

For those who served :

Meeting the healthcare needs of veterans in England

The logo for The Royal British Legion, featuring a blue square with the text 'THE ROYAL BRITISH LEGION' in white. Below the square is a red poppy flower with a black center.

THE ROYAL BRITISH
LEGION

For those who served: Meeting the healthcare needs of veterans in England

This leaflet is designed to help anyone who has served in the UK Armed Forces to access the health services they need, and lets people know what to do if things go wrong. (The leaflet only applies to health services in England.)

Veterans include anyone who has served for at least one day in HM Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel which was operated to facilitate military operations by HM Armed Forces.

If you have recently left the military, you should have received a Service Leaver's Pack from the Service Personnel and Veterans Agency



(SPVA), which contains helpful advice. For more information you can contact the free helpline on 0800 169 2277 or visit the website at www.veterans-uk.com.

Health services for veterans

Registering with a GP

When you leave the Armed Forces, you will need to register with your local GP. You should make sure that the GP has all the information they need about your current health, including any conditions related to your time in Service. This will help your GP to give you the right treatment and, if necessary, refer you to specific services for those who have been in the military.

A summary record of your health history should be given to you on discharge, along with details of how your GP can obtain your medical records. If you were not given a summary of your health history, you should contact the SPVA.

Priority treatment

If you have a health problem that you think is related to your time in Service, your GP may be able to have you referred more quickly for any hospital care that is needed. When referring a veteran to secondary care for a condition that (in their clinical opinion) may be related to their military Service, GPs are asked to make this clear in the referral – as long as the patient is happy.

If you do not already receive a war pension for your condition, your secondary care clinician will have to determine whether or not the condition is likely to be related to your time in Service. If it is, your clinician will be asked to prioritise you over other patients with the same level of clinical need. Veterans are **not** given priority over other patients with more urgent clinical needs.

These priority treatment provisions for veterans are less significant now that all patients have much faster access to NHS treatment, but there may still be occasions when you could benefit. Some of the more common Service-related problems where this may be the case include audiology and orthopaedic services. If you think you should be entitled to priority treatment, make sure you discuss it with your GP – take this leaflet with you to your appointment if you think that would help.

Prostheses

If you were fitted with a prosthesis while you were serving, it is likely to have been a state-of-the-art device, incorporating the most innovative technology available. And now that you have left the Armed Forces, you can expect, as a matter of good clinical practice, that the standard of prosthetic limbs provided by the NHS should match the standard of those available when you were in Service (subject to your individual clinical needs).



Mental health

The stresses of being in the Services can sometimes lead to mental health problems, including some that may occur some time after discharge. If you are at all concerned about your mental health, you should seek help from your GP as soon as possible. Please be assured that there is no stigma attached to asking for help: you have served your country and you deserve support if your military experiences have affected your wellbeing – either physically or emotionally.

You can also access the Ministry of Defence's Medical Assessment Programme (MAP), which is available to all veterans deployed on operations since 1982. If you feel your condition may be linked to your Service, the MAP can give you an expert comprehensive physical and mental health assessment. You can contact the MAP free on **0800 169 5401**.

If you served in the Reserve Forces and are worried about your mental health, you can get help from the Reserves' Mental Health Programme (RMHP). The RMHP is open to any demobilised Reservist or volunteer who has returned from operations since 1 January 2003 and who has concerns that their mental health problems might be linked to their time in Service. You will need your GP to refer you to the RMHP in most cases, but you can contact the programme free for more information on **0800 032 6258**.



Hospital waiting lists

NHS patients in England can expect to start their consultant-led treatment within a maximum of 18 weeks from referral, unless they choose to wait longer or it is clinically appropriate that they do so.

This commitment extends to patients who move home or between hospitals. If you are currently on a waiting list for NHS treatment and move between hospitals when leaving Service, you should discuss the arrangements for transferring your care with the clinician who is currently treating you. You should also contact your new GP and/or hospital as early as possible after you have moved, to discuss and confirm the arrangements for your treatment.

If you are moving within the UK, any previous waiting time will be taken into account and your treatment should take place within national waiting time targets. Like anyone else moving between hospitals in the UK, veterans will be treated as quickly as possible, based on their clinical priority. In practice, this could mean that your waiting time might change if you move to another part of the UK.

If you have a problem

If possible, you should discuss any problems with your clinician first. If you are attending an NHS hospital or clinic, you can also talk to Patient Advice and Liaison Services staff or the complaints manager, who will usually be able to resolve your concerns on the spot. If they can't, they will provide you with information about how to take your complaint further.

You can also visit the NHS Choices website at www.nhs.uk or call NHS Direct on **0845 4647** for advice.



USEFUL CONTACTS

NHS Choices

Web: www.nhs.uk

NHS Direct

Web: www.nhsdirect.nhs.uk

Tel: 0845 4647

The Royal British Legion

Web: www.britishlegion.org.uk

Tel: 08457 725 725

Department of Health

Web: www.dh.gov.uk

Tel: 020 7210 4850

Textphone (for people who are deaf or hard of hearing): 020 7210 5025

Ministry of Defence

Web: www.mod.uk

Service Personnel and Veterans Agency

Web: www.veterans-uk.com

Tel (freephone, UK only): 0800 169 2277

Tel (from overseas): +44 1253 866043

Textphone (UK only): 0800 169 3458

British Limbless Ex-Service Men's Association

Web: www.blesma.org

Tel: 020 8590 1124

Combat Stress

Web: www.combatstress.org.uk

Tel: 01372 841600

Soldiers, Sailors, Airmen and Families Association

Web: www.ssafa.org.uk

Tel: 0845 1300 975

St Dunstan's

Web: www.st-dunstans.org.uk

Tel: 020 7723 5021

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To: GPs

Copies: Chief Executives SHAs, PCTs, NHS acute and mental health trusts and NHS Foundation trusts

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Dear Colleague

ACCESS TO HEALTH SERVICES FOR MILITARY VETERANS – PRIORITY TREATMENT

The purpose of this letter is to advise you of the guidance in place to ensure that military veterans receive priority access to NHS secondary care for any conditions which are likely to be related to their service, subject to the clinical needs of all patients.

Action

GPs are asked, when making referrals relating to a military veteran for diagnosis or treatment, where they are aware of the patient's veteran status, to record that status as part of the referral. If the patient does not want the GP to record their veteran status the information should not be included. If GPs consider that priority treatment might be appropriate because the condition to which the referral relates is likely to be related to the patient's time in the services, GPs are asked to include details in the referral.

Background

The ongoing deployment of UK armed forces means it is now more important than ever that the NHS works closely with military services to ensure that the health needs of the Armed Forces, their families and veterans are appropriately met. In particular, it will be important to provide priority treatment, including appropriate mental health treatment, for veterans with conditions related to their service, subject to the clinical needs of others.

There are about 5 million veterans in England (a veteran is defined as someone who has served at least one day in the UK Armed Forces). For the vast majority of veterans their time in the service will have been a positive experience but some will leave with medical conditions resulting from their time in service.

In December 2007, the Chief Executive of the NHS wrote to Chief Executives of Strategic Health Authorities, Primary Care Trusts, NHS Foundation Trusts and NHS acute and mental health trusts ([Gateway reference 9222](#)) informing them that the

extension of priority treatment arrangements for veterans would commence from 1st January 2008, and asked that GPs and others were made aware of this.

Successive NHS Operating Frameworks, including that published in [December 2009](#), have continued to reiterate the requirement for PCTs to ensure the needs of this community are appropriately met. Despite this, research by the Royal British Legion has shown that few GPs are acting on these provisions. Given the ongoing nature of UK Armed Forces involvement in Afghanistan and the current and future needs of the veteran population, it is important that access to priority treatment is identified where appropriate.

Next Steps

Where the patient is content for their veteran status to be included, GPs are asked to clearly state this when drafting referral letters including, in your clinical opinion, that the condition may be related to military service.

When utilising Choose and Book, GPs are asked to refer normally and select the correct appointment priority based upon the patients medical condition (routine / urgent or 2 week wait) including veteran details in the referral letter (refer: <http://www.chooseandbook.nhs.uk/staff/communications/fact/Armed-Forces.pdf>)

Where secondary care clinicians agree that a veteran's condition is likely to be service-related, they are asked to prioritise veterans over other patients with the same level of clinical need. However, and as set out in David Nicholson's letter of December 2007, it remains the case that veterans should not be given priority over other patients with more urgent clinical needs.

In order to ensure continuity of care, it is anticipated Defence Medical Services will commence direct transfer of medical records to GPs when individuals leave the Armed Forces. GPs and practice nurses are asked to include as a minimum the "History Relating to Military Service" code (Read: Code Xa8Da or SNoMed CT: 302121005) against all known veterans within the practice.

If you have any queries about this letter, please contact:
DoH.ArmedForcesNetworks@nhs.net

Yours sincerely

A handwritten signature in black ink that reads 'Liam Donaldson'.

Sir Liam Donaldson KB
Chief Medical Officer