

# PROGRAMME CORTISONE & VETERANS' MENTAL HEALTH

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# Background

- Current DMS Medical IT ("DMICP/Inter-Molar"):
  - Out of date (due to need to maintain bespoke MoD security) Primary Care systems (EMIS PCS) Stand alone systems (e.g. for field hospitals, etc.)
  - Limited connectivity to NHS, however does enable:
    - Electronic referrals
    - Connectivity to NHS (England) SPINE for demographics e.g. to support Call and Recall for screening services
- Current Issues
  - Separate systems talking bilaterally
  - Very limited sharing of in-service medical history (as occurs in NHS with GP to GP links) with NHS:
    - On recruitment
    - On discharge/transition
    - (for Reservists) On mobilisation
    - (for Reservists) linking training and civilian life activities
  - Data quality and mismatch of Joint Personnel Application and

### High Level Medical Information Systems Overview (Logical Target)





Synchron-isation Mechanism

Enterprise Master Patient

Integration Platform

ျှီညြီ Terminology Service

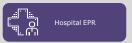
**Core Information** 

**Exchange Services** 





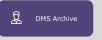






#### **Patient Administration Services**





#### **Medicines Management Services**





### **Electronic Patient Record Services**







#### Shared Services









#### **Common Services: Access Control**



**Provider Information Services** 







Document GD **Management Services** 





**Common Services: Clinical** 







#### **Patient-Facing Services**









#### Radiology and **Pathology Services**







Healthcare **Information Exploitation** 

#### **Defence as a Platform (DaaP)**



ntegrated Electronic

Single Point of

Access







CORTISONE sees an Architectural Building Block as a target Med IS logical subsystem that delivers a business service or services (Clinical ABB) or provides a shared technical service or services (Technical ABB).

It can be managed and replaced independently (i.e. it is **Evergreen**).

An ABB is implemented via **Solution Building Block**(s).



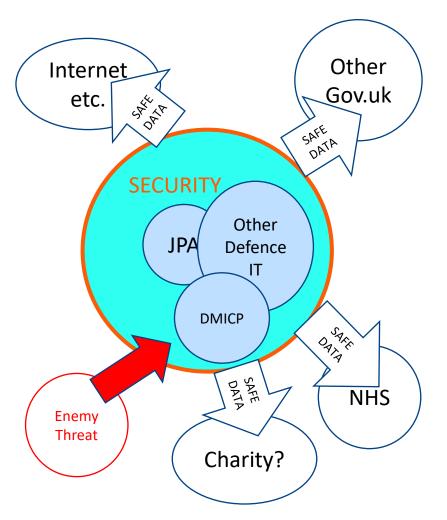
Service

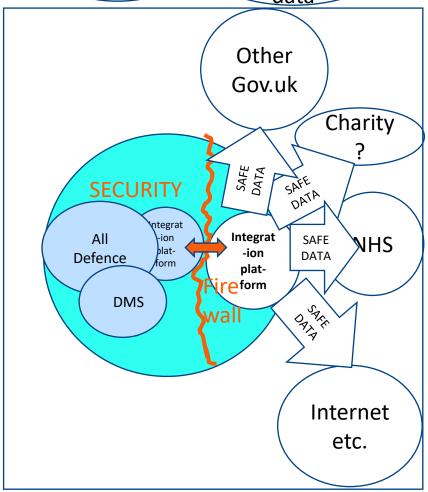


Before and After Key:

MoD Sensitive data

Other Gov/ Clin data







## Mental Health Hoped For Improvements

- An Eco-system approach
- Holistic view of patients:
  - Whole life: Pre-enlistment, in-service and transition
  - Whole pathway: GP, Community MH. Inpatient
  - Holistic care: Physical, mental, welfare/social prescribing/psycho-social support
- Improved data /data transfer:
  - Common definitions
  - Common pathways
  - Improved patient experience
  - Better data for analysis and research
  - Smoother transition
  - Quality assurance, Clinical audit, etc.

### Possible remaining issues



- National Security
- Government data standards
- · Provider data standards, consistency, completeness and accuracy
- Common definitions
- GDPR/ Data Security and Consent
  - · cf. Track and trace;
  - Opt in/ Opt out
  - Patient Held
- Other Defence IT JPA, etc.
- Other clinical data bases
- Non-registration with GPs
- Devolved Administrations and Overseas



### Thank You

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With thanks to <a href="mailto:ian.ramsey@nhs.net">ian.ramsey@nhs.net</a> (NHS Digital)