

Securing Excellence in Commissioning for the Armed Forces and their Families

Key Facts – March 2013

1. The NHS Commissioning Board (NHS CB) has published the single operating model for the commissioning of health care for the armed forces and members of their families who are registered with Defence Medical Services (DMS) GP practices. This is part of the NHS CB's direct commissioning responsibilities.
2. The *Securing Excellence in Commissioning for the Armed Forces and their Families* document sets out where commissioning responsibility lies for all members of the armed forces community, i.e. serving armed forces, their families, reservists and veterans.

What is changing?

3. To date, secondary care and community services for the armed forces community have been commissioned and provided by the NHS, through primary care trusts. The DMS has provided some specialist services for serving members of the armed forces and mobilised reservists.
4. From April 2013 the NHS CB will be responsible for the commissioning of secondary care and community services for serving personnel and families registered with a DMS practice and mobilised reservists.
5. The Ministry of Defence (MoD) will continue to provide GP, dental and some specialist community services for serving personnel and GP services for those families registered with a DMS practice.
6. PCTs currently commission all health services for reservists (when not mobilised), veterans and families not registered with a DMS practice, and these health services are provided by the NHS. Clinical Commissioning Groups (CCGs) will be taking over this aspect of commissioning.
7. These are organisational changes to the management of commissioning but armed forces personnel and their families are unlikely to notice any changes in service delivery.

Background

8. From April 2013, the current NHS commissioning system of primary care trusts will be very different, with most of the NHS budget managed by 211 new CCGs. These new bodies will be responsible for commissioning the majority of secondary care and mental health services for NHS patients.
9. CCGs are groups of general practices which come together over a defined geography to take on responsibility for commissioning the best services for their patients and population.

10. The NHS CB will be set up and be responsible for directly commissioning all specialised services, primary care, offender healthcare and some services for members of the armed forces. It will have 27 area teams but will be one single organisation operating to a common model with one Board.
11. CCGs and the NHS CB will be supported by new commissioning support units. Their role will be to carry out transactional commissioning function, such as contract negotiation and monitoring, and transformational commissioning functions, such as service redesign.
12. Commissioning of public health services will be undertaken by Public Health England (PHE) and local authorities, although the NHS CB will commission, on behalf of PHE, many of the public health services delivered by the NHS.

Single operating model

13. The NHS CB has published a 'single operating model' for its commissioning of armed forces health care to ensure there is a single, clear system in England for consistent commissioning to ensure well managed, efficient provision of care, national standards for patients and improved health outcomes.
14. The NHS CB has four regional teams and three of these will have an area team with specialist expertise to ensure that the single national model is adapted to meet local needs.
15. The teams are:

Region	Lead area teams
North	North Yorkshire and Humber
Midlands and East	Derbyshire and Nottinghamshire
South (including London)	Bath, Gloucestershire, Swindon and Wiltshire

16. There will be no decrease in the overall level of funding for NHS care. However there may be changes in allocations between budgets as new activity data is captured.

Serving armed forces personnel and their families

17. From April 2013, the planning and buying – known as commissioning – of acute hospital care for serving armed forces personnel will be done by the NHS CB.
18. DMS GPs will use the standard NHS referral system to refer serving armed forces personnel and their families for hospital care and some local community services – this system is known as 'Choose and Book'. Patients will be referred to a convenient NHS hospital that meets their needs, and a balance struck between the patient's right to choice with any potential armed forces operational requirements.
19. Patients registered with the DMS will also have their primary healthcare registration details on the Personal Demographics Service (PDS, also referred to as the 'spine') meaning that their basic personal details can be seen by NHS staff when presenting for treatment.

20. These improvements will enable faster and more convenient treatment for serving armed forces personnel and their families, improving the access process into NHS services, and ensuring that the armed forces community can be progressed through the same arrangements as the civilian population.
21. There will be no changes to primary care, mental health or rehabilitation provision for serving personnel. The MoD will continue to provide primary care health services (GP and dental only) and community mental health services for serving personnel and GP services for some families, which are part of MoD GP practices.
22. The armed forces will also continue to manage their own inpatient mental health contract with a consortium of NHS providers. The services at Queen Elizabeth's Hospital in Birmingham (formerly at the Selly Oak Hospital) for operational casualties will remain unchanged.
23. In addition, improvements are being introduced to the transition between civilian and military life, at the beginning and the end of people's careers. At recruitment, the NHS medical record will be stored in a location accessible to the DMS GPs, so that this is accessible on demand throughout service. A patient's registration with the MoD will be visible on the PDS within days of recruitment, and a patient will not be able to have two GPs (one with the MoD and one in the NHS).
24. At the point of returning to civilian life, the patient's NHS record from pre-service will be sent to his/her new GP, and the DMS is working on a project to consider how the medical record covering his/her time in service can be transferred to the new NHS GP without an additional request.

Reservists, veterans and their families

25. The commissioning of all health services for reservists (when not mobilised), veterans and armed forces' families registered with NHS GP practices will be done by CCGs, which are taking responsibility from primary care trusts from April 2013.

Clinical commissioning groups

26. Under the new commissioning system, CCGs will be responsible for commissioning the majority of health care for armed forces' veterans and reservists and their families, including:
 - All secondary and community healthcare services;
 - Murrison Mental Health ('Fighting Fit') for Veterans (with funding from the Department of Health); and
 - Enabling the transition of the serving wounded, injured and sick (including the links to social care) from DMS to NHS care.
27. CCGs will have a responsibility to uphold the Government's obligations under the Armed Forces Covenant – as laid out in the new Mandate from the Government – which says there must be 'no disadvantage from service' for serving personnel, veterans, reservists and their families.
28. Historically there have been regional Armed Forces Networks (AFNs) hosted by strategic health authorities to support PCTs in discharging their armed forces health care commissioning functions. To ensure there is continuity of delivery across the

transition period and going forward, and effective liaison with health and wellbeing boards, the three lead area teams will also have an interim function, during 2013, to facilitate these existing AFNs.

29. In some areas the local AFN has already been devolved to PCT level and it is envisaged that this should continue through collective CCG working. This collective CCG model is the expected long-term model once the system is mature.

Defence primary care services

30. In a separate development, from April 2014, there will be changes to defence primary care services with the three single services' primary care arrangements merging into one service. These changes are being piloted during 2013/14. This is a reorganisation of the management of the business and is not expected to lead to a change in the delivery of any primary health care services, or any other DMS health care service provision. More information will be provided about these changes later in the year.