Military Healthcare System Transition: UK Perspective

Major General Paul Cain QHP MBChB MMedSci MSc DAvnMed FFOM

Director of Defence Healthcare

Firm Base Healthcare

- Navy, Army, Airforce
  - Culture
  - People
  - HQ
  - Process
  - Footprint
  - Performance
- <u>Defence</u> Primary Healthcare – 2012
  - Studied but limited data
  - Efficiency based with a thin quality wrapper
  - Unfunded and limited resource
  - Time
  - Little demarcation between study and implementation
  - Cultures retained – “cloth on cloth”

Drivers and Next Steps

- Case for Change
  - Healthcare worker availability – 18.7% gaps
  - Deployable manpower – stuck at 80-90% and recruiting weak
  - Quality and performance – KPIs and Care Quality Commission
  - (Wasted) Money
  - External healthcare change – especially digital
- Defence Healthcare Delivery Optimisation
  - Option 1 - Make the Best of Today's Model
  - Option 2 - Outsource Today to the National Health Service
  - Option 3 - Deliver High-Performance Model In-House
  - Option 4 - High-performance model partnered with independent sector
  - Option 5 - Contract to Independent Sector

Design Concepts for testing

PEOPLE

- Workforce skill-mix
  - Improve skill mix to increase GP capacity
  - Encourage top of the licence working to reflect operational requirements
- Working at scale
  - Improve productivity and efficiency through standardisation
  - Remove duplication

PROCESS

- Triage
  - Standardise access to health care
  - Remove unnecessary demand
  - Direct patients to appropriate care
- Command centre MI
  - Embed data and intelligence culture
  - Utilise operational dashboards for planning and performance improvement

TECHNOLOGY

- Video consultation
  - Reduce length of appointments
  - Remove unnecessary travel
- E-Rostering
  - Improve workforce planning and management
  - Reduce workforce gaps
- Ops system
  - Improve operational efficiency

Policy

- Self-certification
  - Remove unnecessary appointments
- Patient self management
  - Promote individual responsibility for health and healthcare
  - Reduce unnecessary appointments

Effects on Operations

- Retaining (operational) clinical competency
  - UK clinical training
  - Opportunity to practice
- Workforce skill mix for operations s v Firm Base
- Uniformed v civilian workforce
- Trust v empowerment of patients
- Telemedicine/app based healthcare from the Firm Base
- Standardisation