

Appendix 1 – Template Protocol and Policy for Practices regarding the Care Ex-Service Personnel

Introduction

The UK government launched the Armed Forces Covenant with the principle that the Armed Forces community as a whole should not be disadvantaged because of its military experience. The key principles of the covenant have been enshrined in law in the Armed Forces Act. All ex-service personnel are entitled to priority access to NHS hospital care for any condition related to their service, subject to the clinical need of others. Identifying people on the patient list who are ex-service personnel can help with prioritisation and signposting for access to wider health services.

Identifying an individual as someone who has served in the armed forces can therefore help with appropriate prioritisation of access to services and ensure that potential mental and social issues are explored. The health and wellbeing of the individual can be seen in context and sources of support can be signposted.

Definitions and codes

The definition of veteran covers anyone who has served at least one day in the Armed Forces (Regular or Reserves) as well as Merchant Navy and fishermen who have served in vessels that were operated to facilitate military operations.

When an individual joins the Armed Forces they become Regular Service Personnel, and their registration with a civilian GP is removed. They enter the healthcare system coordinated by the Ministry of Defence, the Defence Medical Services (DMS). DMS have their own GP services that look after serving personnel, mobilised reservists and some families; however once they leave the armed forces, primary healthcare reverts to the responsibility of the local NHS. Reservists remain in NHS GP care unless they are deployed and can access the MoD healthcare system for up to six months post deployment.

The read code for 'Military Veteran' is **13Ji** (EMIS Web). History relating to Army, Navy, Air Force to be added in 'Descriptive Text' where applicable. This code should be applied to all patients on the practice register who fit the definition outlined above.

Serving Personnel and Families

The code **EMISNQME54** - Member of a military family should be applied to immediate family members of serving personnel. Practices should be mindful of impact of on family members, for example how deployment cycles can impact on access to services for family members of serving personnel.

0912 should be applied to serving members of the military, and if they are reservist **0Z7** should be applied in addition.

The practices will respond to requests for information from the MoD within 10 working days (the MoD will provide written consent to support this), being mindful of time pressures as

sick leave is for a specified period. In addition practices will be mindful of this time pressure when serving personnel are requesting NHS services.

Identification of veterans

Identification can be challenging as the veteran status may not be known to the GP practice and the individual may not consider it relevant to disclose. The culture of fitness in the Services may make it difficult for some health issues to be discussed. Doctors within the Armed Forces are high-ranking officers and this may also adversely affect health-seeking behaviours of those with lower ranks. There is also a culture of stoicism and outward appearances of strength and invulnerability, which again could be detrimental. Currently, the numbers of ex-service personnel coded on practice systems in Sunderland falls below the expected levels, requiring Concord Medical Practice to take a proactive approach to identify ex-service personnel in order to ensure they are managed appropriately (including priority access where relevant under the Armed Forces Covenant). To support this, Concord Medical Practice will raise awareness of the issues faced by ex-service personnel with all staff within the practice.

In order to proactively identify veterans the practice will:

- i) Establish a ex-service personnel champion at each GP practice
- ii) The practice champion and at least one GP to complete ex-service personnel e-learning modules (<http://www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces/how-to-access/>)
- iii) Champion to ensure all practice staff (including receptionists) understand the importance of identifying any service history, understanding the issues that may be faced by ex-service personnel and their rights for priority access as well as how to access full medical records from the MoD. Also to ensure all practice staff understand how to request priority treatment where a condition may be related to service.
- iv) Have information in relation to ex-service personnel (including encouraging identification) on practice websites, screens and in posters within practice.
- v) Use a variety of mechanism to proactively identify ex-service personnel including:
 - Have a question on the new patient registration form
 - Including on influenza consent forms
 - Asking if patients have served when diagnosed with condition that may be related to previous service e.g. alcohol abuse, mental health problems, MSK problem, making use of in practice screens)
 - Using questionnaires on reception, messages on scripts, emails and text messaging and linking with local pharmacies to encourage ex-service personnel to make the practice aware of their veteran status. This will be undertaken one week each year around Remembrance Day.
 - Regularly review the number of veterans read coded on the practice system

Care of Ex-Service Personnel once identified

- i) Check that service medical record is in the GP record, and if not request it by asking the patient to complete F Med 113 form.
- ii) Locality meeting discussion with support from SAFN – focusing on sharing good practice and understanding services available to support ex-service personnel. These will take place in from March 2017 via the Locality Commissioning meetings.
- iii) Ensure ex-service personnel have the relevant read code recorded within the practice system and to flag this up on the family record. The read code for ‘Military Veteran’ is 13Ji (EMIS Web)
- iv) The practice champion and at least one GP to complete ex-service personnel e-learning modules (<http://www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces/how-to-access/>). The following modules will be included:
 - Module 1 – Care of Veterans
 - Module 2 - Care of Families
 - Module 3 – Care of serving Personnel
- v) Champion to ensure all practice staff (including receptionists) understand the importance of identifying any service history, understanding the issues that may be faced by ex-service personnel and their rights for priority access as well as how to access full medical records from the MoD. Also to ensure all practice staff understand how to request priority treatment where a condition may be related to service
- vi) Have information in relation to ex-service personnel (including encouraging identification) on practice websites and in posters within practice.
- vii) Have packs with relevant leaflets available with in practice.
- viii) Further guide for general practitioners can be found by clicking on the following link: <http://www.rcgp.org.uk/policy/rcgp-policy-areas/~media/Files/Policy/A-Z%20policy/Veterans.ashx>

Priority Access

The key principles of the Armed Forces Covenant have been enshrined in law in the Armed Forces Act (2011). Under the covenant, all ex-service personnel are entitled to priority access to NHS hospital care for any condition related to their service, subject to the clinical need of others. Where this is the case, with the patient’s permission, it should be mentioned clearly in the referral to secondary care. Where secondary care clinicians agree that a patient’s condition is likely to be service-related, they will prioritise ex-service personnel over other patients with the same level of clinical need. Ex-service personnel will not be given priority over other patients with more urgent clinical needs. It is for the

clinical practitioner to decide, on the balance of probabilities, whether a patient's condition is related to his/her service when making a referral. Secondary care will review and will either agree that the reason for referral is likely to be linked to their service and prioritise access subject to the clinical needs of others, or advise the GP if they don't agree and the patient will wait to be seen in turn.

When utilising e Referral system (Choose and Book), the Practice GPs will refer normally and select the correct appointment priority based upon the patient's medical condition (routine / urgent or 2 week wait) including veteran details and the link between the condition and service in the referral letter.

Patients may also flag with clinicians when they think their condition is related to military service. The clinician should then decide whether priority should be given.

In the event that a Practice GP considers that a condition is likely to be due to service and it is significantly disabling, then they will suggest to the individual that s/he applies for a war pension, since there may be entitlement to a pension or gratuity and to other benefits such as free prescriptions.

Claims may be made for a war pension at any time after service termination.

Most likely service-related conditions requiring treatment (please note this list is not exhaustive and priority access relates to any condition that is likely to be service-related)

- **Audiology services** - The guidance on priority treatment for war pensioners applied also to service-related noise-induced hearing loss which is accepted as caused by service but for which no award was paid because the level of disablement fell below the threshold for compensation.
- **Mental health services** – Veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge. Although there has been emphasis upon the number of patients with Post Traumatic Stress Disorder, more common are patients with anxiety, depression and substance misuse (especially alcohol) related problems.
- **Orthopaedic services** – Because of injuries during a person's time in the armed forces which begin to present problems some time after discharge.

It is for clinicians to determine whether it is likely that a condition is related to service.

The following websites may provide useful information for ex-service personnel, serving personnel and their families:

- Big White Wall. [View website](#)
- Reserve Forces Act 1996. [View website](#)
- Soldiers, Sailors, Airmen Families Association (SSAFA Forces Help). [View website](#)

- The Royal British Legion. [View website](#)
- British Army. Welfare and support. [View website](#)
- Veterans UK. [View website](#)
- NHS Choices, Veterans: mental health. [View website](#)
- Combat Stress 24-hour helpline. [View website](#)
- Reserves Mental Health Programme. [View website](#)
- Military of Defence - Legacy health. [View website](#)
- King's Centre for Military Health Research publications. [View website](#)
- Armed Forces Covenant Reports. [View website](#)
- Army Families Federation. [View website](#)
- Confederation of Service Charities (COBSEO). [View website](#)
- Home Start. [View website](#)
- Naval Families Federations. [View website](#)
- NHS Choices Armed Forces Health page. [View website](#)
- NHS England Armed Forces Commissioning. [View website](#)
- RAF Families Federation. [View website](#)
- SSAFA. [View website](#)
- Supporting the health and wellbeing of Military families. [View website](#)
- The Defence Medical Welfare Service (DMWS). [View website](#)
- The Royal British Legion. [View website](#)
- Phantom limb pain Nikolajsen L and T. S. Jensen Br J Anaesth 2001; 87: 107–116
- British Limbless Ex-Service Men's Association. [View website](#)
- British Nuclear Test veterans Association [View website](#)
- UK Armed Forces Families Strategy. [View document](#)
- Information for the care of serving personnel – [View website](#)
- UK Armed Forces Families Strategy. [View document](#)
- Action for hearing loss [View website](#)
- Armed Forces Covenant Reports [View website](#), [View website](#)
- Armed Forces Networks [View website](#)
- Big White Wall. [View website](#)
- Blesma. [View website](#)
- CAMHS. [View website](#)
- Combat stress. [View website](#)
- Dementia UK. [View website](#)
- Domestic Abuse Guidance and Support for the Armed Forces Community. [View website](#)
- Families of Injured Service Personnel (FIS). [View website](#)
- Forces In Mind Trust (FiMT) reports: [View document](#) [View document](#)
- Help for Heroes. [View website](#)
- Help for heroes - Hidden wounds. [View website](#)
- Help for heroes - Band of sisters. [View website](#)
- Lip reading and managing hearing loss. [View website](#)
- Lord Ashcroft's Transition Review [View document](#)
- Lost Voices. [View document](#)
- MHFA Instructor training. [View website](#)
- NHS Choices. [View website](#)

- NSPCC. [View website](#)
- Service charities –many are listed in the COBSEO directory. [View website](#)
- The Ripple Pond. [View website](#)
- The Royal British Legion - compensation for hearing loss. [View website](#)
- The Royal British Legion - dementia care. [View website](#)
- Veterans Outreach Service. [View website](#)
- Veterans and Reserves Mental Health Programme (VRMHP). [View website](#)
- Veterans UK. [View website](#)
- Veterans' Welfare Service. [View website](#)
- Young Minds. [View website](#)