

## MEDICAL SUPPLY \*

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### Introduction

THE task of the rationalised Medical Supply Organisation is directly related to the function of the three Medical Services and aims to give the doctors and the dentists what they prescribe for the good of the patient. It is the intention of the Directorate of Medical Supply to evolve an efficient service which is acceptable to all three Medical Services and to the financial controllers.

I propose to briefly describe the background of rationalisation, the formation of the Medical Supply Directorate, the reorganisation of the Army Medical Equipment Depot, Ludgershall and its proposed modernisation. I shall speak about the repair and maintenance service, the supply organisation overseas and at home and the main factors concerning the future developments within the Directorate of Medical Supply. I describe very shortly our financial organisation and finish with a word or two on the training of the R.A.M.C. Non-Medical Officer.

### Historical background

Following the formation of the amalgamated Ministry of Defence, the Principal Administrative Officers' Committee formed a working party to consider the possibilities of rationalisation of medical supply in the Armed Forces. Representatives from the three Medical Services met together in 1964 and discussions were continued at frequent intervals for many months in order to reach agreement over which Service would be best able to supply the other two. Eventually it was agreed that the Army would be nominated, on the grounds that operations in peacetime should rest with the Service which had the main responsibility in war. This tied in fairly neatly with the rationalisation of some other supply services such as furnishing and accommodation stores which were to be supplied by the Royal Air Force (R.A.F.) and rations and victuals by the Royal Navy.

The Army Medical Equipment Depot, Ludgershall was chosen to be the central medical supply depot for the three Services and its establishment was increased for this purpose by a totally inadequate increment of about twelve people.

On 31st March 1968 the R.A.F. Medical Supply Depot at Chessington was closed, its staff of some 200 all ranks was dispersed and the entire supply facility was taken over by Ludgershall.

### Formation of Medical Supply Directorate

Shortly before the closure of the R.A.F. depot the Medical Supply Directorate was established as a Ministry of Defence controlled establishment located at Lansdowne House but under the Royal Army Medical College for local administration. The Director was to be a Brigadier (late R.A.M.C.) and there were to be two Deputy Directors, one a Group Captain (Medical Secretarial Branch) R.A.F. and the other the

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Head Pharmacist from the Royal Navy with equivalent rank of Surgeon Captain. In addition there was a R.A.M.C. (Non-Medical) Major plus a small clerical backing.

I was most fortunate in the selection of my Deputies, who had both been original members of the Principal Administrative Officer's Working Party and were the most senior and most experienced medical store men within their respective Services. They were greatly respected by their own people and were determined that rationalisation must be made to work and that all difficulties would be overcome. They gave me immediate loyalty and settled down very rapidly into an admirable team with a genuine tri-Service outlook. My Deputy Assistant Director of Medical Supply was also an excellent choice, with great experience of Army medical store routine and finance, who had previously been employed in the old A.M.D. 3 organisation. In spite of the tri-Service atmosphere in the Medical Supply Directorate we never forget that we are an establishment owing direct allegiance to the Director-General of Army Medical Services.

### **Reorganisation of Army Medical Equipment Depot, Ludgershall**

Immediately after the formation of the Medical Supply Directorate in 1968 it was realised that the work load taken over by Ludgershall from the R.A.F. had been gravely underestimated. A backlog of work had begun to build up at the depot and complaints were coming in thick and fast from both Army and R.A.F. consumer units. It became apparent that unless a dramatic reinforcement of the Army Medical Equipment Depot Staff was made with extreme urgency, the supply of medical equipment to the Services would grind to a halt. As soon as this point was appreciated everybody worked really quickly and a second large increment of over eighty people was made to the establishment. A.M.D. 1 were most co-operative and diligent in presenting the case to the Inspectorate of Establishments who moved with exceptional speed to authorise this essential strengthening of the depot. In addition the Officer-in-Charge, R.A.M.C. Records was most helpful in all sorts of ways.

Intensive efforts were then made to improve inter-Service liaison and understanding of Ludgershall's problems at all levels but in spite of endeavours it was felt that it would be asking for trouble to proceed with the plans to assume responsibility for supplies to the Royal Navy, so this was postponed for twelve months.

As recruiting to the Ludgershall staff proceeded so did the backlog of work recede and complaints of delay in supply gradually became less. With the availability of additional staff, and with the advent of machine printing of vouchers and many other modern improvements, a good and efficient service is now being supplied.

The Inspectorate of Establishments again inspected Ludgershall in January 1969 with the intention of pruning the additions made the previous year. The reaction of the team turned out to be more than favourable and instead of recommending vast cuts they suggested that increases be made in the clerical staff.

### **Modernisation of Ludgershall**

As long ago as 1964 a Statement of Requirement had been submitted showing what new works services were required in order to modernise the depot but, when the second increment was made to the establishment in May 1968 it became obvious that

the Statement of Requirement would have to be completely revised. This was duly carried out and a new works service was submitted which included a large central sterile supply department with its own gamma irradiation sterilising plant and a complete modernisation of the present store and office accommodation.

### **Army Electro-Medical Equipment Depot**

The Army Electro-Medical Equipment Depot at Woolwich which is now concerned with the supply and listing of spares for all types of equipment instead of purely electro-medical, will be included within the "new" Ludgershall and plans are now being prepared to expedite the move from Woolwich in order to make the present site available as temporary accommodation prior to the building of the new Queen Alexandra Hospital in this area.

### **Repair and maintenance**

Responsibility for repair, servicing and inspection of medical and dental equipment in the three Services has been assumed by the Director of Electrical and Mechanical Engineering. First and second line maintenance and repair is carried out in the hospitals and third and fourth Line in R.E.M.E. Workshops or by the suppliers (under contract). The R.A.F. have teams of engineers who carry out second line repair in hospitals and medical centres, the Army have R.E.M.E. technicians in hospitals overseas, whilst the Navy have no one. They have been accustomed to having all their repairs done by civilian contract. This system is expensive and often inefficient overseas when in some smaller stations there are no civilian facilities. The Medical Director-General (Naval) is considering the possibilities of obtaining Royal Naval engineering personnel to be trained in the maintenance of medical equipment, but is having difficulty in finding manpower cover.

R.E.M.E. are also responsible for the provision of appropriate training of personnel of all Services in the maintenance and repair of medical and dental equipment. The Training Centre at Arborfield provides continuous instruction for R.E.M.E. and R.A.F. technicians and will also train Royal Naval personnel when these become available.

### **The organisation and chain of supply**

The Army Medical Equipment Depot, Ludgershall provisions, receives, stores and distributes medical and dental supplies on behalf of the three Services. The Army Electro-Medical Section located at Woolwich handles specific ranges of medical equipment and spares. Consumer and distributing units include military hospitals and other self-accounting units of all three Services and the Royal Navy Medical Store at Greenock, near Glasgow. This latter unit has commitments to supply the Polaris Submarine Base and all the Royal Navy ships coming into the Clyde as well as static naval installations in Scotland. It has also acted as the main supply centre for all dental stores to the Royal Navy, but as from the 1st January 1970 this responsibility is to be taken over by Ludgershall.

In each major overseas theatre one Service has been appointed to act as local single manager for the supply of medical and dental stores to all Services as follows:—  
Far East and Germany—Army, Malta and Gibraltar—Royal Navy, Gulf and Cyprus—Royal Air Force.

**Future developments within the Medical Supply Directorate**

Ever since the formation of the Medical Supply Directorate it has been suggested by various heads of departments in A.M.D. that rationalisation of the supply system is not yet complete. Standardisation of items of equipment, and cataloguing, and the management of the joint-Service catalogue, and scaling, are matters which might be considered essentially part of the Supply Directorate. The dentists and the pathologists have been forerunners in setting up inter-Service working parties dealing with standardisation and they have been an excellent example in this respect. Action has now been initiated to nominate tri-Service standing working parties dealing with standardisation of equipment within all the major specialities. This will spread the load and lead to tri-Service liaison between the members of the major specialities which could have hidden bonuses far removed from Medical Supplies.

The Joint Service Catalogue, with its N.A.T.O. classified serial numbers, which makes the demanding of items of equipment so very much more efficient, is managed and controlled by the Department of Health and Social Security. The presentation of items to be catalogued is carried out by each Service separately.

It has been suggested that the Medical Supply Directorate should take over all cataloguing duties from the three Services and also the administration and control of the Joint Service Catalogue. This would seem the logical answer but we must be careful not to "bite off more than we can chew" and we must ensure that the workload is carefully evaluated and that we have sufficient staff and expertise before we agree to taking on extra duties, however desirable. The initial difficulties of rationalisation served as a sharp lesson and taught us not to take on tasks unless we have the personnel to deal with them.

Before items are entered into the Joint Service Catalogue the name of the equipment or drug must be passed by the N.A.T.O. Codification Authorities and this is often a source of considerable delay. It is possible that the Medical Supply Directorate might be better equipped to help the Defence Codification Authority than is the Department of Health which is at present responsible for this work.

Scaling of equipment (or the compilation of approved lists of items for issue to medical units and departments) is of maximum importance when dealing with mobilisation kits for field medical units. As such, scaling is, therefore, used to a greater degree by the Army than by the other two Services. It has always been agreed that scaling and the holding and maintenance of mobilisation and reserve medical packs must remain the responsibility of each separate Service. Nevertheless scaling is so bound up with the technicalities of medical supply that it would seem sensible to place the administration of all Service scaling on the shoulders of the Medical Supply Directorate, policy with consultant advice remaining a single Service liability.

The scaling of spares is a complicated and onerous task which is receiving a great deal of thought at the Army Electro-Medical Equipment Depot at Woolwich and by the Adviser in Electro-Medical Equipment.

**Finance**

The preparation of financial estimates for the three Services is also the responsibility of the Medical Supply Directorate. All such estimates are cleared through the Finance

Department who are responsible for financial and budgetary control on behalf of the three Services and with whom we have a very close liaison. We submit an agreed Long Term Plan (for each year) ten years in advance which estimates our requirements based on past usage plus any increase or decrease in our commitments. This is a pretty rough figure and it is split into Maintenance and New Services. For 1970/71 our Maintenance requirements are estimated at about  $2\frac{1}{2}$  million pounds; this is approximately divided into 50 per cent for the Army, 30 per cent for the R.A.F. and 20 per cent for the Royal Navy. Our New Services bid for the same year comes to about £700,000 of which the major share is for the Army. There is no intention of laying down precise amounts for each individual Service but the estimates would normally compare with the total strengths. In addition to Maintenance and New Services about £100,000 is allocated to Local Purchase, which is split up amongst Commands of the three Services to pay for local purchase of spectacles, urgent drug requirements etc. This is always a very expensive way of buying drugs because the full commercial price has to be paid, whereas Ludgershall buys through the Department of Health by competitive tender and gains beneficial rates.

#### **Training of R.A.M.C. (Non-Medical) Officers employed in Stores Duties**

Since rationalisation there have been attempts by various authorities to denigrate the management expertise of the R.A.M.C. (non-Medical) Officer at Army Medical Equipment Depot, Ludgershall. The popular idea seems to be that the Royal Army Ordnance Corps Officer is better trained and more experienced in stores techniques and that therefore Ludgershall should be taken over by the R.A.O.C. Such ideas have been shown to be fallacious but a lot of hard work has gone into writing papers and answering arguments in order to ward off the "take-over bids". The career prospects of the R.A.M.C. tradesmen must be protected, and unless there is a commissioned outlet for tradesmen, such as exists at Ludgershall, recruiting to the R.A.M.C. would inevitably disimprove. It is therefore most important to ensure that the R.A.M.C. Non-Medical Officer is given the same training opportunities as the R.A.O.C. officer. He must be sent on R.A.O.C. Management and Provision Courses as a regular routine and finance must be provided to allow him to attend short University courses in modern methods of supply organisation. It is equally important to make sure that officers are available to attend courses. Most establishments nowadays are pruned, by efficiency experts, to such an extent that nobody can be spared to be sent away for training. It seems to me that certain units should have a non-Medical Officer permanently surplus to establishment for this purpose.

Support for our belief that Medical Supply must remain as an integral part of the Medical Service is given by the Quarter-Master-General's Department who recently wrote to E.M.E. and Ord. saying that it was realised that the staff management of Medical Equipment is a much more individual matter than the general range of high population items in the Services. They stated that this view is supported by reference to American Army experience. They wished to integrate the management of all commodities but found that Medical Supply had to be returned to direct medical control after other alternatives had been tried.