

Securing Excellence in Commissioning for the Armed Forces and their Families

Frequently asked questions – March 2013

1. What's going to change?

From April 2013, as a result of the *Health and Social Care Act 2012*:

- The NHS Commissioning Board (NHS CB) will commission all secondary and community health services for serving personnel, mobilised reservists and service families registered with Defence Medical Services (DMS) GP practices.
- Clinical commissioning groups (CCGs) will take over commissioning of services for reservists, veterans and their families, and the families of serving personnel not registered with DMS GP practices.

At the same time armed forces' personnel will be registered on the NHS patient registration systems. This will make each patient's NHS number visible to the NHS and DMS; this will be achieved through a link between the DMS' electronic health records system and the NHS information systems. The DMS will also start to use Choose and Book, the tool which is used to refer patients to hospitals in the NHS.

2. Why is this change being made?

Clinical commissioning is being introduced into the NHS with the establishment of 211 clinical commissioning groups (CCGs) and the NHS CB. Now that the NHS provides nearly all the non-operational care and treatment to the standard that the armed forces require, these changes enable new commissioning arrangements to be considered in order to provide greater consistency and even better quality services for patients.

The NHS CB's new role in commissioning health care for the armed forces will enable a common standard of care to be delivered across England which is an important benefit for the serving armed forces.

Using the Choose and Book facility enables the DMS to view a wider range of available services more easily. This may potentially lead to referrals to other providers, which is a benefit to both patients and the MoD.

3. What's being improved?

The changes in commissioner will introduce a single, clear system in England with one set of commissioning policies for the armed forces, i.e. NHS care and access to it will be nationally defined, not subject to local variation. This will ensure the NHS CB 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. The use of Choose and Book will allow DMS GPs and their patients to have view a greater range of services that they can conveniently access and that it is easier to pass records between the NHS and DMS.

4. What does it mean for patients?

This is a change to the management of health care services for the armed forces and the responsible commissioner. None of these changes will affect the standard of NHS services and most patients will not notice any change to the services which they receive. However it is anticipated that the use of Choose and Book will ensure visibility of a greater range of convenient services and locations and a faster referral process in obtaining an NHS appointment. Patients will also find that better data transfer will mean that NHS hospitals and clinics can share some information and reduce the need for duplication.

5. What does it mean for referrers?

DMS referring clinicians will be able to see the services on offer more easily, and will be able to search on the criteria most important to them. All NHS numbers will be easily accessible to both NHS and DMS referrers.

6. What does it mean for clinicians?

Hospital clinicians will have more accurate patient demographic details and can be confident that a discharge summary or consultation outcome letter will be sent back to the relevant GP.

7. What does it mean for commissioners?

The NHS CB is structured with four regions and 27 area teams (ATs). Three ATs will build the expert capacity necessary to undertake the NHS CB's commissioning role in respect of members of the armed forces and families registered with DMS GP practices. This will enable local partnerships to be developed between the NHS CB, CCGs, local authorities, the MoD, third sector

organisations and providers, to ensure the services commissioned are delivered effectively.

CCGs will take over the roles of PCTs in commissioning for veterans, reservists (when not mobilised) and families who are registered with NHS GP practices.

8. Will the funding change?

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

9. Are there any specific operational changes?

The only operational changes will be to the commissioning role, involving who holds the contracts, and receives and pays the bills.

10. What involvement has the MoD and DMS had in developing the *Securing Excellence* document?

A Joint Commissioning Group, involving the Department of Health, MoD and NHS CB, has agreed the changes necessary to deliver the new commissioning arrangements.

11. How will the NHS CB ensure greater clinical and patient input into armed forces health commissioning?

The first step of this change has been to achieve a safe and seamless transition between responsibilities from PCTs to the NHS CB and CCGs. However the next stage will be to develop the commissioning model to ensure that the health care requirements of the armed forces and families registered with DMS GP practices continue to be met while supporting greater clinical and patient involvement in developing the pathways to meet their needs. Structures are being developed to enable this.

12. These changes relate to the NHS in England only, what are the commissioning responsibilities for those members of the armed forces outside of England i.e. devolved administrations and overseas?

In Scotland, Wales and Northern Ireland the normal rules of NHS commissioning responsibility apply. The NHS CB has responsibility only for commissioning health services for members of the armed forces and members of their families who are registered with DMS GP practices in England and for those members of the armed forces posted overseas who choose to return to use NHS services in England.

The 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 the devolved administrations.