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EDITORIAL

A View from Top Centre

It seems in Naval parlance only a dog watch since I arrived as the new Chief of Staff to the Surgeon General, such has been the pace of life, but it is in fact 7 months. They have certainly been action packed, with a programme encompassing widespread visits, (Haslar, Derriford, Peterborough, Keogh, RDMC, Regular and Reserve Field Hospitals, Sipovo, Germany, INM and Headley Court, to name a selection, plus Frimley Park to come shortly), many meetings, a small rainforest of paperwork, two appearances before the House of Commons Defence Committee, continual appearances before the Chiefs of Staff and Ministers, and some time for calm reflection and original thought! As well as the above I have also found time to meet many of you at a variety of social occasions, with the particularly enjoyable RAMC dinner at Millbank a highlight. All this is, of course, a far cry from my last post as Director of Operational Capability, working direct to the Secretary of State, or from my single service background where I am a warfare officer, and erstwhile Captain of HMS BOXER and HMS COVENTRY - as well as being Captain of the First Frigate Squadron.



At the outset I would say that not only have I found the first 7 months very stimulating and enjoyable, but that I also genuinely believe that we have a very good strategy for the future of the Defence Medical Services, that is capable of being delivered, and which in certain areas is already bringing measurable success and benefit. I know that you will recently have had communications from both the Secretary of State and from the Surgeon General, so I will limit myself here to a brief summary of some of the key issues to give you an update.

Firstly, I have been at great pains since I arrived to ensure that we never lost sight of the fact that the reason the DMS exist is to provide high quality and timely medical and dental care (not forgetting the vets!) to our troops on deployed operations, at the right levels, at the right readiness, with the right kit, and with enough sustainability to cope with the types and lengths of conflict predicted in the SDR. Everything we do in peace should help that aim, but we must not also lose sight of the part we play in peacetime in ensuring that the maximum number of our people are fit to deploy, and to fight and win whatever comes their way. As you know, we cannot achieve the full requirement for peace and war, without heavy reliance on reserves, especially the TA, and on the NHS.

Kosovo was extremely useful in showing Ministers just how important are the Medical Services in any contingency planning, and equally how constraining we are on overall deployable force levels, given our current shortfalls. It was also useful in engendering a debate on medical support for humanitarian refugees and for POWs. As a result of Kosovo I have seen even more determination at the top level to ensure that we rectify the deficiencies in people and equipment. Recruiting is encouraging, but does not bring instant relief, so retention is vital; hence the great stress I am putting on financial, structural and terms and conditions of service factors to show you the increasing benefits of remaining in a revived service, that will offer a good career progression. Likewise, I am very conscious of the very high work rate and continual deployments that are hugely adding to the normal stresses of service life for you and your families, and you will be aware that I am pursuing a variety

of new initiatives to alleviate stretch, until the upturn in recruiting takes effect.

I am equally aware that whilst we progress the difficult but unquestionably essential transfer of services from, and eventual closure of, RH Haslar over the next few years, it is important for me to be showing other new emerging vital signs of life elsewhere in the body corporate of the DMS. I am therefore delighted with the speed with which we have reached the tendering stage for the Centre of Defence Medicine, and with the quality of the seven short listed Trusts who are keen to be the host. This is a really exciting prospect, and offers us the opportunity to establish a home for Defence Medicine, with training, teaching, research and clinical attributes, alongside an NHS centre of excellence, where we can attract the best, and create our own "alma mater", building an international reputation for UK Defence Medicine.

Whilst I have a difficult balancing act between maintaining clinical services in Gosport in the interim, creating a new MDHU in the Portsmouth area and setting up the CDM (as well as other MDHUs in the future) all with a limited pool of clinical manpower, I am determined to establish the CDM as soon as possible. The target date is April 2001.

As to Haslar, I reiterate the fact that it will close, when suitable alternative arrangements are in place, which of course means when we have created an MDHU for the local service personnel. You will by now also know that Portsmouth Trust have got the go-ahead for their private finance new build which is expected to include the new MDHU - but that new build will take some 5 years to create. In the meanwhile we will have to work very closely with the NHS to maintain services in Gosport, and inevitably the pattern of services will change during the transitional phase.

I know that many of you with longer memories have been greatly affected by the turbulence of change over the last ten years, after the heady days of Cold War stability. Indeed some of you have known nothing but change. Whilst you will appreciate that further change is inevitable as we redirect and refashion the DMS for the new world, I genuinely believe that stability will return soon, so that those joining now will have a Medical Service that revolves around the usual overseas and home postings as now, against the backdrop of the CDM and further MDHUs, but of course with the ever present prospect of small to medium scale short notice operations worldwide.

Finally, a word on internal communications. We can only ensure that we succeed in the future if we all go in the same direction and at the same speed. To get to Eldorado we may have to make some sacrifices on the way, and there will have to be some give and take between the services - whilst of course maintaining all that is best and unique within each distinct medical service. We will achieve our goal if we communicate what we are trying to do (hence this article), and if you all communicate up and down the command chain too. Keep talking, and I greatly look forward to meeting more of you in the future. And as a postscript, lest you are still dubious about my credentials for the job - my mother was a Captain in the RAMC!

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