

**Subject: NHS Preparations for Army Basing**

**Executive Summary**

The local health community has been aware of plans to rebase Army / MOD personnel and their families for many years and works closely with the Army to ensure health services for the current military personnel and their families.

The increase in civilian patients in 2019, repatriated from Germany and internal UK movements, is expected to be in the region of 3,500 – an additional 8.4% of current population for the affected GP Practices.

This will have a significant impact on all NHS services.

The Armed Forces Covenant states:

- *The Armed Forces community should enjoy the same standard of, and access to, health care as that received by any other UK citizen in the area they live.*
- *They should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted*

The MoD provides primary health care for serving military personnel.

The commissioning of secondary health care for serving personnel is the responsibility of the NHS England Armed Forces Commissioners.

The commissioning of primary, community and secondary health care for dependants is the responsibility of the CCG, and any other service not provided by the MOD under the NHS Responsible Commissioner guidance.

The repatriation from Germany is part of a wider Army Basing exercise, relocating troops and their families across England and consolidating some regiments into Wiltshire.

This Report does not detail an update on Veteran's Health.

**Proposal(s)**

It is recommended that the Board:

- i) Notes the report and the ongoing work

**Reason for Proposal**

Anticipated impact on NHS services from Army Basing

**Presenter name** Jo Cullen

**Title** Director of Primary and Urgent Care

**Organisation** Wiltshire CCG

**Subject: NHS Preparations for Army Basing**

**Purpose of Report**

To update the Board on the NHS preparations to accommodate the army population (serving and dependents) returning to Wiltshire as the result of the national Army Basing programme.

**Background**

The local health community has been aware of plans to rebase Army / MOD personnel and their families for many years. The increase in civilian patients in 2019, repatriated from Germany and internal UK movement, is expected to be in the region of 3,500 – an additional 8.4% of current population for the affected GP Practices.

The CCG were represented at the British Forces Germany visit to Germany in September to present on the NHS to the families and answer questions and any concerns about their move back to Wiltshire and access to health care services. Good contacts were made with the appropriate teams involved.

The CCG is working closely with the local practices and the MOD on preparations for the basing from Germany. The wider Army Basing plans include moves between bases within England, and are also impacted by the Defence Optimisation Programme review of all property. The impact of this is more complex to identify and plan for as dependents movements are more uncertain, and they have the choice to register at the MOD Primary Care Services or NHS GP Practices. Quarterly meetings of the Health Commissioners Sub Group of the Army Basing Group are well attended by health representatives.

The CCG also meets regularly with the MOD and Cross Plain Health Centre around plans for the new integrated Salisbury Plain Health Centre.

**Context**

The CCG has been working closely with NHS England and Salisbury Foundation NHS Trust to model the activity impact of the Army Rebasing. The latest numbers provided by the Army (Dec 2018) are as set out:

Sum of Site Impact		Regular Army Basing Year - Not Before							UKP Grand Total Impact	Strategic Planning Assumption: Spouses	Strategic Planning Assumption: Dependants
DPHC Regions	Location (Pre/Post A2020)	2016	2017	2018	2019	2020	2021				
Wessex	Bulford	713	0	0	796	0	0	1,509	528	687	
	Coleme	0	0	0	0	0	0	0	0	0	
	Hullavington	0	0	0	0	0	0	0	0	0	
	Innsworth	0	0	0	0	0	0	0	0	0	
	Larkhill	0	0	0	1,867	0	0	1,867	653	849	
	Lyneham	0	0	0	454	0	0	454	159	207	
	Perham Down	0	0	0	624	0	0	624	218	284	
	South Cerney	79	(61)	0	79	0	0	97	34	44	
	Tidworth	0	0	0	442	0	0	442	155	201	
	Upavon	3	0	0	15	169	0	187	65	85	
Warminster	0	0	0	0	0	0	0	0	0		
<b>Wessex Total</b>		<b>795</b>	<b>(61)</b>	<b>0</b>	<b>4,277</b>	<b>169</b>	<b>0</b>	<b>5,180</b>	<b>1,813</b>	<b>2,357</b>	
Cumulative			734	734	5,011	5,180	5,180			4,170	

There will be a total Army rebasing increase of 9,350 (5,180 Army, 4,170 dependants) with 1,435 increase having already happened in 2016.

The main significant rebasing change is in July/August 2019 when an extra 7,720 increase in population returning happens (to fit in with serving personnel with school age children). This number is predicted to be split 4,277 Army and 3,443 dependants.

The main risks to the plans are the Army revising their numbers, and there maybe be slippage in the July 2019 date.

The GP Practices in Sarum North (the locality across Salisbury Plain) have seen their lists of registered patients already increase by 3.7% in the past year compared to the CCG total growth of 1.06% (both figures are above the ONS population projections for the NHS fund) and partially due to the considerable house building in the area.

Population Growths before main Army Rebasing Impact			Growth								% Growth							
			2016	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
J83005	Barcroft Medical Centre	Female	5522	5508	5494	5480	5466	5452	(14)	(14)	(14)	(14)	(14)	(0.3%)	(0.3%)	(0.3%)	(0.3%)	(0.3%)
J83005	Barcroft Medical Centre	Male	4980	4968	4956	4944	4932	4920	(12)	(12)	(12)	(12)	(12)	(0.2%)	(0.2%)	(0.2%)	(0.2%)	(0.2%)
<b>J83005</b>	<b>Barcroft Medical Centre</b>	<b>Total</b>	<b>10502</b>	<b>10476</b>	<b>10450</b>	<b>10424</b>	<b>10398</b>	<b>10373</b>	<b>(26)</b>	<b>(26)</b>	<b>(26)</b>	<b>(26)</b>	<b>(26)</b>	<b>(0.2%)</b>	<b>(0.2%)</b>	<b>(0.2%)</b>	<b>(0.2%)</b>	<b>(0.2%)</b>
J83014	Castle Practice	Female	5905	5976	6048	6121	6194	6269	71	72	73	74	74	1.2%	1.2%	1.2%	1.2%	1.2%
J83014	Castle Practice	Male	5169	5217	5265	5314	5364	5413	48	48	49	49	50	0.9%	0.9%	0.9%	0.9%	0.9%
<b>J83014</b>	<b>Castle Practice</b>	<b>Total</b>	<b>11074</b>	<b>11193</b>	<b>11313</b>	<b>11435</b>	<b>11558</b>	<b>11682</b>	<b>119</b>	<b>120</b>	<b>122</b>	<b>123</b>	<b>124</b>	<b>1.1%</b>	<b>1.1%</b>	<b>1.1%</b>	<b>1.1%</b>	<b>1.1%</b>
J83023	Avon Valley Practice	Female	3200	3224	3248	3273	3297	3322	24	24	24	25	25	0.8%	0.8%	0.8%	0.8%	0.8%
J83023	Avon Valley Practice	Male	3009	3006	3003	3000	2997	2994	(3)	(3)	(3)	(3)	(3)	(0.1%)	(0.1%)	(0.1%)	(0.1%)	(0.1%)
<b>J83023</b>	<b>Avon Valley Practice</b>	<b>Total</b>	<b>6209</b>	<b>6230</b>	<b>6251</b>	<b>6272</b>	<b>6293</b>	<b>6315</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>21</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.3%</b>	<b>0.3%</b>
J83048	St Melor	Female	2530	2582	2635	2689	2745	2801	52	53	54	55	56	2.1%	2.1%	2.1%	2.1%	2.1%
J83048	St Melor	Male	2502	2534	2566	2599	2632	2666	32	32	33	33	34	1.3%	1.3%	1.3%	1.3%	1.3%
<b>J83048</b>	<b>St Melor</b>	<b>Total</b>	<b>5032</b>	<b>5116</b>	<b>5201</b>	<b>5288</b>	<b>5377</b>	<b>5466</b>	<b>84</b>	<b>85</b>	<b>87</b>	<b>88</b>	<b>90</b>	<b>1.7%</b>	<b>1.7%</b>	<b>1.7%</b>	<b>1.7%</b>	<b>1.7%</b>
J83632	Cross Plain Surgery	Female	1776	1833	1892	1953	2015	2080	57	59	61	63	65	3.2%	3.2%	3.2%	3.2%	3.2%
J83632	Cross Plain Surgery	Male	1618	1651	1685	1719	1754	1790	33	34	34	35	36	2.0%	2.0%	2.0%	2.0%	2.0%
<b>J83632</b>	<b>Cross Plain Surgery</b>	<b>Total</b>	<b>3394</b>	<b>3484</b>	<b>3576</b>	<b>3671</b>	<b>3769</b>	<b>3869</b>	<b>90</b>	<b>92</b>	<b>95</b>	<b>97</b>	<b>100</b>	<b>2.7%</b>	<b>2.7%</b>	<b>2.7%</b>	<b>2.7%</b>	<b>2.7%</b>
J83643	The Bourne Valley Practice	Female	1335	1538	1772	2041	2352	2709	203	234	269	310	358	15.2%	15.2%	15.2%	15.2%	15.2%
J83643	The Bourne Valley Practice	Male	1327	1418	1515	1619	1730	1849	91	97	104	111	119	6.9%	6.9%	6.9%	6.9%	6.9%
<b>J83643</b>	<b>The Bourne Valley Practice</b>	<b>Total</b>	<b>2662</b>	<b>2956</b>	<b>3282</b>	<b>3645</b>	<b>4048</b>	<b>4495</b>	<b>294</b>	<b>326</b>	<b>363</b>	<b>403</b>	<b>447</b>	<b>11.0%</b>	<b>11.0%</b>	<b>11.0%</b>	<b>11.0%</b>	<b>11.0%</b>
	Northern Locality Total	Female	20590	21398	22238	23110	24017	24960	808	840	873	907	942	3.9%	3.9%	3.9%	3.9%	3.9%
	Northern Locality Total	Male	18421	19064	19729	20418	21131	21868	643	665	689	713	738	3.5%	3.5%	3.5%	3.5%	3.5%
	<b>Northern Locality Total</b>	<b>Total</b>	<b>39011</b>	<b>40462</b>	<b>41967</b>	<b>43528</b>	<b>45147</b>	<b>46826</b>	<b>1,451</b>	<b>1,505</b>	<b>1,561</b>	<b>1,619</b>	<b>1,679</b>	<b>3.7%</b>	<b>3.7%</b>	<b>3.7%</b>	<b>3.7%</b>	<b>3.7%</b>

## Main Considerations

### i) Primary Care:

In preparation for the rebasing, the MOD approached NHS England regarding a joint medical facility in the Larkhill area of Wiltshire in 2014. Cross Plains Practice submitted a business case to NHS England detailing their future plans for services in the Larkhill area – the MOD proposal is an opportunity to relocate their services in order to better serve the community and, in particular, families of army personnel. It also enables them to extend the range of services offered.

This business case was approved in September 2018 and the build is underway. The new build is financed by the MoD and the GP practice has been fully involved in design meetings. The practice will lease an exclusive practice area from the MoD and will also benefit from shared space within the health centre. The exclusive practice area will be 200m<sup>2</sup> larger than the two existing premises. The joint nature of the building will allow development of shared services across the NHS and MoD and will be an available resource 7 days per week.

Troops are due to arrive before the build is complete. The developer is providing interim accommodation for both MoD and NHS. This will be in porta-cabins and the practice is working with the MOD to ensure they are accessible and appropriate. During this period the Durrington branch surgery will remain open.

The Sarum North locality developed a bid for primary care resilience support to Wiltshire CCG. This bid outlined the expected impact on GP practices and current services from the new influx of patients. A pump-priming funding offer has been made to the locality for them to proactively recruit clinical and administrative staff. The impact of rebasing is unknown at practice level, as patients have choice about which practice to register with. As a locality proposal there is an expectation that the solution will be locality wide, and resources are allocated as required.

The CCG has worked closely with the Army for the last 15 years in the commissioning of the Out of Hours Service which has provided a service for the serving and dependents since 2004. The impact of the basing has been factored into the new Integrated Urgent Care Service (111 and GP Out of Hours services) which commenced in May 2018

Public Health have been factoring in the military aspect in specific health issues such as childhood accidents and smoking behaviour. Public Health was also able to report on the reported behaviours and opinions of children of military personnel in the school health survey reports.

A Military Health Needs Assessment has been discussed for inclusion on the 2019/20 Public Health business plan.

## ii) Secondary Care (hospitals)

The numbers of the predicted growth in population has been modelled through to understand the impact on both planned and unplanned care, suggesting this could have a significant impact (23% for military and 59% for dependents) on unplanned care.

Army 2020 Population Growths	2016	2017	2018	2019	2020	2021	Growth					% Growth				
							2017	2018	2019	2020	2021	2017	2018	2019	2020	2021
Military	17,740	18,535	18,474	18,474	22,751	22,920	795	(61)	0	4,277	169	4.5%	(0.3%)	0.0%	23.2%	0.7%
Unplanned Care	5,217	5,857	5,808	5,808	9,251	9,387	640	(49)	0	3,443	136	12.3%	(0.8%)	0.0%	59.3%	1.5%

Total Population Growths	2016	2017	2018	2019	2020	2021
Unplanned Care	61968	64854	66249	67810	77149	79133
Planned Care	44228	46319	47775	49336	54398	56213

The numbers of the predicted growth in population has been modelled through to understand the impact on all areas of secondary care suggesting this will have a significant impact:

SFT overall impact	Baseline Activity 17/18	Growth 17/18-19/20	Overall Percentage Change	Annual Growth
A&E Attendances	34693	1642	4.73%	2.37%
OP 1st Attendances	53155	1782	3.35%	1.68%
OP Fup Attendances	89916	2976	3.31%	1.65%
OP Procedures	31454	855	2.72%	1.36%
Day Case Spells	15056	467	3.10%	1.55%
IP Elective Spells	2994	119	3.97%	1.99%
NEL Spells (Excl Maternity)	15640	1083	6.92%	3.46%
Regular Day Case	6840	93	1.36%	0.68%
Maternity NELs	4310	186	4.32%	2.16%

### **iii) Community Services**

Housing allocations have been made for the returning troops, and further detailed information is anticipated over the next few weeks to allow a smooth transition of care for those with ongoing treatment or complex needs.

#### **Next Steps**

- Additional work is being undertaken by the MOD to identify more fully the impact of transfers within England.
- The CCG, practices and other health providers (including Salisbury Foundation Trust, Virgin, Wiltshire Health and Care, AWP and Oxford Health will continue to work closely with the MOD to plan for the impact and ensure appropriate services are available.
- Wiltshire CCG is now the lead for the hosting arrangements for the Armed Forces Network for the region.
- A detailed communications plan will be developed closer to the transfer date.

**Presenter name Jo Cullen**

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**Organisation Wiltshire CCG**

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