

DMC Healthcare has grown to become a leading provider of consultant-led dermatology services to the NHS. Our Community Dermatology Services have links with the national reputation of the UK consultant Dermatologists, the British Association of Dermatology and the Primary Care Dermatology Society.

DMC Community Dermatology services support a backlog of minor surgery. This can include delivering level 3 Dermatology clinics for procedures utilising our community-based locations throughout weekdays and weekends.

- **Delivering for 8 CCGs**
- **74 clinicians and support staff**
- **40,000 new patients treated each year**
- **8-10% of patients experience secondary care**
- **26 dependable, easily accessible nationwide community clinics**
- **Full range of dermatology services up to level 3**
- **Registered with the Care Quality Commission**

The service utilises vacant or underused hospital facilities and GP surgeries. The services operate flexibly either outside of core hours, within the working week or at weekends. We are experienced in quickly mobilising our service to integrate on site.

DMC Outsourced Dermatology - moves care into the community, closer to patients' homes and integrated with local support services.

The DMC Dermatology App is an innovation that has successfully supported GPs, patients and our dermatologists to reduce journeys and improve on timely care.

## Review of Our Services

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### Radiology Reporting

DMC Radiology Reporting was founded by leading practitioners who sought to bring to market the service they themselves would commission; subspecialist; clinically led; UK-based Radiologists using the best reporting technology available, supported by a responsive operations team. We have been operating since 2012, meeting the demand for high quality, accurate reporting services across the UK.

- **Subspecialist** - The right scan to the right specialist radiologist
- **Outstanding clinical leadership** - Lead by leaders in the field of Radiology
- **24-48 hrs reporting turnaround time** - A key metric we take pride in
- **Secure** - Underpinned by robust clinical governance
- **Best in class tech** - Partnered with Carestream and Biotronics 3DNet
- **Education** - Bespoke training in partnership with the British Institute of Radiology

Our team is made up of FRCR qualified, subspecialist Radiologists, covering all organs, body areas and modalities. Each subspecialist team is led by a senior Radiologist, who works closely with their respective team and in-house auditors to ensure high-quality reporting and optimum accuracy at all times. All our Radiologists have access to the latest technologies.

All Radiologists work-stations have medical grade reporting screens, fully compliant with The Royal College of Radiologists, 'Standards for Interpretation and Reporting of Imaging investigations' and 'Standards for Provision of Teleradiology within the UK'.

## Review of Our Services

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All our radiologists work from home with access to PACS reporting station with full voice- recognition capabilities.

All DMC Radiology Reporting Radiologists are GMC registered and licenced, FRCR qualified, holding a substantive NHS consultant radiology post and have undergone GDPR training.

During 2020/21 DMC Radiology Reporting Radiologists reported on 30,209 patient imaging studies, providing services across 28 provider organisations both in the public and private sector.

As part of our standard quality and control procedures to ensure continuous improvement, we audit 2% X-RAY and 10% MRI/CT undertaken monthly, which are measured against a cohort of Key Performance Indicators.

The following criteria is applied and measured:

- 1 Report Quality: Reporting Accuracy Category**
- 2 Report Quality: Communication**
- 3 Report Quality: Clinical Utility**
- 4 Image Quality: Definitions**

Reporting Accuracy – Represents the standard method for auditing the reports of radiological studies.

## Review of Our Services

Once selected studies are allocated for Radiologists to review, studies are then independently checked by our team of Auditors with a complete report created and issued to the client explaining the results.

Frequency	Measure	Definition
Monthly	<b>Report Quality: Reporting Accuracy Category</b>	Represents the standard method for auditing the reports of radiological studies.
Monthly	<b>Report Quality: Communication</b>	Attempts to describe, in a more detailed manner, the specific issues (if any) for a particular report. Thus, for example, the communication score may identify that a report was ambiguously worded and/or that a conclusion was not provided and/or that there were too many typographical errors. Note that a single report may be associated with more than one communication score.
Monthly	<b>Report Quality: Clinical Utility</b>	This identifies whether a particular report answered the clinical question or questions posed by the referrer (NB where this was stated on the request form).
Monthly	<b>Image Quality Definitions Reporting Accuracy – Represents the standard method for auditing the reports of radiological studies</b>	Endeavours to provide constructive feedback to the client, in a standardised method for auditing the image quality of radiological studies.

## Review of Our Services

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### Endoscopy

We are a consultant-led and delivered in-source service. Our clinical lead is a consultant gastroenterologist from Kings College Hospital London.

DMC Healthcare provides in-sourced routine endoscopy services. The services support the rising demand made on NHS services. We comply with the RCP in-source JAG standards and meet the targets set. We use NHS endoscopy suites. The quality of care is monitored by the clinical lead.

As clinical professionals, we are mindful to leave the facilities as we found them. Once our work is completed, we leave the Department ready for Trust operation on the next working day.

We have a defined governance structure that enables regular assessment against areas such as activity, risk, audit and regulatory compliance. We provide monthly quality and governance reports to the organisations we provide services to.

#### **About us**

- >15 Consultant Gastroenterologists available for work nationwide
- Provision of endoscopy nurse coordinator to manage service
- Reduce Trust overheads by delivering service sub tariff
- Bespoke service provision and pricing
- Team all experienced in working within JAG accredited units
- Utilise Trust IT systems for clinical record keeping
- Work within Trust parameters for onward referral for cancer
- Ability to work over multiple sites and rooms over a weekend
- Experienced bank of nurses and technicians
- Convenient for patients as they remain part of the Trust – not transferred to another facility

## Statement on Quality

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This is DMCs first Quality Account, and we welcome the opportunity to share some of the developments to our services over the past year. This report allows us to demonstrate our performance against national and local standards and highlights our progress against our own objectives. 2020/21 has been a challenging year for healthcare and we have remained determined to support delivery of care to our patients throughout this momentous time of a global pandemic.

We acknowledge that our most important resource is our staff and developing a caring, high quality service requires the right culture within an organisation. Proactive engagement with our staff and patients is vital to help us understand the issues and allows us the opportunity to apply sustainable improvements.

During 2020/21 DMC acknowledge the commitment, dedication and loyalty of our staff to deliver safe and effective care to our patients during a strained and unprecedented time. We continue to work with our staff and patients to ensure they feel valued and able to input into service delivery and development.

We remain committed to providing outpatients with safe care and have adapted to the current changing landscape that the global pandemic has impacted to ensure our patients feel safe when attending a consultation at our services.

We have adapted the way we work, across our Primary Care and Community Services to offer digital consultations, where it is possible to do so. This has been an effective method of ensuring we maintain safe distance and adhere to the national directive for maintaining safety during the pandemic.

## Statement on Quality

Do not just take it from us, here are a few comments from our wonderful patients:

“  
*Very pleasant doctor and very grateful that you made the effort to provide the service 'remotely'.*  
 ”

“  
*Always had a good experience here, the staff are very friendly. Always though the receptionists do a great job under a lot of pressure and are always kind and considerate.*  
 ”

“  
*The reception team went truly above and beyond to help me – in the current climate when everything is so challenging for practices, they really helped me feel better.*  
 ”

“  
*Absolutely brilliant, very pleased, everyone went that little bit more.*  
 ”

“  
*What a cracking doctor. She was very clear and I am confident in her abilities. Thank you for continuing to provide a fantastic service.*  
 ”

“  
*I want to thank you SO much for the absolutely impeccable help you have given me in supporting my return to health after my severe and debilitating anxiety and depression. Without your expertise and extraordinary understanding and consistent support, I feel it most likely that I would have felt compelled to admit myself to hospital or, more worryingly sunk even further into a very poor state of health – impacting not only my wellbeing, but my family and friends too. We have been so thankful to have your totally invaluable care – on which I was totally dependent. You have been a complete saviour and so valiant during what must have been a very challenging year for you over the pandemic and for the NHS. Every GP practice needs to have someone of your calibre to guide people when they are struggling, and I feel so lucky that DMC has the foresight to provide this service to the community.*  
 ”

“  
*Doctor was the first one to listen to me and understand my issues. Fantastic service and I feel like I'm getting somewhere.*  
 ”

“  
*The appointment was a great success very pleased, how marvellous that you can speak to someone so knowledgeable on the phone.*  
 ”

“  
*The surgery was very Covid aware and I felt safe. I have been with this surgery since 1981 and always received excellent care and attention.*  
 ”

“  
*The current set-up is very calming and supportive. In my current situation, having a mental health nurse within the practice has been absolutely invaluable.*  
 ”

“  
*Lovely doctor who has supported me through my surgery and aftercare wonderfully. Thank you.*  
 ”

## Statement on Quality

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And from our staff:

“

*Having worked at DMC for almost six months, I feel DMC is a good place to work and is a caring organisation from my experience. There has been a lot of change, but it is a supportive environment to work at with good management and is aware of where it needs to improve. I feel very supported at DMC and feel my voice is heard and I can raise any issues I am aware of and they will be taken seriously. I feel I am generally kept involved with any changes in the organisation, as well as all staff, the weekly all staff huddle particularly helps with this. Senior Management are transparent about changes in the organisation. I can already see the improvements that have been made since I started, made possible through my colleagues' commitment to delivering a quality service for patients.*

**Victoria Marshall, Business Support Assistant**

”

“

*I joined DMC Radiology reporting in January 2021. I saw the opportunity to contribute to an exciting and fast-moving company and felt my experience would contribute to the visions described of the Radiology Department. I was also keen to join the department to work under Tanya Singh again who I had worked with before at a private diagnostic centre and hospital. She has always been an inspiring and empathetic line manager and has always brought out the best in her teams including myself which encouraged me to work with her again. She has always been keen to support and develop her teams in the past and the thought of working in a positive, supportive, and developing role again was appealing. I have managed to speak with a few DMC colleagues, sadly I have not had the chance of meeting the majority of colleagues in DMC due to C19 but interaction with most since joining has been really welcoming. I enjoy Nadeem's weekly Friday huddles as they are informative, supportive, and gives staff the opportunity to ask questions.*

**Mohsan Javed, Senior Operations Administrator**

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## Statement on Quality

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“

*I am thoroughly enjoying working for DMC and being part of a supportive and hard-working team. We all share a passion within healthcare, and I am inspired by my colleagues on a daily basis.*

**Emma Summers, Business Support Assistant**

”

“

*I have worked at DMC Healthcare Ltd for close to 3 years now which I have thoroughly enjoyed. DMC have been incredibly supportive throughout my journey, from giving me an opportunity in the first place with no prior NHS experience, to developing me into the professional that I have become today. DMC have a experienced mix of directors, senior managers and experts who are always happy to provide support and guidance that have helped me learn and gain new experiences for which will stand me in good stead for the future. I am very much looking forward to continuing the hard work and see how much further I can go in this industry, thanks to DMC.*

**Colin Gentle, Estates Site Lead**

”

“

*I have been working for DMC for 18 years and have seen the company grow from strength to strength. I have worked in many areas of the business from practice management to business development to implementing new services, developing my skills and working alongside talented colleagues. As a dynamic organisation, DMC actively supports their staff to progress and develop their abilities and expertise. I am very happy to have played a part in this remarkable journey and to feel part of the DMC family.*

**Helen Greengrass, Operations Development Manager**

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## Patient Satisfaction Survey Outcomes

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At DMC we understand the importance of obtaining patient feedback to help us continuously improve quality of care and experience for our patients. We have developed a Patient Engagement and Experience Strategy that outlines our commitment and enables us to monitor our delivery against a range of developments.

We use patient feedback across our services in a collaborative way and continuously strive to share and implement learning. A range of options are in place for our patients to provide feedback and we continue to develop these methods to ensure all patients have the opportunity to feedback. This is enhanced by our commitment to develop a translation strategy in 2021 to ensure our feedback methods are inclusive to all our patients.

Patient Feedback Groups (PPG) are in place across all our Primary Care sites which helps to facilitate feedback between patients and the practices. They offer an avenue for patients to have a say in how services are planned and developed.

Across our Community Services we have several methods that enable feedback from patients.

Patient feedback remains a standing item at our committee meetings with thematic review undertaken in 2020.

## Patient Satisfaction Survey Outcomes

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We have taken the following actions from key themes highlighted across all DMC services:

- **Staff attitude** – we have implemented a medical oversight policy and routinely conduct peer review audits across Primary and Community Services.
- **Clinic letter errors** – fortnightly audits have been undertaken to monitor progress against actions implemented to improve quality and accuracy.
- **Complaint process** – input from our PPG in Maidstone has supported improvements to the complaints process across the organisation and development of a simplified process for patient use.
- **Access to services** – we have implemented a new phone system X-ON with improved options to enable directed care for patients and the ability for the service to call-back the patient.



## Duty of Candour

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Being open and honest when things go wrong has been an integral part of incident management and patient safety culture development since the advent of the Being Open Framework developed by the National Patient Safety Agency in 2009. The reports by Robert Francis QC (2010 and 2013) and Professor Don Berwick (2013), following the events which took place at Mid Staffordshire NHS Foundation Trust led to a statutory obligation for Duty of Candour (in 2014). DMC Healthcare have developed active reporting culture and incident reporting system which encourages staff to be open and transparent in reporting all incident types, both clinical and non clinical. Our policy gives clear guidelines to staff around the process that needs to be taken in the event that an incident is reported that warrants the Duty of Candour to be undertaken.

During 2020 we developed targeted training for staff on Duty of Candour, including the development of a duty of candour checklist that guides staff to apply all the required principles of Duty of Candour and ensures the discussion is well documented.



## Good Governance Institute

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At DMC the importance of good governance is recognised, and the organisation has strived to deliver against a range of developments to enhance and deliver robust clinical, operational and HR governance.

In order to support the improvements DMC Healthcare commissioned an external review from the Good Governance Institute (GGI). GGI conducted a review on the following:

- **Quality Governance**
- **Incident Quality**
- **Quality Inspections**

As part of the developments GGI also conducted risk management training to staff across the organisation.

The recommendations received have informed progression in further strengthening our governance systems and processes and include improvements to the following:

- **Policy Management and Governance**
- **Board and Committee Governance**
- **Incident Management**
- **Risk Management**
- **Quality Inspection Programme**

## Good Governance Institute

DMC identified the following quality improvement priorities during 2020/21. The table below indicated the status and update against each priority:

### Clinical Effectiveness

Priority	Update
<b>To implement a robust governance structure</b>	<p>There is a defined governance structure in place that indicates the committees and groups who monitor and manage oversight of their dedicated areas, which includes:</p> <ul style="list-style-type: none"> <li>■ Workforce and Organisational Development Committee</li> <li>■ Audit Oversight Group</li> <li>■ Risk Management Group</li> <li>■ Safeguarding Leads Meeting</li> <li>■ Information Governance Oversight Group</li> <li>■ Strategic, Operational and Governance Meetings per service</li> </ul> <p>These groups meet routinely and are monitored via a meetings planner. They have a standardised agenda and are minuted and managed via an overarching action plan. The membership is defined within the Terms of Reference. The outputs of these groups/committees feed into a monthly Integrated Governance Committee (IGC).</p>

### Patient Experience

Priority	Update
<b>To identify improvements in incident and complaint quality</b>	<p>A full review of the incident and complaint management system has been undertaken.</p> <p>DMC has seen a reduction in complaints received month by month across DMC and improvements in responding to complaints within 25 working days.</p> <p>Further work continues to support improvements based on thematic reviews.</p>

# Good Governance Institute

## Patient Safety

Priority	Update
	<p>DMC has rolled out risk training to staff across DMC during 2020. The training was provided by an external accredited provider, the Good Governance Institute and incorporated a session of ‘train the trainer’ so this can continue to be delivered to new staff joining DMC.</p>
	<p>All services include risk as a standard item on team meeting agendas to ensure all staff have the opportunity to highlight and escalate risks.</p>
<b>To develop a robust risk management process</b>	<p>A weekly risk review group (RRG) is established with approved Terms of Reference to review newly reported risks and enable a method to quality assure the risks raised and challenge the consideration of the risk detail incorporated.</p>
	<p>A risk management group (RMG) oversees the function of risk reporting and is in place to assess and support improvements in the quality and consideration of risks. The process is applied locally to involve staff and identify, determine, indicate and embed shared learning and feedback to staff is considered at this meeting. Each risk is reviewed and discussion on the scoring, quality and control measures takes place.</p>
<b>To centralise the oversight function of audit management</b>	<p>An Audit Oversight Group (AOG) has been implemented and oversees the core function of audit management including assurance on audit completion and quality assurance. The group meets monthly with clear terms of reference in place to outline the core functions and responsibilities of the group defined.</p>
	<p>The group is responsible for delivering the development, coordination and function of the annual audit plan and enables approval of additionally proposed audits. A 2020/21 audit plan has been implemented and is being monitored via the AOG.</p>

## Key Successes and Achievements

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- Development of a robust and clearly defined governance structure, meetings structure that demonstrates the developing programme and tracks progress.
- Medical Oversight – the development of a medical oversight programme has enabled improvements in the assessment of quality of care provided by clinicians across DMC.
- A Peer Review and Clinical Record Audit programme has been implemented across Community and Primary Care Services.
- A Dermatology Clinical Structure has been implemented and is led by a National Clinical and Surgical Director alongside Regional Clinical Leads.
- Development of a robust, centralised Safety Alerts programme that enables audit, assessment and confirmation of action taken in response to alerts raised from a variety of forums.
- The development of an audit oversight programme has supported improvements across services, this has been further enhanced in the 2021/22 quality account priorities.
- The development of a risk management programme and risk register at site and corporate level.
- Development of a robust policy oversight programme, including structured governance to ratify policies.

## Priorities for Achievement

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Priority proposals were requested from all staff and teams across DMC. Patient Participation Groups were also approached to provide proposals.

A panel was formed to review all priority proposals received and agreement of the core set of priorities for 2021/22. Feedback was provided to all staff who submitted and further progression is being considered for those priorities not selected for inclusion in the Quality Account.

### Clinical Effectiveness

**Priority 1      All staff have clarity on their roles and responsibilities across the organisation.**

- To complete a full review and redesign the appraisal process
- To improve the staff survey outcome from 42%, who advise appraisal helps to plan for the future
- To conduct an appraisal evaluation to assess development needs and quality of appraisals
- To develop a Learning and Development plan

**Priority 2      To establish a staff health and wellbeing programme.**

- To improve the staff survey outcome from 51% for staff who felt supported
- To engage staff in the development of a Health and Wellbeing Framework
- Fully implement a Health and Wellbeing strategy

**Priority 3      To reduce the adverse events occurring across all services.**

- To develop a mortality review process within Primary Care for unexpected deaths
- To develop an audit programme to assess unexpected deaths
- To enable shared learning to inform and improve patient care and experience

## Priorities for Achievement

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### Patient Experience

**Priority 4**      **To sign up and implement the Always Event initiatives with each site developing an ‘Always Event’.**

- To evaluate the Always Event Framework
- To support Admin/Reception staff to identify an Always Event that is indicated by patients
- To implement and evaluate an Always Event, at each site across DMC
- To evaluate the impact to assess if beneficial to patients

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**Priority 5**      **To develop a patient engagement and experience framework and monitor positive and negative responses to continuously seek improvements.**

- To implement a fully embedded framework that engages patients and their experiences
- To engage and support developing Patient Participation Groups across DMC
- To Implement the Always Events Toolkit
- To centrally collate patient feedback from a range of forums
- To implement a translation strategy to support patients

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**Priority 6**      **To develop and support the delivery of PPGs, to support active patient engagement.**

- To enable a forum that engages patients’ participation and indicates a clear structure for involvement
  - To engage Healthwatch to assess material and guidance availability
  - Evaluate current provisions, to identify improvements
  - Share good practice across services
  - Develop a patient guide (easy read version) on how to access MS Teams
  - To develop a survey for all PPG members to evaluate the PPG function
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## Priorities for Achievement

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### Patient Safety

**Priority 7**      **To review and develop a robust repeat prescriptions programme.**

- Standardise repeat prescribing processes and protocols within general practice
- Enable staff to understand their roles and responsibilities around repeat prescribing
- Provide guidance on good repeat prescribing process and procedures
- Ensure safeguards are in place to minimise error and reduce risk
- Significantly reduce complaints and issues raised in relation to repeat prescribing

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**Priority 8**      **To maintain quality across all services and aim for a good CQC rating.**

- To review and update all related policies, audit compliance, staff survey measure to assess staff understanding
  - To enable a robust audit programme with defined audits across services that lead to improvements in service delivery, patients care and experience
  - To develop an audit framework that demonstrates evidence of change delivery
  - To develop thematic learning from audits, that is shared across services
  - Learning is identified to evidence change
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## Priorities for Achievement

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### Patient Safety

**Priority 9**      **To strengthen and define the safeguarding processes internally and externally in partnership with other agencies.**

- To provide the wider quality assurance and assurance on compliance with the legal requirements.
  - To ensure all related policies and procedures are fit for purpose
  - Deliver on the safeguarding duties of our organisation, including effective identification of safeguarding needs or consideration
  - Develop risk assessments that are responsive to the needs and used effectively in preventative work
  - Training needs are identified and met to equip the workforce
  - Contacts and engagement with external agencies to be enhanced
  - Culture and level of vigilance to improve in terms of safeguarding
  - Meet the requirements of a post COVID world
  - Online access use and access is appropriate and compliant not just from a safeguarding perspective, but to factor in data protection and GDPR as well.
  - Online delivery model impact on safeguarding and how this is operated
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## Taking Part in Local & National Clinical Audits

The reports of zero national clinical audits were reviewed by the provider in 2020/21.

The reports of 13 local clinical audits were reviewed by the provider in 2021 and DMC intends to take the following actions to improve the quality of healthcare provided.

DMC have implemented an Audit Oversight Group (AOG) which meets monthly and defines the audit programme across the organisation. During 2020/21 13 local audits have been undertaken, which are indicated by service below:

Audit	Service	Frequency	Date Completed
Peer Review Audit	Dermatology	Monthly	Monthly ongoing
Isotretinoin Pathway	Dermatology	First Cycle	January 2021
Safeguarding	Dermatology	Quarterly	January 2021
Safeguarding	Primary Care	Quarterly	January 2021
Secondary Care Referrals	Dermatology	Monthly	February 2021
2ww Referrals	Dermatology	Monthly	February 2021
Methotrexate Outcomes	Dermatology	First Cycle	February 2021
Information Governance Audit	Core Business	Annual	February 2021
Information Assets Audit	Core Business	Quarterly	February 2021
BCC Audit	Dermatology	One-off	March 2021
High Risk Medication	Primary Care	Weekly	Weekly ongoing
Infection, Prevention and Control Audit	Core Business	Annual	April – May

DMC have enhanced the 2021/22 audit plan and have a defined audit programme in place across all services.

## Statements from CQC

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DMC is registered with the CQC, and announced and unannounced focus inspections have taken place across Primary Care and Dermatology services in 2020.

DMC has no conditions attached to its registration.

Please note that CQC reviews are currently ongoing, and for most of the DMC services that CQC assessments are ongoing. Below stated are the outcomes for the last previous ratings.

Full copies of CQC reports are available on the CQC's website at **[www.cqc.org.uk](http://www.cqc.org.uk)**.

Following the most recent round of inspections CQC have indicated they are *'seeing an improving trajectory'* and that *'Colleagues at Albion felt uplifted by the recent CQC inspection report of the practice, and it was noted that inspectors found a positive culture on the ground'*.



## Statements from CQC

Overview of CQC focussed inspections conducted in the past year are outlined below:

Site	Date of Last Inspection	Notice Requirements	Current CQC Rating
<b>Albion Place Medical Practice</b>	25/09/2020	Regulation 17 Good Governance <b>Notice removed following re-inspection 8th April 2021</b>	Not yet rated
<b>Chadwick Road Surgery</b>	12/04/2020	Regulation 12 Safe Care and Treatment Regulation 17 Good Governance	Good
<b>Church View Practice</b>	06/11/2020	Regulation 12 Safe Care and Treatment Regulation 17 Good Governance Regulation 18 Staffing <b>Notice removed following re-inspection 8th April 2021</b>	Good
<b>Crystal Palace Road Medical Centre</b>	28/08/2020	Regulation 17 Good Governance	Requires Improvement
<b>Iwade Health Centre</b>	09/10/2020	Regulation 17 Good Governance Regulation 12 Safe Care and Treatment Regulation 18 Staffing	Good
<b>Sheppey Healthcare Centre</b>	11/09/2020	Requirement Notices Regulation 12 Safe Care and Treatment Regulation 17 Good Governance	Good
Dermatology Service	30/07/2020	Regulation 12 Safe Care and Treatment Regulation 17 Good Governance <b>Notice removed 12th February 2021</b>	Not yet rated
Diagnostic Imaging	20/03/2019	NA	Good

## Information Governance Toolkit Attainment Levels

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During 2020, DMC Group have developed a full suite of Information Governance Policies that cover; Information Governance, Freedom of Information, Information Security and Cyber Security, Information Sharing and Privacy, Subject Access Request, Information Lifecycle, Smartcard, Information Rights, Incident Management, Direct Marketing, Data Protection Impact Assessments, Disclosing Information to the Police and Video, Photography and Recording.

The Data Protection Officer (DPO) delivered an 'all staff' annual training session that covered each protocol, such that they were 'brought alive' for staff directly. The Annual Information Governance Compliance Audit issued by the DMC DPO in June 2020, revealed a high level of confidence among staff with regards to the location and contents of the policy suite.

DMC will be looking to develop additional security functionality for SharePoint such as; Data Loss Prevention, Sensitivity Labels and Data Classification and Insider Risk Management.

DMC have established an Information Governance Steering Group, held every 6 weeks, with a fixed agenda that is well attended by Senior Information Responsible Officer (SIRO), Caldicott Guardian, DPO, and Head of Quality and Governance. Actions are regularly reviewed and closed to demonstrate progress on the compliance agenda.

DMC Group recognise that there are steps to be taken to manage change appropriately in the organisation. The DPO has put forward an approach around the management of information risk to organisational change.

## Information Governance Toolkit Attainment Levels

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A review of the post training comprehension tests has demonstrated a degree of lack of understanding. In 2021 the DPO will endeavour to take action on a more individual level by issuing comprehension tests that are not anonymous thereby allowing targeted support.

DMC have a list of software and systems used across the organisation, including whether they are supported locally or centrally such that there is an overview of risk or potential issues. This will continue to be refined as a single source of truth for the DPO and SIRO to regularly review.

Staff have been provided with an Information Incident Policy and had training around recognising incidents and reporting. Incidents are reported via Datix which is reviewed daily by the DPO and Head of Quality and Governance. The volume of incidents being reported via Datix suggests that there is a good awareness of the process and, if anything, there is overreporting. There is further work to improve this process and to reduce the number of historic incidents requiring action before closure.

The Business Continuity Plans have been reviewed in year and additionally have had sections inserted by the DMC DPO in relation to critical information assets. The testing of these plans requires some consideration, including how any risks or concerns are fed into particular governance groups.

DMC Group IT Security Policy acts as a documented strategy for protecting IT systems from cyber threats and is based on Cyber Essentials. The next steps are focused on strengthening the leadership and delivery of related audits.

## Ellie's Journal – A Mental Health Campaign

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Kent has been noted to be a national outlier for suicide by young people. In response we engaged with our Primary Care Teams and identified a Practice Manager and Mental Health Nurse along with the Head of Quality and Governance to establish a working group.

A family of a young girl who had sadly passed away in 2020 were approached and they joined the working group. Her best friend, also a young person, joined the group.

The working group agreed a campaign and to produce engaging supportive material for young people in Kent.

***About Ellie:** Ellie was a bright, caring, creative, thoughtful girl who always looked for the good in people. Deeply empathetic, she felt others' emotions and wanted to do all she could to help people feel good.*

Like many teenagers, Ellie struggled with anxiety. Many factors contributed to this; the pressures of today's society; unrealistic standards of 'beauty' portrayed online; ongoing pressure of education; the natural yet confusing, troublesome and hormonal transformation from girl to woman. Collectively all these elements took their toll on Ellie and had a seriously negative impact on her well-being. Emotionally she was very low and sad. Often grumpy and stressed too. Physically, Ellie struggled with energy levels and couldn't sleep at night. She often had palpitations and felt sick. She had tummy aches and headaches and would comfort eat and then hated herself for eating too much because she despised the way she looked. It was when Ellie finally hit the all time low point that her survival instincts kicked in.

## Ellie's Journal – A Mental Health Campaign

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From then on, Ellie was determined to focus all her energy on self love and looking after herself by focusing on and engaging in activities which made her feel positive, relaxed and calm. This change of life-style transformed Ellie into the best version of who she could be. She was finally content, happy and confident again and the light within her shone bright once more. She was living her best life. Ellie chose to turn her life around.

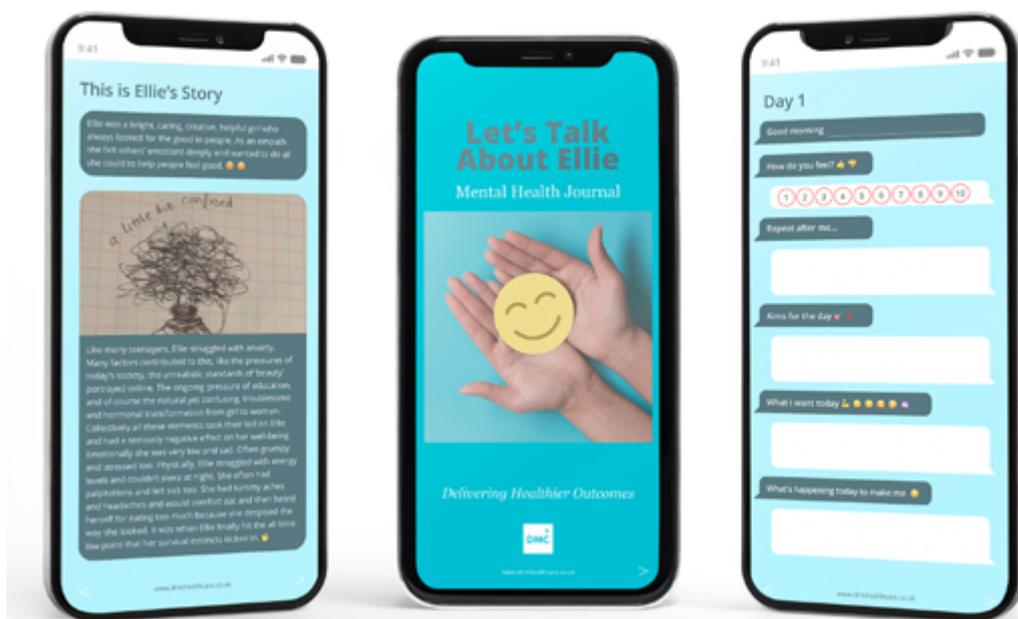
Ellie felt frustrated by the delays in her being able to access professional support and took matters into her own hand to improve her own health and wellbeing. She had started to document her thoughts, feelings, aims and objectives in a journal.



## Ellie's Journal – A Mental Health Campaign

DMC, along with Ellie's mum Jody and Tom Ellie's friend, developed a digital journal, structured in the style Ellie used herself. This was accompanied by a video, developed by Jody, that captures Ellie's journey and enables Ellie to show her story. The journal incorporates examples of Ellie's journal extracts, signposting and a 31-day journal that can be populated by the user.

We have presented the campaign to a range of organisations, services and charities who are keen to use the campaign in their work with young people. We are currently working closely with all these organisations to ensure the campaign roll out is structured and offers the ongoing support required to the user. In particular our aim is to ensure the campaign is used within a school environment and are progressing our approach to enable it to be implemented into mental health and wellbeing curriculums. The next stage of the development is to produce an App which will make the access more efficient and effective and expected to broaden the scope of the campaign to the user and we are arranging a working group with young people to ensure the App incorporates the approach that would appeal to young people.



## Incident Reporting

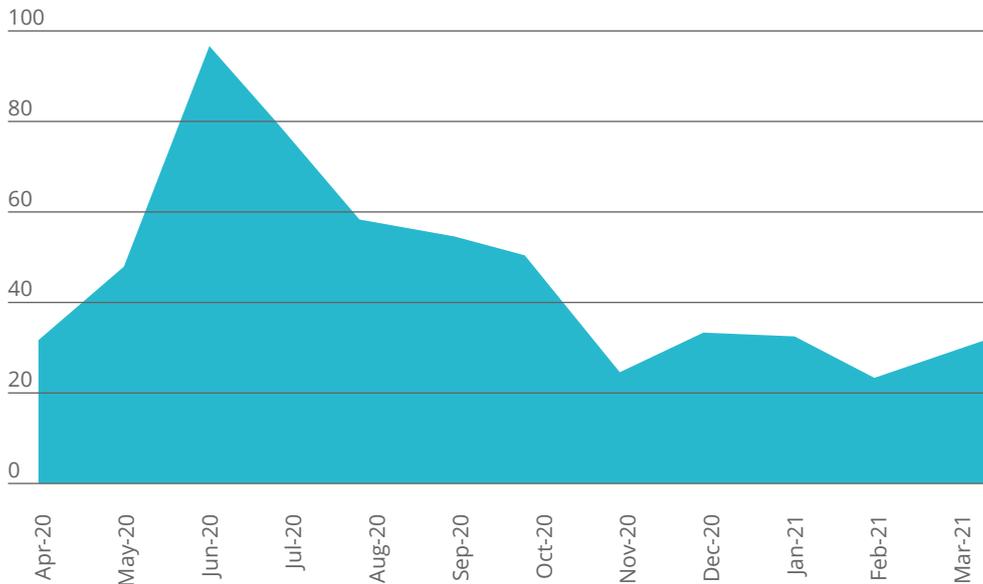
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DMC recognises the importance of an open and transparent culture and incident reporting remains a fundamental tool of risk management, learning and improvement. DMC promotes a ‘no blame’ culture to incident reporting recognising that organisations who report higher numbers of no/low harm incidents are safer organisations. DMC continues to utilise incidents to identify solutions and drive improvements across our services.

2020/21 has been a year of development for DMC Healthcare. This includes the alignment to the Serious Incident Framework and through collaborative working with our commissioners we developed an open and transparent approach to serious incident reporting. At times, we were over cautious and declared incidents which were subsequently downgraded; however, we are aware this is the preferred process as part of the framework and continue to work to this direction. The serious incidents reported during 2020/21 has allowed DMC Healthcare to conduct thorough investigations, upgrade its systems and processes and identify learning that has supported the further development of services across the organisation. As part of the process, where a potential serious incident has been identified, an investigation meeting is now convened to discuss the incident and identify gaps in process, the application process for Duty of Candour and to agree a methodology for internal or serious incident reporting. Where this was a conflicted decision, we have engaged with our commissioners to discuss the case and come to a mutual decision of appropriate reporting.

## Incident Reporting

### Total Incidents Reported 2020/21



During 2020/21 550 incidents were reported across DMC Primary Care and Community Services. One incident was reported as severe harm, the learning from the incident has been shared, including with the GP who referred into the DMC Community service.

The increase in incidents, reported between May and July 2020 related to an increased awareness of incident reporting and full review of the transitional contract in place for North Kent Dermatology. A thematic review has been undertaken for all incidents reported, across all DMC services for 2020/21 and thematic focussed learning sessions have taken place with managers, which has involved development of directed areas of improvement.

## Infection, Prevention and Control

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In a year like no other, where IPC is more important than ever DMC has ensured that the safety of our patients remains at the forefront of what we do promoting infection, prevention and control as a priority. DMC is committed to ensuring that appropriate resources are allocated for effective protection of patients and staff.

### Measures implemented during 2020/21

#### COVID 19

- A covid-19 related risk assessment was completed in relation to the premises and the activities to minimise the risk of infection.
- A covid-19 template for ongoing risk assessment was devised. The risk assessment template can be applied as the tool for assessments in advance of and in preparation for re-opening, if ever the service were to be closed.
- The tool has been developed in line with the NHS England Guidance and tools on the management and monitoring of covid-19 cases. UK Infection Prevention and Control Guidance - New revised guidance (21/01/2021) <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>
- Further guidance to ensure that our checklist is in line with the current standards and guidance, we have reviewed the latest Checklist and Monitoring Tool for the Management of COVID-19: Outpatient Areas within the PHE Every Action Counts: Resources; <https://www.england.nhs.uk/coronavirus/publication/every-action-counts/>

## Infection, Prevention and Control

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The following are in place as part of the routine risk assessment and risk management of the corona virus/covid-19 pandemic;

### Arrival/Reception Area

- A physical barrier is present between patient and staff (plastic/glass window)
- Advice is clearly displayed for patients and visitors on the wearing of face coverings and other IPC measures
- Staff have put in place IPC measures for patients who are unable to wear a facemask due to mental/physical health conditions or a disability
- Paper tissues are available for all patients with respiratory symptoms
- Foot operated lidded waste bins are easily accessible for patients to safely dispose of personal waste

### General

- We ensure that the area is well ventilated
- Entrance to the building and the number of visitors is maintained at a minimal number and restricted as and when necessary
- Signs are openly displayed to advise that entry to the building is only reserved for those who have been advised to attend in person
- This is also communicated with any patients and/or visitors who want to attend in person, in order to manage the numbers entering the building at any one time
- Waiting room chairs/seating is separated by 2 metres
- A one-way system is in place with separate entrance and exits to the department
- The area is not being used as a thoroughfare by other patients, visitors or staff

# Infection, Prevention and Control

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## General

- Restricted access to staff communal areas is in place with signage to demonstrate
- Hand Hygiene facilities are available for both staff, patients and visitors, both in the waiting areas and areas within the rest of the building
- Hand washing instructional posters are displayed at point of hand hygiene facility
- Staff are reminded of the importance of adherence to hand hygiene
- All staff are maintaining 2 metre physical distance unless wearing PPE to provide direct clinical care
- Systems in place to promote and monitor staff social distancing across the workplace
- Systems in place for the twice weekly lateral testing of asymptomatic staff
- Systems in place to monitor all staff adherence to wearing the appropriate masks for the tasks and interventions being undertaken
- Appropriate PPE is being worn as per as per IPC guidance
- Appropriate risk assessments for staff returning to work are undertaken



## Infection, Prevention and Control

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### Cleaning and Decontamination

- Patient care equipment is single use where practicable
- Reusable (communal) non-invasive equipment is allocated to an individual patient or cohort of patients/individuals
- Systems in place to ensure the decontamination of all reusable (communal) non-invasive equipment
- Systems are in place to monitor environmental standards of cleanliness according to guidance. The Community Health Partnerships (CHP) property management company changes have included the cleaning frequency of the building, including the regular cleaning of the frequently touched surfaces
- Systems and monitoring in place to check terminal/deep cleans prior to allowing patients to access the room and/or areas in the building where a patient suspected of or known to have covid-19 has been
- National Standards of Cleanliness standards are in place with regards the use of correct cleaning equipment within the clinical environments and overseen by the CHP property management service
- Systems and processes in place to assist staff with the decontamination of communal touch points, including computers, workstations and phones, during their shifts and at change of shift



## Infection, Prevention and Control

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### Leadership and Visibility

- As part of the routine formal quality visits on site and any other informal visits, the senior leaders and the quality and safety team undertake walkabouts and other opportunities for challenging and seeking assurance on compliance, communicating policy changes and for staff to raise concerns
- At the weekly all staff huddle which is targeted at all the DMC service members across all the roles, covid-19 updates, guidance and advice are the key and top agenda item every week. Staff are all challenged to adhere to processes, systems and behaviours that minimise the spread of infection
- The procedures and any relevant changes are shared in the different relevant forums including the primary care governance committee and the integrated governance committee, as part of the governance process for approval as well as the initiation
- The relevant templates for checking the areas related to covid-19 are drawn and approved through the relevant forums
- Any queries, concerns, and challenges, both relating to staff, patients, and any visitors, these are addressed and approaches to safe management agreed
- Newsletters are received from the CCG which include information on covid-19
- Information updates, issues and concerns are also addressed at the team meetings
- At the weekly all staff huddle the chief medical officer provides key and practical information and reiterates the offer to provide one-to-one meetings with any staff who may want to ask and discuss their concerns about the covid-19 as well as the vaccinations. The group sessions and the one-to-one engagements are also used to address and alleviate any anxieties around taking the vaccination

## DMC Service Evaluation

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A customer service evaluation has been undertaken across stakeholders, to obtain their views on the service provided by DMC Healthcare. A report has been compiled and shared with staff and a review is now underway to use the feedback and incorporate within improvement areas identified across DMC.

### A summary of the key areas indicated include:

#### **Positive areas indicated:**

People – top scoring strength Almost all dermatology customers praised the people. Most mentioned the fact that DMC would have learnt a lot from their issues and were praised for not putting their heads in the sand. Customers were keen to point out that the right people are now in place and operationally people have more knowledge and skills, pointing out *“It’s essential you have people that know how to run a service and in the long run they are worth their weight in gold.”*

Ability to adapt to Covid was commented on positively. *“You are very keen to respond to any change, anything asked and you can adapt very quickly to change and are open to new ideas. Some providers may not be that open.”*

Innovation/Proactive/Technology - It was noted that as a national provider DMC seem to be very innovative. DMC has tech in place that other providers don’t have. Quite a few mentioned DMC is always looking at more proactive ways of doing things. ‘The non-face to face technology they have in place. You can send your GP a picture and they can assess it before they see the patient’. It was said that DMC is quite ahead of technology which stands them in good stead given a lot of things are not face to face anymore.

## DMC Service Evaluation

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### Key quotes

*“I thought they were quite adaptable before but even better now at enacting changes (due to Covid).”*

*“Safety leads have been newly appointed which is a really positive step forward.”*

*“They have experienced clinicians - the GP is really good.”*

*“There is recognition of the difficulties they have had recently, and they are doing something to improve their operational procedures. If they continue to improve, I’m sure they will have a great future.”*

*“Nicola (Daniels) is very communicative keeps us abreast of things from a contracting point of view.”*

*“They have been incredibly reactive. They have learnt from the problems and improved the continuity plans and absolutely have taken it very seriously.”*

*“Their account manager Nicola Daniels has been very good, very responsive.”*

*“Been flexible and worked really well during covid. Have that ability to change with the circumstances.”*

*“I get good feedback from patients, including one of our colleagues who was a mystery shopper (was an actual patient) who gave very good feedback.”*

## DMC Service Evaluation

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### Key areas highlighted for improvement:

- Technical issues relating to business intelligence
- Reputational damage responsiveness
- Improvements with infrastructure to keep up with growth
- Retention and sustainable workforce
- To improve on timeliness of responding and building relationships with the wider community
- To improve expectations and communication with patients.

DMC have undertaken a review of the report and using the information provided to support the development of future projects, systems and processes across DMC.



## Staff Survey

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The DMC Annual Staff Survey was conducted in February 2021 and achieved a 27.5% response rate. The response rate is a collective total across all staff which includes substantive and contracted staff. DMC feel it appropriate to enable our contractors to also input into the service they are contracting for. When evaluating the response rate for substantive staff solely, this equates to 70%; this is an extremely high response rate when compared to the industry standard. Achievement of 80% or above was attained in the following:

- I am trusted to do my job – **92.3%**



- I can ask for advice and support from my manager – **85.72%**



- I have the information I need to do a good job – **84.62%**



- I know what is expected of me to do a good job – **97.8%**



- I understand how I contribute – **87.91%**



- My manager always treats me with respect – **85.72%**

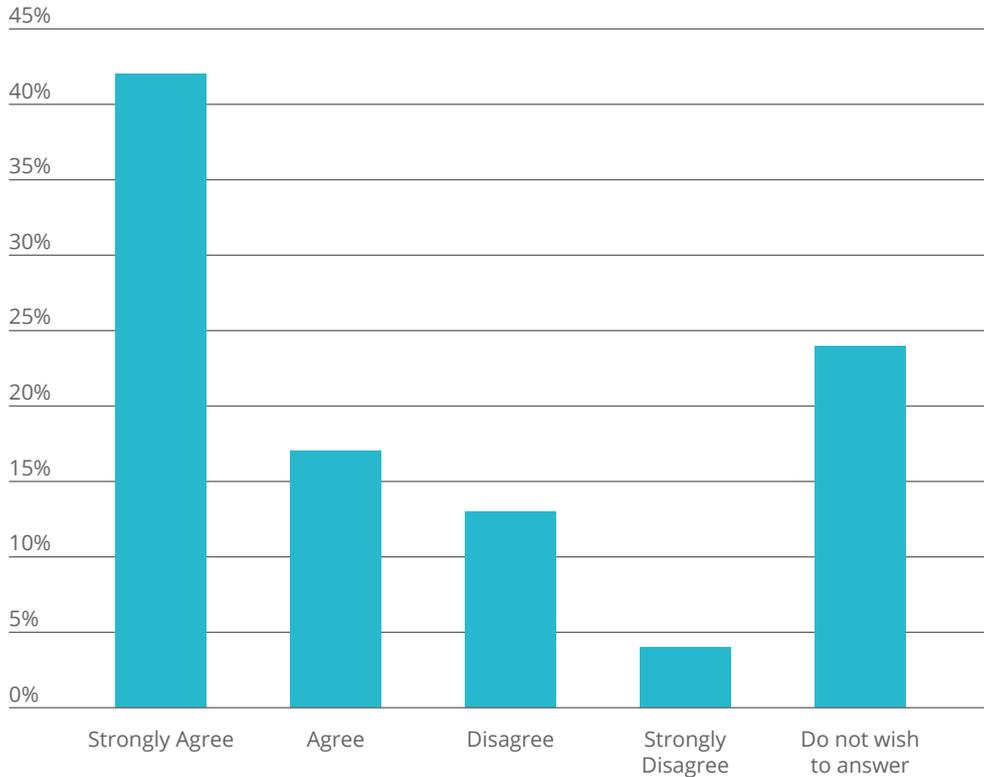


- Showing initiative is encouraged – **85.71%**



## Staff Survey

I would recommend DMC as a great place to work:



59% of staff would recommend DMC as a great place to work. DMC have developed a plan to implement during 2021/22 that supports improvements based on feedback provided by our staff. These include development of a Staff Health and Wellbeing Strategy, a learning and development programme and a defined and effective appraisal process system.

## Comments by Clinical Commissioning Group

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### **Barking and Dagenham, Havering and Redbridge Integrated Care Partnership of the North East London Clinical Commissioning Group (NEL CCG)**

Barking and Dagenham, Havering and Redbridge, (BHR), Integrated Care Partnership of the North East London Clinical Commissioning Group, (NEL CCG), would like to thank DMC Healthcare Ltd for requesting their input into their first Quality Account, and also to give comments on the quality improvements both made and planned for the coming year.

Firstly, we would like to recognise the positive relationship between ourselves and DMC Healthcare Ltd and the open and transparent way of working together. We would also like to recognise and praise the significant work DMC Healthcare Ltd and their hardworking staff have undertaken to support the response in all settings to the COVID-19 pandemic, in particular the work they have accomplished with regard to the converting of care pathways to digital working, made possible by great teamwork, in order to work in new ways at a rapid pace to focus on the needs of patients.

This is a positive reflection of the leadership, commitment and dedication of the organisation's staff. We would like to thank all involved for their hard work and ongoing determination to provide quality healthcare services to the residents of North East London during this time.

## Comments by Clinical Commissioning Group

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We are encouraged to see the significant improvements that have been made in relation to safe quality care, whilst acknowledging the demands of the Covid- 19 pandemic which has dictated the priority of service provision.

We welcome these identified quality priorities and areas of improvement being a continued focus for the current year, to ensure that robust clinical governance systems and enhanced systems and processes are embedded across all services.

We acknowledge that DMC Healthcare Ltd had a number of non-rating CQC Inspections, across their services in 2020/21 and have identified a number of areas in which improvements were required.

We welcome the development of the Quality Improvement Programme through the identified quality priorities for 2021/22, in order that DMC Healthcare Ltd can deliver on targeted and general improvements, maintain quality and aim for a good CQC rating across all services.

We welcome the revision of the patient experience and engagement strategy, and are encouraged that there is a focus on patient engagement to enhance the opportunity to hear the voice of the patient and improve the quality of patient communication through co-production, to improve service delivery and the care experienced by patients and their families and carers.

## Comments by Clinical Commissioning Group

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We will continue to work with DMC Healthcare Ltd to address these areas, and they will continue to be a focus for the CCG in the coming year. We are supportive of the quality improvement priorities and objectives in place for 2021/22. As part of the significant restoration and recovery work programme we welcome the focus on patient safety and clinical harm to reduce the adverse events occurring across all services, the strengthening and defining of the safeguarding processes internally and externally in partnership with other agencies, and the implementation of the, 'Always Event', initiatives with each site developing an 'Always Event'.

The continued drive to improve staff satisfaction and address the challenges identified within the Staff survey is commended. The Quality Account also details the audits that have been undertaken, it would be very useful to note and understand the learning that has taken place from the audits, and how services have improved as a result of these audits.



## Comments by Clinical Commissioning Group

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### South Sefton and Southport & Formby Clinical Commissioning Groups

DMC Healthcare Ltd submitted their Quality Accounts to South Sefton and Southport and Formby CCG for review.

We appreciated the focus of DMC Healthcare Ltd on quality and safety, particularly at the time of the pandemic. We recognise this has required different ways of working during the COVID 19 period and this is reflected in the accounts. We have worked closely with the organisation throughout 2020-2021 to gain assurances that the services delivered were safe, effective, and personalised to service users.

We have reviewed the Quality Account for 2020/2021 and note that this is the first quality account that the organisation have produced. We recognise the continued focus of work which included 3 main domains:

1. Safe/patient safety
2. Responsive/patient experience
3. Caring/clinical effectiveness

We found that the organisation responded to and acted upon concerns and now have an improved governance structure in place, a risk management programme, policy oversight, medical oversight programme and peer review and audit programme. This also includes alignment of the serious incident framework and more robust transparent process.

## Comments by Clinical Commissioning Group

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We noted within the priorities that a number of measures have been put in place to strengthen and improve the services on offer including working with partners, adapted services, offering digital consultations and a commitment to patient participation especially with the challenges that the current COVID pandemic possess.

DMC Healthcare Ltd have demonstrated commitment to providing outpatients with safe care and have adapted to the changing landscape that the pandemic has created to ensure patients felt safe when attending services.

We noted the quality highlights for 2020/21 and it was assuring to note the inclusion of a number of local and organisational audits that have occurred and the plans for a defined audit programme for 2021/22. It was positive to see the improvement work around sharing learning across the organisation and not just site specific, which demonstrates a clear organisational commitment to the staff and patients under their care.

We noted the responses to the staff survey and the commitment from DMC Healthcare Ltd which supports an improvement plan based upon the feedback. We also noted that there have been improvements in data quality across the organisation to ensure accuracy, quality, and timely submission of data.

For the coming year we would like to receive further assurance that DMC Healthcare Ltd will be compliant with the NHS standard contract requirements.

## Comments by Clinical Commissioning Group

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This is a comprehensive report that clearly demonstrates progress within DMC Healthcare Ltd. It identifies where the organisation has done well, where further improvement is required and the ambitions moving forward.

We understand the organisation's Quality Strategy has several individual workstreams that will consider patient feedback on progress made. Commissioners are aiming to develop services that delivers positive outcomes, now and for future generations.

This reflects the ambitions set out in the NHS long term plan to achieve quality care and excellent outcomes for our patient. We recognise the actions that DMC Healthcare Ltd is taking to improve quality as detailed in this Quality Account.

We note that the priorities for improvement identified for the coming year are both challenging and reflective of the current issues across the health economy.



## Comments by Clinical Commissioning Group

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### NHS Hereford and Worcestershire CCG

A significant component of the work undertaken by the Herefordshire and Worcestershire Commissioning Groups (HWCCGs), includes the quality assurance of services provided for the population of Worcestershire that are funded by the NHS. This includes steps to assure the public that the content of this Quality Account is an accurate reflection of the quality of services provided by DMC.

The CCGs have continued to receive quarterly data in alignment with an agreed annual Quality Schedule for the receipt of reports. This is in addition to engaging in Contract and Quality Review meetings with DMC. The CCGs are therefore in a good position to confirm that, as far as it is possible, the content presented in this Quality Account appears accurate around the Dermatology services we commission for Worcestershire.

DMC are focused on quality and patient safety and this is being re-enforced with the continual embedding of robust clinical governance processes across the Dermatology service provided to our patients and across other specialities in primary care and the community. As part of this work there has been work undertaken around the CQC recommendations in 2020/2021 and there is a programme of work that is delivering these improvements which include the building of a stronger operation teams, focus on HR compliance and related standards. Innovation has continued during these challenging times with the development of the DMC Dermatology APP to reduce patient journeys and improve on timely care. It was positive to see that DMC had commissioned an external review by the Good Governance Institute (GGI), who supported a review of quality governance, incidents, inspections and recommendations which have supported your governance processes.

## Comments by Clinical Commissioning Group

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This has been an unprecedented year with the CoVID pandemic and the service has adapted to provide support and innovative ways to support patients through digital innovation for consultations with patients, re-introducing face to face appointments as government guidance has allowed and supported your staff with infection prevention guidance around CoVID, relating to national guidance on social distancing, PPE, CoVID testing and vaccination uptake.

The patient experience and engagement strategy has also been revised to include the qualitative feedback as well as the dashboard information and improve communication and collaboration with patients, stakeholders and commissioners. The feedback from both staff and patients is welcomed and an update on patient survey outcomes with feedback at quality committees with thematic reviews undertaken and as a result, actions have been taken in the following areas ;staff attitude, clinical letter errors, complaint process and access to services which is welcomed. Further duty of candour targeted training was also implemented in 2020/21 to support staff.

We are pleased to support the improvement priorities outlined by DMC for 2020/2021 and note the achievements made in the following areas of the four quality priorities set; to implement a robust governance structure, develop a robust risk management process, to centralise the oversight function of audit management and to identify improvements in incident and complaints quality.

In summary, the CCGs consider the DMC Quality Account for 2020-21 to be a balanced and fair report that reflects the quality of services delivered. We continue to wish the team at DMC every success in maintaining the delivery of highly valued and well-respected services for local people.

## Comments by Clinical Commissioning Group

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### NHS North West London CCG

Thank you for sharing the DMC Healthcare Quality Account for 2020/21 which we received on 09/06/2021. We would normally share the account within our 8 boroughs and associates for their review and comment. However, as you will appreciate, the work of the CCG is focussed on supporting the restoration of services following the pandemic. As such, we are not in a position to comment fully on the account with our stakeholders as we normally would.

However, my direct team has reviewed the account and made the following comments, which I support:

- Where we can check, the data in the account appears to be accurate
- NWL CCG wishes to thank the service and the staff for adapting and facing the unprecedented challenge of COVID-19
- We acknowledge that the service is on an improvement journey and has focussed its efforts on building strong clinical governance, strengthening the capability of the operation teams, HR compliance and related standards. We share the service's view that this is the foundation for delivering high quality care which is sustainable to our patients
- We have reviewed the quality priorities for 2021/22 and support the approach in seeking support from staff and patients to develop these. We look forward to reviewing the outcomes from the 9 priorities identified
- NWL CCG looks forward to working closely with the service in the coming year and ensure that we continue to champion the quality, safety and safeguarding agendas together, for the benefit of the commissioned services for patients

## Comments by Clinical Commissioning Group

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### NHS East Riding of Yorkshire CCG

As a commissioner of DMC Healthcare Limited (Dermatology services), the NHS East Riding of Yorkshire CCG is pleased to have been given the opportunity to comment on this Quality Report 2020/21.

DMC Healthcare Ltd has faced an extremely challenging 12 months due to the global pandemic to be able to continue to deliver their services to the patients in the East Riding with added pressures due to primary care being 'closed' for community dermatology clinics. DMC worked to overcome many of these challenges especially finding solutions to overcome barriers such as 'face-to-face' consultations with the use of video consultations. This report clearly identifies and recognises the barriers and challenges to deliver services during the pandemic and clearly demonstrates how they succeeded in delivering a quality service to patients through the loyalty and engagement of their staff and innovative ideas especially around IT functionality. The CCG remains assured that the quality of services provided by DMC is good and continuously improving.



## Comments by Clinical Commissioning Group

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We are especially pleased to note the key successes and achievements in 2020 including:-

- Patient Feedback Groups in primary care to facilitate feedback between practices and patients in improving and developing services
- A thematic review in 2020 to understand patient feedback identifying key themes and actions taken to improve service delivery including the introduction of peer reviews
- Audits to improve quality in administration systems and processes
- Improved access to services for patients such as the implementation of the X-ON phone system
- Improving and simplifying the patient's complaints process
- IPC checklist and Monitoring Tool to keep staff and patients safe in the management of COVID-19
- Leadership and visibility to challenge and seek assurance through site visits, weekly huddles
- Recognition of IT innovation and initiatives to improve patient and service delivery

The Good Governance Institute's review and recommendations to strengthen systems and processes has helped DMC to identify their priorities for quality improvement with some excellent progress made in clinical effectiveness, patient safety and patient experience.

It is pleasing to read the proposed achievements for 2021/22 have been agreed with the inclusion of 'all staff' and a patient participation group (PPG) with nine priorities that clearly identify with the three main elements of quality assurance: patient safety, clinical effectiveness and patient experience. It is also noted that there is staff training in the principles of the statutory obligations for Duty of Candour (2014).

## Comments by Clinical Commissioning Group

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Following the CQC's announced and unannounced focus inspections that took place across Primary Care and Dermatology services in 2020 with the Regulation 12 and Regulation 17 notices that were served as a consequence of these inspections, the CCG supported DMC to help make improvements to patient safety and good governance. The CCG has been assured that all actions and improvements to service delivery have been addressed to improve and maintain patient safety. It is pleasing to know the Regulation notices were removed on the 12th February 2021. The CCG would like to congratulate DMC for their transparency, honesty, openness and Duty of Candour whilst working through the CQC's action plan and recommendations.

We are satisfied with the accuracy of this Quality Account 2020/21. We recognise that DMC Healthcare Ltd delivers good quality patient care and as an organisation, they continually strive to deliver excellence for patients, staff and customers. We look forward to working with the organisation in 2021/22.

Thank you.



## Thank You

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