

## Appendix 3

### Armed Forces Health Commissioning (2014-2019)

Our vision is to obtain the best health benefit from the available resources by commissioning high quality, safe and effective care for Armed Forces personnel and their families, in accordance with the Armed Forces Covenant and the NHS Constitution.

#### System Values

To achieve our vision we will:

- Work with Defence Medical Services to support them in their task of **promoting, protecting** and **restoring** the health of the Defence population in order to maximise fitness for role. We will achieve this by commissioning a comprehensive core service.
- Make evidence based decisions
- Listen to and learn from patient experiences
- Ensure that Armed Forces personnel are not disadvantaged in their access to healthcare be that offer, access or outcome
- Ensure that special consideration is given to those injured as a proper return for their sacrifice

#### Objectives

##### System Objective One

Services for the armed forces are commissioned to achieve the best health outcomes, in line with the commitments of the Armed Forces Covenant

##### System Objective Two

We work in partnership with the MoD to commissioning healthcare in line with the partnership agreement and in support of DMS's objective to promote, protect and restore the health of the Defence population in order to maximise fitness for role.

##### System Objective Three

We will work with the MoD and CCGs to improve the model of integrated care that service leavers with mental health or complex physical health needs receive

##### System Objective Four

We will collaborate with CCGs and Health and Wellbeing Boards to develop and embed strong armed forces Networks to ensure that the armed forces community receives appropriate care regardless of commissioner

#### Interventions

##### **Delivering better care through the digital revolution**

- (a) increase use of E-referrals, including advice and guidance functionality, within DPHC
- (b) increase the use of telemedicine as an alternative to face to face care where appropriate;
- (c) increase access to national screening programmes
- (d) link DMS systems to Child Health Information Systems

##### **Co-ordinated access to musculoskeletal pathway**

- (a) Improved use of E-referrals and its functionality within DPHC for access to secondary / tertiary referral for MSK conditions
- (b) re-design MSK pathways to make best use of recognised good practice in rehabilitation

##### **Improved access to mental health services**

- (a) Improve care co-ordination on service discharge
- (b) Improve signposting to appropriate mental health services including crisis services
- (c) Improve choice of recognised good practice services for mental health such as online counselling

##### **WIS leavers to have an agreed health plan**

Work with the MoD to ensure that all WIS service leavers leave with a personal health plan; designed to empower patients to take more control of their long term health and direct them to the most appropriate professional under the primary care team to manage their routine needs.

#### Overseen through following governance arrangements

- Area Team internal meetings
- Armed Forces Operational Group
- Joint Commissioning Group
- Armed Forces Oversight Group

#### Measurement

- Increased referrals made electronically
- Sustained RTT performance
- Co-produced workforce measures
- Access to screening programmes
- Number & % of agreed health plans
- Register of Armed forces champions
- Mental Health services directory

#### Sustainability

- We will consider sustainability and affordability in our approach to decision making.
- We will work with DMS to, where possible, standardise the approach to state funded items to help deliver affordability and sustainability.