

Commissioning Services For Armed Forces



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1. Purpose of this document

From 1 April 2013, NHS England took up its full duties to ensure that the NHS deliver better outcomes for patients within its available resources and upholds, and promotes the NHS Constitution. As a single national organisation, NHS England will be responsible for ensuring that services are commissioned in ways that support consistency not centralisation; consistency in ensuring high standards of quality across the country. NHS England will work through its national, regional and area teams to discharge these responsibilities.

One of NHS England responsibilities will be to directly commission health services for members of the Armed Forces and their families if registered with Defence Medical Services Medical Centres.

The document sets out where NHS commissioning responsibility lies for all members of the Armed Forces Community, i.e. serving Armed Forces, their families, reservists and veterans.

Our ambition is to support commissioners in delivering a consistent, high quality approach to the delivery of services that secure the best outcomes for the Armed Forces and their families. NHS England will use the operating model to drive local improvements in quality and outcomes and reduce health inequalities.

2. Overview

Section 15 of the Health and Social Care Act 2012 ¹ gives the Secretary of State the power to require NHS England to commission certain services instead of Clinical Commissioning Groups (CCGs). These include 'services or facilities for members of the Armed Forces or their families'. Regulations will be laid to allow NHS England to assume these powers from April 2013.

These regulations define the scope of responsibility as being for any serving members of the Armed Forces stationed in England and any family dependants who are registered with a Ministry of Defence, Defence Medical Service (DMS) Medical Centre. In addition, reservists who require NHS health services while mobilised will be the commissioning responsibility of NHS England.

NHS England is responsible for ensuring that services are commissioned to support consistently high standards of quality across the country, promote the NHS Constitution, deliver the requirements of the Secretary of State's Mandate with NHS England and are in line with the commitments made by the Government under the Armed Forces Covenant

3. The Armed Forces community

Serving members of the Armed Forces, Reservists Veterans and all of their families form part of a larger 'Armed Forces Community'. It is helpful to describe

each of these components to clarify the context for how health services will be commissioned for each group in future.

Serving Armed Forces – Approximately 140,000 people, all of whom are registered with Defence Medical Services (DMS) Medical Centres in England. (Northern Ireland, Scotland and Wales have approximately 20,000 serving Armed Forces and registered dependants which are *outside* the scope of the NHS in England). Approximately half of the England DMS-registered population is concentrated in four areas (Devon, Hampshire, Wiltshire and North Yorkshire).

Their families – i.e. spouses / partners and dependent children and adults. Most are registered with NHS GP Practices. Approximately 20,000 are registered with DMS Medical Centres in England.

Veterans – Defined as anyone who has been a member of the serving Armed Forces for a day or more. There are approximately 4.8 million veterans in the UK (4 million in England). All should be registered with NHS GP Practices.

Reservists – Civilians who are called in to the serving Armed Forces from time to time for particular tours of duty. Reservists are regarded as members of the Armed Forces while mobilised. When not mobilised, reservists should be regarded as veterans when accessing NHS care. The numbers of reservists are planned to grow from approximately 15,000 to 30,000.

Overseas – In addition to the England-based population, there are 36,000 serving Armed Forces and dependants in Germany, and 17,000 on other overseas operations / postings. All have a right of return to receive NHS secondary and community care in the UK on other overseas operations / postings. All have a right of return to receive NHS secondary and community care in the UK on other overseas operations / postings. All have a right of return to receive NHS secondary and community care in the UK.

Devolved Administrations - ‘Devolved Administrations’ mean Scotland, Wales and Northern Ireland. The normal rules of the NHS commissioning responsibility apply. NHS England has responsibility only for commissioning health services for members of the Armed Forces and their families registered with DMS practices in England or, for those posted overseas, who choose to return to use NHS services in England. Devolved Administrations are responsible for commissioning care for members of the Armed Forces and their families registered in their countries or who return from Overseas to use services located in Devolved Administrations.

4. The New Commissioning Landscape

The following organisations have roles to play in the commissioning of healthcare for the Armed Forces Community:

Department of Health (DH) – The DH sets out the Secretary of State’s expectations and requirements of the NHS in the annual Mandate, agreed with NHS England, which will accompany the resources allocated by government to

the NHS. The Secretary of State retains responsibility for public health services and will enter into agreements for these responsibilities to be discharged by Local Authorities and Public Health England.

NHS England – NHS England is responsible for the direct commissioning of secondary and community health services for Armed Forces and families registered with the DMS Medical Centres. It assumes responsibility for commissioning some public health services through a section 7 a agreement with the Secretary of State, which Armed Forces and their families will be able to access.

Clinical commissioning groups (CCG's) - CCG's are responsible for commissioning health services for veterans and families of members of the Armed Forces registered with the NHS GP Practices. CCG's are also responsible for the commissioning of emergency care services for 'every person present in it's area', which includes for members of the Armed Forces and their families. It is also recommended that hosting of Armed Forces Networks transfer from SHAs by agreement to appropriate lead CCG's to sustain the work of the 10 Armed Forces Networks currently in place. Given the strong focus on veterans and Armed Forces family healthcare, CCG's are well-placed to lead Armed Forces Networks, with support from NHS England. Further discussions will be needed with Armed Forces Networks to agree their transition and leadership arrangements for the future.

Local Authorities (LAs) – LAs are responsible for commissioning the majority of public health services for people in their area including members of the Armed Forces, their families and veterans. The exceptions to this are screening services, immunisations, public health services for children aged 0-5 years, public health services for prisoners and other detainees and Sexual Assault Referral Centres (SARCs). These services will be commissioned directly by NHS England. Local authorities will also commission open access sexual health clinics and genito-urinary clinics.

NHS England is at the heart of an integrated system of organisations and services that are bound together by the value and principles of the NHS Constitution. NHS England is committed to joint working relationships with a wide range of organisations at a national and local level to ensure that there are continuous improvements in health and well-being.

The vision is that military personnel and their families should receive excellent health care from the NHS, tailored to their particular needs, in accordance with the Armed Forces Covenant.

As well as directly commissioning health care for serving members of the Armed Forces and their families where registered with the DMS Medical Centre, NHS England is responsible for ensuring the wider NHS system is effectively addressing the comprehensive needs of the Armed Forces, their families and veterans.

There are particular issues of access and entitlement for military personnel. Armed Forces personnel are excluded from the NHS Constitutions^s entitlement to choice NHS providers. Postings or deployments can interrupt existing

treatment and can result in serving military personnel or their families having to re-join waiting lists in new areas. This is one example of 'disadvantage' and the Armed Forces Covenant requires that serving members of the Armed Forces and their families should join waiting lists at a comparable waiting time.

The ambition of this framework is that patients experience a seamless transition between services, receiving as a minimum the same standards and quality of care that can be expected in the civilian community. The Government's Mandate to NHS England⁶ which sets out the Government's expectations of the NHS, contains the following reference to military health:

"The NHS and its public sector partners need to work together to help one another to achieve their objectives. This is a core part of what the NHS does and not an optional extra, whether it is working with local councils, schools, job centres, housing associations, universities, prisons the police or criminal justice agencies such as Police and Crime Commissioners and Community Safety Partnerships. NHS England's objective is to make partnership a success. This includes, in particular, demonstrating progress against the Government's priorities of: "Upholding the Government's obligations under the Armed Forces Covenant".

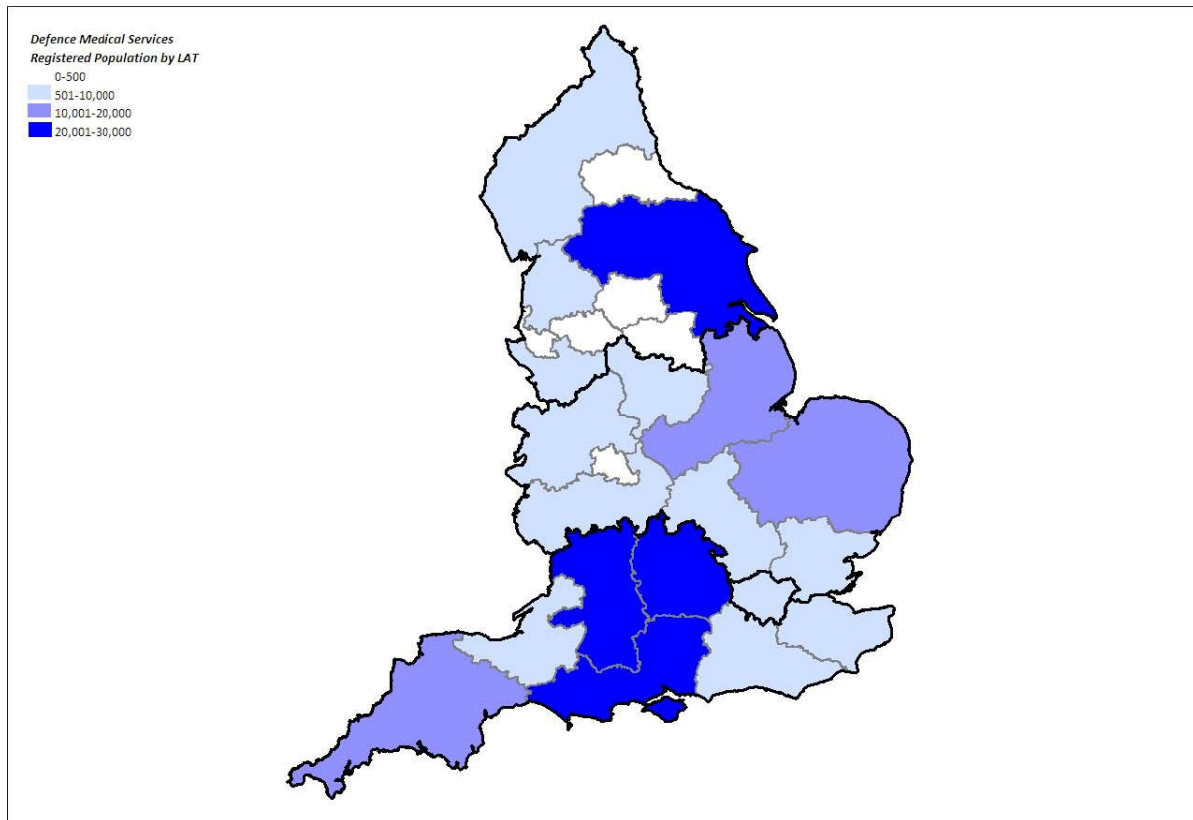
5. The Integrated Commissioning Model

NHS England is structured with 4 regions and 27 Area Teams (ATs). For Armed Forces commissioning, NHS England will be a single, national commissioner, with common operating procedures and commissioning policies deployed nationwide. This will ensure NHS England can deliver its commitment under the Armed Forces Covenant to deliver a consistently high quality health experience for members of the Armed Forces and their families, with no disadvantage as a consequence of their location.

National leadership will provide the framework to ensure consistency in commissioning. Drawing on nationwide insight and intelligence, clinical expertise and the Government's Mandate, there will be a national framework for contracts. Within this framework will be flexibility for the lead Area Teams to manage local relationships and performance, support innovation and secure high quality outcomes.

Three lead ATs, one in each of the North, Midlands and East and South (including London) regions have been identified. The lead ATs will build the expert capacity necessary to undertake NHS England commissioning role in respect of members of the Armed Forces and families registered with DMS Medical Centres. This will enable local partnership relationships to be developed between NHS England, CCGs, Local Authorities, the MOD, third sector organisations and providers, to ensure the services commissioned are delivered effectively.

The map on the next page shows the Defence Medical Services registered population by Local Area Team.



The three lead Area Teams are:

- a) **North Region:** North Yorkshire and Humber
Armed Forces population: 23,008
- b) **Midlands and East Region:** Derbyshire and Nottinghamshire
Armed Forces population: 39,680
- c) **South Region (including London):** Bath, Gloucestershire, Swindon and Wiltshire
Armed Forces population: 105,590

While there is a heavier distribution of the Armed Forces population in the South of England, the presence of the lead AT in the North and in the Midlands and East regions will ensure Armed Forces health needs can be addressed nationwide.

6. **Distribution of Defence Medical Services registered population by area team**

What this means for Wiltshire

The Army Regular Basing Plan

The Army Regular Basing Plan sets out the future lay down of the British Army as it moves back to the UK from Germany and restructures to deliver its future operating model , *Army 2020*.

The plan honours the policy commitment made in Strategic Defence and security Review (SDSR) to bring UK forces back from Germany by 2020. The Army is on track to bring 50% of its forces back by 2015 and the remainder in 2020.

The Defence Infrastructure Organisation will deliver service family homes and new single living accommodation for Armed Forces personnel.

The plan also forms a part of a wider commitment to give service personnel greater stability allowing their families to integrate better into local communities, their spouses to find long term jobs and their children to have continuity in education.

It is envisaged that by 2020 an additional 4000 Armed Forces personnel will be stationed in Wiltshire. It is anticipated that there will be 2000 additional personnel at Larkhill , 900 at Bulford, and 1100 in Tidworth.

In preparation for the increase in Armed Forces personnel and their families it will be crucial for partner organisations, both those commissioning and providing services, to work together to ensure that the incoming armed Forces personnel and families have full access to all services including;

- Maternity
- Primary and secondary care
- Public Health services
- Education
- Housing
- Transport
- Crime and Justice

The Commissioning organisations that will need to work together to ensure a full range of services are available to the incoming Armed Forces personnel and their families include:

- NHS England as the commissioner of Primary Care Services and elements of Public Health services along with secondary care service for Armed Forces personnel.
- Wiltshire Council as the commissioner and provider of education; housing; social care; transport; environmental services and/leisure.
- Wiltshire Clinical Commissioning Group as the commissioner of secondary care services for reservists and armed forces personnel dependants not registered with DMS.

- Wiltshire Police as commissioners and providers of community policing and the wider crime and justice services.

In order to ensure that the planning and onward delivery of these services for the incoming Armed forces and their families is as comprehensive as possible the suggestion is that a working group be set with representatives of the commissioning organisations (listed above) and the MoD in order to develop a joint commissioning plan for this specific population and their families.

7. Recommendation

That the joint commissioning of services is discussed at the Military Civilian Integration Partnership hosted by Wiltshire Council with the objective of developing and agreeing a joint commissioning plan for Armed Forces personnel and their Families who are currently or will be residing in Wiltshire.

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