

Please see below a short proposal for the provision of additional consultancy supporting the existing scope of the Defence Healthcare Delivery Optimisation study.

1. Context

The purpose of the ongoing DHDO study is to review how the current model of Defence healthcare should be optimised to meet the health needs of the Armed Forces population balancing effectiveness, efficiency, quality and affordability. The DHDO study team have engaged with Command DPHC and Defence Statistics to understand the current data produced and how this is used to drive performance.

The first DHDOS deliverable outlined the current gaps in critical operational information and echoed the internal recognition of data quality issues. The combination of inconsistent data entry and problems with the technical system have created unreliable data sets, the extent of which is not yet quantifiable. During the time of the study, the baseline number of appointments quoted to the DHDO team has gone from 1.2 million to 2.5 million.

2. Our understanding of your requirement for external support

The goal of this next piece of work is to not only to triangulate the specific activity data included in the sampling, but also to begin the larger piece of work to understand the full extent of the data quality issues. This approach has been endorsed by the Defence Statistics team, who we would work closely with to share findings and methodology, enabling them to work with DPHC going forward to create data that is both accurate and meaningful.

3. Proposed approach

We will be working closely with the regional headquarters to identify appropriate medical treatment facilities that will take part in this data collection to be completed by **15 June**. Following which we will conducting a detailed analysis to triangulate data held by Defence Statistics.

In the interest of time, we envisage conducting one to two virtual meetings with the Practice Managers for the medical treatment facilities identified by the regional headquarters and eliminating the need for face to face visits. In order to ensure high quality, accurate data, we would require each practice to submit a sample of a day of data collection to ensure we achieve consistency across the results.

The Defence Statistics and MIME team have committed to creating the initial sampling methodology and approving the data collection template. The project team will also collaborate with the DPHC consultant developing the establishment tool.

Our proposed approaches and resourcing are outlined in the tables below:

Proposed Activity	Resource	Phasing	Days
Initial assessment with pilot site, create template for data collection	REDACTED	5 Jun	1
Video conference(s) with practice managers to disseminate instructions for data collection	REDACTED	7 Jun – 9 Jun	2

Review of a sample day (remotely) for each practice; support practice managers throughout data collection period; data consolidation	REDACTED	14 Jun – 25 Jun	5
Data analysis	REDACTED	28 Jun – 1 Jul	3
Data triangulation with Defence Statistics	REDACTED	Jul	5

5. Fees

The fees for each option are detailed below. Our fees are exclusive of travel costs.

REDACTED

6. Conclusion

Thank you again for the opportunity to propose for this work, and we look forward to your feedback.