**DHDO Market Engagement Announcement**

**Defence Healthcare Delivery Optimisation – Group Hubs**

**Industry Days – 13/14 May 19**



**DHDO Engagement Request**

As part of a wider transformation programme to optimise the way primary healthcare (PHC) is delivered in the UK Armed Forces, the Defence Healthcare Delivery Optimisation (DHDO) programme is developing a new, standardised PHC operating model, to be tested across a chosen geography in the UK between April 2019 and April 2020. The new model being tested will see the development of Care Groups (groups of medical treatment facilities sharing resources and flexing services) overseen by ‘Care Group Co-ordination Centres’ (or ‘Group Hubs’ for short).

**Group Hubs** will deliver the co-ordinating function for a group of Care Centres, undertaking demand and capacity planning, scheduling the right services in the right location at the right time, managing resources across the Group (perm and temp), driving standardisation/reducing unwarranted variation of care services in line with strategic HQ direction, undertaking analytics, encouraging service improvement and reporting performance through the chain of command. DHDO is also looking into the options of Triage activity and/or remote consultation facilities (telemedicine).

DHDO is keen to engage with providers within the independent healthcare sector with experience of delivering this kind of model.

1. **We would be keen to understand your views on the concept of the Care Group Co-ordination Centre function** (is it achievable? Practical? What are the challenges? What have we missed? What do we need to consider?)
2. **We would be keen to understand the capability and appetite of the independent healthcare sector to support its delivery** (capability to deliver the whole requirement? Better to break the requirement into specific elements? Tools and training only?)

If you believe you may be able to contribute to DHDO and deliver services that could play a role in the ‘Group Hub’ concept, DHDO invites you to request a direct engagement opportunity. DHDO will seek to consult a broad range of suppliers and capabilities (via Industry Days and other direct engagement activities) to help inform both the future delivery model and delivery method.

Interested suppliers are kindly requested to email [SG-DHDOMailbox@mod.gov.uk](mailto:SG-DHDOMailbox@mod.gov.uk) using the email subject title “DHDO Group Hub” by no later than 26 April 19, with contact details, company name, website and a brief outline of how your services could support the Group Hub concept. Further information can be found in the attachments.

In announcing this DHDO Market Engagement exercise, the MoD cannot guarantee that any framework agreement or contract will be put in place in relation to this notice and indeed no business whatsoever is guaranteed. No compensation, expenses etc. will be paid to any provider that takes part in this engagement activity. Providers should only take part in this engagement exercise on the basis that they fully understand and accept this position.

The Defence Medical Services have partnered with Prederi Consultancy during this phase of the DHDO Programme. Prederi are bound by the associated commercial agreement that ensures any information collected during the programme is treated as commercial in confidence and is not to be disclosed to any external organisation.

**Annex A**

**Organisational Background**

**Defence Medical Services – As Is**

## The uniformed and civilian medical and dental personnel from all 3 Services are known collectively as the Defence Medical Services (DMS). Additional overviews to those outlined below can be found via [Gov.uk](https://www.gov.uk/government/groups/defence-medical-services).

## The DMS are currently grouped under 3\* Headquarters Joint Medical Group. Medical, dental and related support services are provided to Armed Forces personnel by the Ministry of Defence (MoD) and the National Health Service (NHS). Charities and welfare organisations are also involved in the provision of support services where appropriate.

## The primary role of the DMS is to promote, protect and restore the health of Service Personnel to ensure that they are ready and medically fit to go where they are required in the UK and throughout the world, generally referred to as being ‘fit for task’.

## The DMS encompass the entire medical, dental, nursing, allied health professional, paramedical and support personnel. The organisation is staffed by around 10,200 personnel with approximately 4000 working within Defence Primary Healthcare (DPHC), providing healthcare to a Population at Risk (PAR) of around 193,000 UK regular Armed Forces personnel (and their dependants) and 37,000 Reservists.

## Personnel from all 3 services, regulars and reserves, work alongside civil servants and other supporting units providing healthcare to Service Personnel in the UK, abroad, those at sea, and in some circumstances family dependants of Service Personnel and entitled civilians. It also provides some aspects of healthcare to other countries’ personnel overseas, in both permanent military bases and in areas of conflict.

## The range of services provided by the DMS includes primary healthcare, dental care, rehabilitation, occupational medicine, community mental healthcare and specialist medical care. It also provides healthcare in a range of Military Healthcare Facilities (MHF), including medical and dental facilities, Primary Care Rehabilitation Facilities (PCRF), Regional Rehabilitation Units (RRUs) and Field Hospitals (on military operations). From April 2013, the DMS has been responsible for providing primary healthcare to all Service Personnel and entitled civilians through the DPHC organisation.

## The DMS currently has[[1]](#footnote-1):

### 118 UK based DPHC medical facilities;

### 17 overseas based DPHC medical facilities;

### 101 UK based DPHC dental facilities;

### 12 overseas based DPHC dental facilities;

### 13 UK based RRUs;

### 2 overseas based RRUs

### 118 UK and overseas based PCRFs embedded within medical facilities;

### 4 UK based Joint Hospital Group (JHG) units embedded within NHS Trusts;

### The Royal Centre for Defence Medicine (RCDM) in Birmingham;

### 7.10 The Defence Medical Rehabilitation Centre (DMRC) in Loughborough (formerly Headley Court);

### 13 Departments of Community Mental Health (DCMH) in the UK;

### 1 overseas based Department of Community Mental Health (DCMH);

### 11 UK based Regional Occupational Healthcare Teams (ROHT);

### 1 overseas based ROHT;

## Surgeon General: The Surgeon General (SG) is a 3 star military officer, professional head of the DMS and the Defence Authority for end to end defence healthcare and medical operational capability. He is accountable to the Defence Board, reporting routinely through the Defence People Committee, both of which he attends as required. HQ SG became part of Joint Forces Command (JFC) on 1 April 2012. SG continues to have responsibility for policy making and the provision of high level medical and strategic advice to ministers, the Defence Board and the Chief of the Defence Staff.

## Primary Healthcare: Primary healthcare is the first point of contact for medical, dental, mental health, occupational health and rehabilitation services in the military community setting and acts as the gatekeeper for referral to secondary care services. The provision of general practice and specialised occupational health services is the responsibility of Defence Primary Healthcare (DPHC). It provides primary healthcare in the UK and overseas (including Falkland Islands, Germany, Gibraltar, Italy, Cyprus, Brunei, Nepal, Belgium, Kenya and Canada) to Service Personnel and their dependants, where appropriate, to a common standard. In addition to primary healthcare, DPHC is also responsible for the provision of specialist occupational health services including rehabilitation and mental healthcare. Six regional teams in the UK and a separate overseas region overseen by a team embedded in Headquarters DPHC to manage firm-base overseas healthcare, are responsible for the day-to-day direction of primary healthcare.

## General Practice: General Practice is provided within DPHC medical facilities and encompasses all of the elements expected of a civilian GP service and beyond. A DPHC General Practitioner is also expected to have experience or a general understanding/awareness of Environmental Medicine, Travel and Tropical Medicine, Public Health, Pre-Hospital Emergency Care, Clinical Biological Radiological and Nuclear Clinical, Sports and Exercise Medicine, Pharmacy, Training and Education, Occupational Health including Aviation, Radiation and Underwater Medicine, Medical Operational Planning, Military Skills, Military Legal and Ethical, Military Psychiatry, Humanitarian and Disaster Medicine and Remote Medicine.

## Dentistry:  Defence dentistry is an occupationally aware and operationally focussed consultant-led, tri-service clinical capability that flexibly utilises enhanced and general dental practitioner assets allied with the skill mix of wider dental care professionals, to deliver the full scope of preventive-focussed routine primary dental care, 24/7 access to emergency dentistry and secondary care on referral across 6 regions.  Dental teams provide care to all entitled UK regular Armed Forces and Reservist personnel in the Firm Base and treat Service dependants and entitled civilians in overseas locations to NHS equivalent standards.  Uniformed dentists deliver a deployable capability scaled to support UK Armed Forces personnel at sea, on land and in support of air operations through; the management of dental morbidity, the maintenance of oral health, the treatment of dento-facial injuries and advice to commanders in any theatre of operations.  The dental service delivers clinical interoperability and shares best practice and research innovations with NATO partners and the dental forensic investigation team supports victim identification domestically or abroad in response to civilian and military incidents.

## Occupational Health Service: DPHC Occupational Health (OH) service is responsible for the provision of safe, effective and continuously improving OH services to all entitled personnel within the Firm Base and overseas. The service is delivered through UK and British Forces Germany based Regional Occupational Health Teams (ROHT). The RAF Medical Board and Naval Service Medical Board of Survey provide OH services, however they have Single Service specialist functions and therefore remain the responsibilities of Single Service authorities.

## Rehabilitation: Rehabilitation in the Armed Forces is delivered in three types of treatment center (further detail can be found [here](https://www.nhs.uk/NHSEngland/Militaryhealthcare/serving/Pages/Rehabilitation.aspx)):

### Primary Care Rehabilitation Facilities (PCRFs): Patients may be referred to see a physiotherapist at a PCRF which are typically based at medical facilities. A physiotherapist will complete a detailed assessment within 10 working days of the first consultation and provide treatment and rehabilitation as required. Many PCRFs have an Exercise Rehabilitation Instructor (ERI) who can provide injury-specific exercise therapy and advice on gradual return to function.

### Regional Rehabilitation Units (RRUs): If a condition cannot be managed at PCRF level, the Patient is referred to a RRU in the UK and/or Germany. The RRUs provide specialist assessment and opinion through a Multi-disciplinary Injury Assessment Clinic (MIAC) staffed by specialist doctors, physiotherapists and ERIs.  The clinics have access to a wide range of medical imaging to make an accurate diagnosis and work out a treatment plan, while also providing additional treatment options, such as pain management. Where necessary, the RRU can refer Patients for surgery at their local fast-track provider. Surgery is carried out within six weeks of referral. The RRU also provides intermediate rehabilitation for those Patients who may respond to an intensive period of rehabilitation specifically tailored to their individual needs. These three-week programmes consist of exercise rehabilitation, physiotherapy and injury management education.

### The Defence Medical Rehabilitation Centre (DMRC) at Headley Court: Complex rehabilitation and physiotherapy is provided by the DMRC at Headley Court in Epsom, Surrey. The centre deals with serious musculoskeletal injuries, neurological injuries and complex trauma, including amputees.  Headley Court is the home of the Complex Rehabilitation and Amputee Unit, and has a contract with a private company for the production of prosthetics. Artificial limbs are manufactured onsite and individually tailored to the Patients’ needs. There are 96 inpatient beds for the most serious cases, including limb loss, brain and spine injury, or a combination of both. These Patients can spend up to nine months receiving treatment at Headley Court. There are a further 120 residential places for Patients on three-week rehabilitation courses for muscle, bone and joint injuries, which can be either work or sports-related. In 2018 the DMRC will be moving to Stanford Hall estate, near Loughborough. More information can be found [here.](https://www.gov.uk/government/news/300-million-upgrade-for-defence-rehabilitation-services)

## Mental Health: Personnel can be treated for mental health problems by the Medical Officer in their unit medical facility, or be referred to specialist mental healthcare services. Specialist mental health services are primarily delivered through military Departments of Community Mental Health (DCMHs) located in large military facilities across the UK, as well as facilities overseas. DCMHs are staffed by psychiatrists, mental health nurses, clinical psychologists and mental health social workers. The aim is to treat personnel with mental health needs involving their unit medical facility and Medical Officer or GP, and, with the Patient’s permission, involve the Chain of Command (CoC) in managing their condition. A wide range of psychiatric and psychological treatments is available, including medication, psychological therapies, social support and a change of environment, where appropriate. Inpatient mental health care services in the UK are provided under contract by a partnership of eight NHS trusts. This is led by the South Staffordshire and Shropshire Healthcare NHS Foundation Trust. Service Personnel are assessed, stabilised and treated in hospitals as close to their home or parent unit as possible. More detail can be found [here](https://www.nhs.uk/NHSEngland/Militaryhealthcare/serving/Pages/Mentalhealth.aspx).

1. [↑](#footnote-ref-1)