

Armed Forces Cervical Cytology

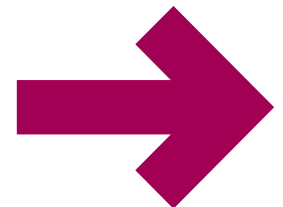
Andy Bacon

22 January 2015



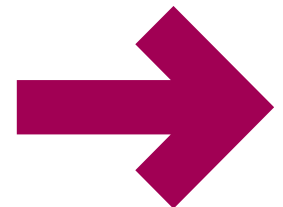
Context

- AF Covenant - No disadvantage compared to local pop.
- NHS (in England) Commissioning and Providing
- DMS now on NHAIS – automated call and recall
- DMS has given NHS greater involvement (already does families)
- Part of universal offer (England and 3 X DAs agree)
DMS asked NHS to procure for Overseas to their specification



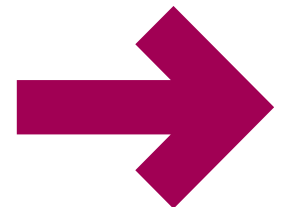
Old System

- Universal (and worldwide) within DMS
 - AH&W Call and Recall
 - DPHC does smear
 - UHCW does service including sample transport and training
- Under exclusive DMS Governance
- UK DMS registered families some ambiguity
 - Mixed models for serving/families in practices



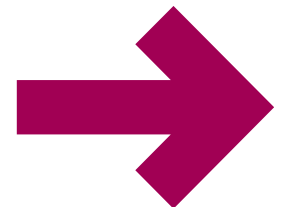
New System

- Local systems:
 - DAs (Scotland, Wales)
 - England (NHS England paid)
 - Single call and recall (LaSCA take over from AH&W)
 - Multiple Area Teams commissioning and QA
 - Multiple laboratories (instead of single provider (UHCW))
 - Overseas & Northern Ireland (MoD Paid)
 - Single call and recall (LaSCA take over from AH&W)
 - West Midlands sub-Region (AH&W Area Team) commissioning and QA with UHCW



Issues

- Benefits
 - DMS fully integrated in national system
 - More automated
 - Single system in practice
 - Better transfer/of history in and out of service
 - Cost saving to MoD (and overall?)
- Risks
 - Transfer of records to national record
 - Different practices, different systems
 - Governance arrangements



Take Away Message

- System is changing from Worldwide to Local
- Requires new systems, training and more engagement with NHS
- Overseas will be a single contract with one provider
- Local engagement is key

