Conclusion

At the end of the sixth year of our inspection programme, we see mostly positive change within DMS services. Military personnel and entitled dependants continue to receive prompt access to almost all services, and most have a very short wait to see a healthcare professional.

We re-inspected a number of services to follow up recommendations from previous inspections (in one case, a fourth). These have generally shown positive improvement in the quality of care across all service types, demonstrating organisational learning and improved quality. Sharing best practice and innovation across some services has resulted in significant benefits for staff and patients.

Our inspections highlighted a number of internal factors that contribute to high-quality care, and the majority of staff working in medical facilities engage their specialist skillset to balance delivering occupational health care alongside meeting people's individual needs.

However, a small number of medical centres have ongoing requirements. Where we have seen examples of poor-quality care, we have escalated our concerns and DMSR has taken appropriate enforcement action in line with its own regulatory policy. Our recommendations are always designed to improve care to benefit both patients and healthcare staff.

A variety of factors may inhibit the ability to provide high-quality care. These range from applying policy and procedure inconsistently, to gaps in workforce management and information management concerns that prevent effective recall of patients with a long-term condition.

In some areas, patients were waiting longer than is ideal to access mental health support and treatment.

A small number of dental centres still have issues with old infrastructure, which means they cannot meet infection prevention and control guidelines.

We acknowledge that some of these concerns resulted from issues that frontline services could not influence themselves. For example, workforce capacity, staff vacancies and infrastructure. We have escalated these through DMSR to DPHC and other stakeholders.