20140619 MODSAP Healthcare Visit Report

14 Jul 14

Director MODSAP SANGCOM Inspector General

Copy to:

Deputy IG AH Overseas SO1 Spt MODSAP Team Members

HQ SG HEALTHCARE LIAISON VISIT REPORT FOR MODSAP (19-23 MAY 14)

Introduction

1. The MOD Saudi Arabia Programme (MODSAP) is a key priority for UK Defence overseas engagement and constitutes a major component in the UK's Middle East Strategy. At MODSAPs request, HQ Surgeon General (HQ SG) staff undertook a healthcare assurance visit (19-23 May 14) to assess the medical support provided, under contract by British Aerospace Engineering Systems (BAES), to MODSAP personnel[1].

Objectives and Scope

2. The scope of the visit was to review[2] BAES Primary Healthcare (PHC) services and referral pathways into Host Nation (HN) and NHS Secondary Healthcare (SHC). A Defence Medical Services (DMS) advisory team previously visited MODSAP in 2005 with a different remit which included review of HN SHC capability; this was out-of-scope for this visit.

3. Whilst in the Kingdom of Saudi Arabia (KSA), the opportunity arose to conduct an 'understand' meeting with Saudi Arabia National Guard Command (SANGCOM) personnel to gain an appreciation of their medical support arrangements. Summary findings are provided at Enclosure 1.

Team Composition

4. An Inspector General (IG) led, multi-disciplinary team deployed for the duration and included:

a. [redacted] SO1 Healthcare Assurance, IG

b. [redacted] Senior Lecturer in Military Academic Gen Prac, JMC Med Dir

c. [redacted] SO1 PHC Overseas, DPHC

d. [redacted] SO2 Med, JFC

Situation

5. **Healthcare Provision**. MODSAP personnel are delivered PHC and SHC referral, under contract, by BAES Medical Services who aim to offer a comprehensive service aligned to UK standards. This includes GP led clinics, Pre-Hospital Emergency Care, Occupational Health Surveillance, SHC referral, Out of Hours (OoH) cover and initiation of Strategic Aeromedical Evacuation (AE) to the UK. All MODSAP personnel are issued BUPA (Gold)[3] medical insurance to finance HN SHC and are entitled to NHS access IAW NHS and DMS policy.

[1] MODSAP Personnel are defined within the remit of this document as MODSAP military personnel, civil servants and entitled dependents
[2] Ratified Visit TOR – Reference 20140512 Healthcare Assurance Visit – MODSAP.
[3] Limitations apply.

6. BAES operate a 'hub and spoke' approach. The principal facility is collocated with the Medical Management Team[4] in Riyadh with a similar facility in scale and capability in Dhahran. There are two significantly smaller facilities located at Taif and Tabuk.

7. **Patient Pathway**. For routine medical issues patients seek consultation through BAES PHC who manage conditions locally. Where needed, and in concert with patient choice, referral to either HN SHC, NHS or UK private healthcare sector may take place. In the event of an emergency off site such as an RTA, HN will collect from point of injury and transfer to a local hospital. In such cases, a BAES Med Liaison Officer will remain with the patient to monitor care provision. MODSAP personnel are entitled to RAF AE where referral to UK is required.

8. **PAR**. The MODSAP PAR[5] is diverse and consists of approximately 240 personnel who are dispersed throughout the RSA, this includes:

Population	Age (years)	Number
Dependent Children	0-5	19
	6-10	17
	11-15	17
	Over 16	12
	Visiting school children in school holidays	24
MILPERS and spouses	Up to 20	0
	21-30	6
	31-40	25
	41-50	75
	Over 51	45
	Total	**240**

9. **Medical Manpower**. There are six UK trained and domiciled doctors and three South African trained and domiciled doctors currently employed. All UK-domiciled doctors are vocationally trained in General Practice (GP) and are on the GP register. Two of the three non-UK trained doctors hold the MRCGP international exam and are registered under their own regulatory body. The third, holds appropriate skills from extended practice within a primary care setting. Nurses have a variety of backgrounds and are mostly SHC trained rather than PHC.

Business Objective

10. To assess the standard of healthcare provided to MODSAP personnel through the BAE contract.

Principal Conclusion

11. The assessment concluded that each BAES facility was well led, provided patient-centred care and appeared to deliver effective and safe care; improved governance systems will provide the necessary evidence to support this. Patient advocacy was overt, with clinical decision-making based on patient outcomes, choice, safety and accessibility. Medical staffs were UK General Medical Council, or equivalent regulatory body, registered PHC trained doctors who demonstrated currency and competencies appropriate to the role required. Presently, all BAES medical facilities hold no

[4] Head of Medical Services and a Medical Services Manager.
[5] Main location is RIYADH (PAR 163), minor locations include DHAHRAN (PAR 37), TABUK (PAR 5), TAIF (Pop 7) and JUBAIL (PAR 32).

formal license to provide medical services; licensing is provided by the KSA Ministry of Health (MoH). This is being addressed.

Methodology

12. Prior to the visit a stakeholder[6] meeting took place to discuss the visit's scope, itinerary and key lines of enquiry. Once in KSA, an evidence-based review was conducted, in line with key lines of enquiry, and which included site visits and face-to-face interviews with medical staff, patients and the MODSAP CoC. Throughout the visit all BAES personnel and patients were open, enthusiastic and displayed a willingness to engage with the team. On conclusion of the visit debriefs were provided to Director MODSAP and the BAES Medical Management Team.

Principal Findings

13. Some limitations were identified with access to military advice and referral pathways. These were caused predominately due to limited awareness of DMS policy and rules governing eligibility to UK provision i.e. access to the NHS and RAF AE. A low threshold for AE back to the UK for consultation or treatment should be adopted where the clinical condition indicates.

14. Pre-screening and healthcare briefings provided prior to posting were variable and differed between military, dependents and civil service.

15. The existing BAES Clinical Governance Framework is developing but is currently not as robust as that expected within a DMS setting in areas such as external validation, education and training, audit, risk management, significant event reporting and formalised quality improvement. It was apparent that an understanding and awareness of safeguarding and confidentiality was embedded.

16. Human Resources issues were evident, particularly regarding a number of critical gapped posts and availability of appropriate work visas for medical staff.

Areas of Good Practice

17. The assessment concluded that each BAES facility visited[7] was enabled, through robust leadership, to deliver safe, effective and patient-centred care paralleling UK standards of PHC. It was apparent that the Medical Director is the centre of gravity for the organisation, if he were to depart this could create or expose areas of risk. Patient advocacy was overt and clinical decision-making based on patient outcomes, safety and accessibility

18. When a patient receive a consultation or treatment from HN SHC, it is followed up with a BAES consultation to ensure the patient is happy with the experience or to answer any outstanding questions they might have. Information received contributes to the HN SHC intelligence picture.

19. Staff had an obvious enthusiasm, will and desire to provide a quality service and, when interviewed as part of the visits Patient Experience investigations, patients were very positive and the majority of personnel were content with the level of care provided by BAES.

Patient Experience.

20. Opportunities were exploited to informally meet and interview patients to establish their view of care provided. Key points and trends from these meetings were:

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[6] Dep IG, Team Members, MODSAP and BAES personnel.
[7] Riyadh 18-19 May 14, Tabuk 20 May 14, Taif 21 May 14, Dhahran 21-22 May 14.

a. The majority of personnel were very positive about the level of care provided.

b. The need to improve pre-tour briefings and pre-screening was apparent.

c. Numerous personnel had self-referred to back to the UK, either to DMS or NHS PHC, to obtain pharmaceuticals not available within KSA or seek further clinical opinion.

d. Most personnel who had experience of HN SHC in Riyadh believed they had a good experience and were pleased they were seen by English speaking doctors. The experience of those based at Tabuk was contrary to this, they believed the level of care was significantly lower and where there were little or no English speaking medical staff locally.

e. There was an underlying belief, supported by BAES staff that HN SHC was prone to over investigation during diagnosis.

f. There was a perception that sometimes there were administrative restraints placed above clinical requirement and that patient choice for alternative health provision other than HN SHC was sometimes impeded.

Summary

21. At the request of MODSAP, HQ SG staff undertook a healthcare assurance visit over the period 19-23 May 14 to assess the medical support provided under contract by BAES. Whilst in the KSA, an 'understand' meeting with SANGCOM personnel was conducted to learn about their medical support arrangements.

22. There are evident shortfalls in the capability of HN SHC and a low threshold for AE back to the UK should be applied to enable access to the NHS, where clinical need is indicated; continuity of care and patient choice cannot be met within KSA.

23. Work to develop Healthcare Governance Systems and to address a variety of Manpower Resources is required as priority. However, each BAES facility was well led, provided patient-centred care and appeared to deliver effective and safe care. Throughout the visit all BAES personnel were open, enthusiastic and displayed a willingness to engage with the team. When interviewed, patients expressed a very positive view about the level of care provided.

{Original signed}

[redacted]
SO1 Healthcare Assurance
[redacted]

Annex:

A. Summary of detailed findings and recommendations

Enclosure:

1. Summary findings – SANGCOM 'understand' meeting (NOTAL).