

Health and Wellbeing Board 25 May 2017

SHROPSHIRE ARMED FORCES COVENANT IN HEALTHCARE

Responsible Officer

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1.0 Summary

The key principle of the Armed Forces Covenant is to remove disadvantage to armed forces personnel, their families and veterans. Forces personnel are unique in that they have little or no choice over where they live and work and this affects where their families live and work and where they eventually resettle once their time in HM Armed Forces is over. Disadvantage in access to health and social care services arises mainly from the impact of mobility and separation due to deployment, training and families who live apart.

Mobility and Separation may affect families' access to health and social care service and continuity of care. Changes in availability and eligibility criteria for services in different areas and access to informal and community support networks can also create challenges.

This paper sets forward key principles to which the H&WB Board are expected to adhere to, and where possible, undertake recommendations in line with national best practice and Government guidance.

2.0 Recommendations

- Discuss and consider how the Board can support veterans and their spouses in accessing NHS dentistry;
- Promote the national Armed Forces Covenant e-learning package for all health staff within Shropshire;
- Consider and promote the practical examples of identifying a veteran within health services across Shropshire;
- Ensure those within the military community, including spouses and veterans moving in to Shropshire have the opportunity to have their place on any NHS waiting lists moved with them;
- Ensure GP's are aware of the process when serving personnel are on leave and accessing primary healthcare.

3.0 Risk Assessment and Opportunities Appraisal

There is no risk implied within this report. The opportunity to create fairer policies and procedures to ensure the armed forces community are treated fairly adheres to the equalities act 2010 in that it supports the armed forces community from discrimination given their time in service.

All recommendations have been made in line with national best practice and guidance on the Armed Forces Covenant from a range of sources including the Royal British Legion, The Forces in Mind Trust and central government.

4.0 Financial Implications

There are no financial implications identified within this report. Officer time will be required to see through the recommendations.

5.0 Background

The Armed Forces community comprises current serving personnel, their families, and military veterans and their families; Reservists are considered serving personnel when mobilised or training, and veterans when not carrying out military duties. Whilst many aspects of health need are the same as other members of society, there are sometimes significant differences from other patients and particularly conditions attributable to life in the services and the overall impact of military life upon the family. These differences are sometimes reflected in the way in which healthcare is delivered, the range and types of services and the long-term impact upon the patient and their family.

It is vital that all health workers understand the context of military life and also how to appropriately respond to patient need.

The NHS has nationally signed up to the Covenant and has pledged that where appropriate, veterans are prioritised when referred, or ensuring that families of serving personnel are not disadvantaged by losing their place on waiting lists. Family members should not be disadvantaged by losing their place on hospital waiting lists, due to frequent moves. Family members should retain their relative position on any NHS waiting list, if moved around the UK due to the Service Person being posted, subject to clinical need.

A national issue on this topic is the identification of the military community within NHS and health services. Ensuring health organisations ask if patients/service users have an Armed Forces connection is vitally important, especially given the range of non-statutory signposting opportunities available to these individuals/families.

5.1 Access to NHS services, including GP's

A Service Personnel

Members of the Armed Forces are entitled to NHS care in the same manner as other UK citizens. However there are some significant differences in the ways in which healthcare is sometimes provided and the explicit requirement for the Defence Medical Services (who ultimately have responsibility to provide healthcare for service personnel) to consider the impact of any illness or injury on the ability of the person to be able to do their job (occupational health).

Service personnel are removed from GP lists when they join the services. Primary care is instead provided for service personnel by the Ministry of Defence (MoD). However, veterans and families of service personnel remain the responsibility of the NHS.

Military personnel do however access NHS primary care when on leave (including out of hours services); however, in all cases (apart from reservists) their normal GP remains their military GP. The H&W Board are expected to ensure all GP's are aware of this process as there have been a number of issues over the last 24 months on this topic. This is key as military personnel can only register with an NHS GP as a temporary resident with a requirement for the NHS GP to liaise and communicate with their military doctor.

B Veterans/ex-service personnel

Veterans may have specific health related issues from their time in service such as depression and alcohol misuse. Forces personnel are not only stationed in high profile areas such as Afghanistan, it is important to remember that there are armed forces deployed in overseas territories all over the world.

A key theme throughout the Covenant is the need to identify Veterans. There are several practical ways to identify veterans which should be promoted throughout Healthcare services in Shropshire, including;

- If the patient mentions that they are a Veteran, record this prominently in the records, using an appropriate Read Code.
- Consider including a question about veterans in patient questionnaires. Some ex-service personnel may not consider themselves 'veterans', so ask: "Have you ever served in the armed forces?"
- Create a register of veterans which will enable you to perform clinical audits and case analysis
- If a condition that might be related to previous service is diagnosed (e.g. alcohol abuse, mental health problem, musculoskeletal problem), ask the patient if they are a Veteran and record this.
- When referring a patient, ask if they are a veteran and, if the patient agrees, include this information in the referral.
- Consider using practice/hospital posters, websites and leaflets asking veterans to identify themselves to the reception team.

C Family members of Service personnel

Additionally, many families do not realise that, when they register with their GP, they should inform the practice that a family member is a veteran, because there may be extra health and social care support available to them. It is therefore important that healthcare professions are proactive in acquiring this information from the individual or family

Under the Armed Forces Covenant, the family members of the serving person are to be treated like they are currently serving themselves. These individuals should have the same rights and access to services through policies and procedures as their serving family member. E.g. If moving to Shropshire and they are currently on a waiting list elsewhere in the UK for a certain operation, the SATH NHS Trust (as an example) must make every effort to place the individual in the same place on their own waiting list for the same procedure.

5.2 NHS Dentistry

The Armed Forces Covenant partnership understands that some military families and transitioning Veterans (those leaving HM Armed Forces) have experienced or will experience problems with registering with a NHS dentist in Shropshire. We are also aware that orthodontic treatment can involve long waiting lists and is subject to local area variations. This can result in disrupted service provision due to frequent moves.

Some of the issues we are aware of include:

- Ability to access NHS dentists in Shropshire– for Veterans who have received dental care through their military organisation, they have long given up their previous access to dentistry. Many Veterans will have to re-register at their new local dentists but may be told dental surgeries are no longer adding to their waiting lists.
- Dentist not accepting NHS patients – For service spouses who lead a transient lifestyle it can become extremely difficult to access services with many travelling back to an old residence as they are still able to access services rather than at their new home.
- Waiting list times for orthodontic treatment – we are aware of some families experiencing long waiting list times for orthodontic treatment. There have also been issues with transferring waiting list times upon moving from Shropshire to another area, or when moving in to Shropshire.
- Continuity of orthodontic treatment –some families have experienced problems with continuing the orthodontic treatment their child is having when they move to another area

6.0 Additional Information

The Armed Forces Covenant has clear guidance that anyone within the Armed Forces community must not be disadvantaged given their service to the country. The Ministry of Defence (MOD) have worked across Government departments to install new policies and procedures nationally to ensure the Armed Forces community are treated fairly. An example within education is that the law now states that there must not be more than 30 children in a class. However, there are a few circumstances in which an additional child or children may be classed as an 'exception' and the class size allowed over 30. One such example is if a child is the son/daughter of a serving member of HM Armed Forces.

Locally, Shropshire Council & other public organisations have a clear mandate from Government under the Armed Forces Covenant to modify policies to ensure service personnel are treated fairly. This has been achieved most notably through the Shropshire Affordable Housing Allocation Policy & Scheme under the section 'Former Members of the British Armed Forces'. The policy targets 5% of all affordable homes to Armed Forces personnel so long as they meet the eligibility criteria. This is in recognition that many who serve upon transitioning (leaving the forces) lose both their job and potentially their home (service accommodation). This policy ensures the transitioning forces personnel are treated with priority to support them in their time of change.

These examples of Government and Local authority policies are evidence of a wider understanding of military life and some of the difficulties in accessing services individuals and families within this community may face.

7.0 Conclusions

Through the Armed Forces Covenant, there is a clear mandate with practical examples of how health organisations must ensure the armed forces community is not disadvantaged and treated fairly given the uniqueness of life in the Armed Forces.

The Shropshire Armed Forces Covenant partnership is chaired by Shropshire Council and attended by all Shropshire military organisations, service charities and veteran groups and associations. The partnership have provided several recommendations they feel should be adhered to which would support individuals and families in Shropshire.

The delivery of the recommendations in the report should be done in full collaboration between the H&WB board & the Armed Forces partnership to ensure a clear line of communication back to service users and the armed forces community.

List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)
The Armed Forces Covenant Meeting the Healthcare needs of Veterans in England FiMT – Our Community Our Covenant Report
Cabinet Member (Portfolio Holder) TBC
Local Member n/a
Appendices