

Top tips for GPs

1. When a patient registers with your practice, ask them if they have ever served in the UK Armed Forces (the **family doctor services registration GMS1 form** includes a specific question to help with this). If they have, SNOMED code them as 'Military Veteran' on your computer system. There are also SNOMED codes for 'Member of Military Family'.
2. Consider whether a patient who attends with a health problem, especially a mental health issue, might be a veteran or a member of the Armed Forces community. If this is not already flagged in their patient record, finding this out may help to identify any associated health issues.
3. Although most veterans are happy to disclose that they have served, a few may prefer to keep this private or may be concerned about disclosing information about their time in the Armed Forces due to confidentiality agreements that they have signed.
4. There are additional or different referral pathways available which may be more suitable for veterans, such as specialist mental and physical health services. This includes the Veterans Trauma Network and Op COURAGE: The Veterans Mental Health and Wellbeing Service.
5. When referring a veteran to secondary care, ensure that their veteran status is included in their referral letter, as they may be entitled to priority treatment if their condition is attributable to their time in service.
6. The families of unwell serving personnel and veterans may be suffering too, so please ask what services they might need.
7. The health needs of the Armed Forces community are typically the same as for the general public, but there are sometimes significant differences, particularly in relation to conditions attributable to service life and the impact upon families. These differences can be reflected in the way in which healthcare is delivered and the range and types of services provided. It is recommended that you register for free via the RCGP website to access resources, which support practices to meet their healthcare needs. Visit:
 - <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/veterans-healthcare-toolkit.aspx>
8. Treatment for veterans is normally the same as for the wider population; it's the context, language and understanding of their military experiences that is important.

Dedicated health services for the Armed Forces community

Op COURAGE: The Veterans Mental Health and Wellbeing Service

Op COURAGE: The Veterans Mental Health and Wellbeing Service, is the new overarching name for the Veterans' Mental Health Transition, Intervention and Liaison Service (TILS), Veterans' Mental Health Complex Treatment Service (CTS) and Veterans' Mental Health High Intensity Service (HIS). The new name has been developed following feedback from veterans and their families to make it easier for those leaving the military and veterans to find help.

Op COURAGE is for Service leavers, reservists, veterans and their families, who can contact the service direct, or ask a GP, charity or someone else, such as a family member or friend, to refer them.

For further information, including contact details for the service in your region, visit www.nhs.uk/opcourage

Veterans Trauma Network (VTN)

The VTN is for veterans who have physical health problems which have been caused from their time in the Armed Forces.

Located in a number of major trauma centres across England, the VTN works closely with DMS, Op COURAGE: The Veterans Mental Health and Wellbeing Service, as well as military charities, to provide specialist care and treatment.

Access is via GP referral only. To refer a veteran, email england.veteranstraumanetwork@nhs.net

Personalised care for veterans

Veterans who have a complex and life-long health condition may be eligible for the veterans personalised care programme, which seeks to give individuals more choice and control over how their care is planned and delivered. Veterans will have a personalised care plan based on what matters to them and which they help to develop. They may also be eligible for a personal budget to pay for some of the care and support they need.

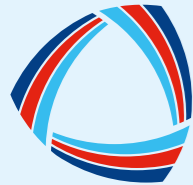
Access to this programme of care, means that veterans should also get more support in the community and access to a range of help, such as emotional and practical support from people who have similar health conditions or disabilities. This is in addition to being supported to access dedicated services, such as Op COURAGE and the VTN. Applications should be made to the person's local integrated care system.

For more information, visit <https://www.england.nhs.uk/personalisedcare/upc/ipc-for-veterans/personalised-care-for-veterans/>



**Armed Forces Veteran
friendly accredited
GP practice**

NHS healthcare for the Armed Forces community in England



Armed Forces Veteran friendly accredited GP practice



Integrated care systems are responsible for the commissioning of health services for veterans, reservists and service families registered with NHS GPs in their area. As part of this, it is helpful for GPs to understand and consider the health needs of veterans and service families, as well as non-mobilised reservists, in local commissioning plans.

NHS England and NHS Improvement commission community and secondary care for serving personnel and Armed Forces families registered with Defence Medical Services (DMS) GP practices. They are also responsible for commissioning bespoke mental and physical health services for veterans, including Op COURAGE: The Veterans Mental Health and Wellbeing Service and the Veterans Trauma Network.

Our duty to the Armed Forces community

The NHS has a duty to deliver on a number of health commitments in relation to the Armed Forces community (serving personnel (regulars and reservists), veterans and their families), which are set out in the Armed Forces Covenant and principle four of the NHS Constitution.

The Armed Forces Covenant

- *The Armed Forces community should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live.*
- *Family members should retain their place on any NHS waiting list, if moved around the UK due to the service person being posted.*
- *Veterans should receive priority treatment for a condition which relates to their service, subject to clinical need.*
- *Those injured in service should be cared for in a way that reflects the nation's moral obligation to them, by healthcare professionals who understand the Armed Forces culture.*

To find out more, visit:
www.armedforcescovenant.gov.uk

Serving personnel

Many serving personnel are very fit and active and tend to be younger than the general population.

There is a detailed screening and assessment process prior to joining the Armed Forces, which typically means that long-term illnesses found within civilian counterparts are less common. However, musculoskeletal problems (especially involving a patient's back, knees and lower limbs) are more common.

Reservists make up about a sixth of serving personnel at any one time and tend to be older than regulars. They are primarily cared for by their registered NHS GP, but receive occupational health advice and care from a DMS GP when mobilised. Serving personnel may access NHS primary care when on leave (including out of hours services), however, in all cases (apart from reservists) their normal GP remains their DMS GP. This means that they can only register with an NHS GP as a temporary resident – although special arrangements are possible for extended temporary

registration. In both cases, the NHS GP should liaise with the patient's DMS doctor.

Serving personnel are unable to self-certify for their first seven days of illness and require a 'Fit Note' for every day they are unable to work.

Veterans

There are around 2.4 million veterans in Great Britain of whom 60% are 65 years or older and 89% are male. A veteran is someone who has served in the Armed Forces (regular or reservist) for at least one day. The term 'veteran' is the same as 'ex-service personnel' or 'ex-forces', although not all veterans know, choose or want to associate with the term 'veteran'. This is particularly the case amongst younger veterans who often refer to themselves as 'ex-forces', due to the common belief that a veteran is someone who fought in the First / Second World War.

In many cases, veterans have similar levels of health to the general population, however, a small minority have physical and mental health issues specific to their time in service.

For those who are discharged from the Armed Forces on medical grounds, the three top reasons are for issues relating to musculoskeletal problems (knees, backs and ankles mainly), mental health difficulties and problems with the ears, especially noise induced hearing loss. Whilst there has been considerable emphasis on veterans with post-traumatic stress disorder (PTSD), the actual rates are around 6.2%, which is broadly equivalent to the incidence amongst civilians. However, for those who deployed when serving, rates of PTSD are higher at 9% and up to 17% for those who deployed in a front-line, infantry combat role. More common mental health issues include anxiety, depression and problems related to alcohol. There is growing evidence that a range of mental health conditions may appear (or patients may present) some years after individuals have left the Armed Forces. These conditions may relate to combat, training or other military experiences, transition out of service or indeed pre-service vulnerabilities.

Armed Forces families

Armed Forces families include spouses and dependents of serving personnel. As the NHS provides most health care services for these individuals, it is important to be aware of our duties

relating to this patient group and their specific health needs, which can arise as a result of them being a member of an Armed Forces family.

Service families often have additional pressures on their personal life and may be more vulnerable as a result. These pressures include:

- *stress around deployment and the social and emotional disturbance this can cause*
- *extended and repeated periods of separation from spouses, partners and parents*
- *social isolation from family and friends*
- *the social and emotional pressures created around 'single' families*
- *readjustments when the serving person returns, particularly from combat*
- *additional and sudden caring responsibilities (for both the spouse and dependents), including accepting and coping with physical and / or mental damage of the serving person*
- *bereavement.*

Service families tend to move every two years, however, should not be disadvantaged by losing their place on hospital waiting lists when this happens. This is an area often raised by families as an issue, particularly in relation to hospital, community, dental and orthodontic services.

For further information on health services for the Armed Forces community, please visit the NHS website at www.nhs.uk/armedforceshealth or email england.armedforceshealth@nhs.net  [@NHSArmedForces](https://twitter.com/NHSArmedForces)