



Shropshire Clinical Commissioning Group



## Health and Wellbeing Board 18 January 2018

### SHROPSHIRE ARMED FORCES COVENANT UPDATE

#### Responsible Officer

Email: Sean.mccarthy@shropshire.gov.uk Tel: 01743 255933

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#### 1. 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, which 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 services 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 Health & Wellbeing Board are expected to adhere to and, where possible, undertake recommendations in line with national best practice and Government guidance.

#### Recommendations

- H&WB Board to promote the use of Veterans Gateway to Commissioners, Primary Care, Acute Trusts and Private Sector Care Providers.
- Ensure GPs and Practice Managers are aware of the signing up process for Reservists and the role they play in signing off the Recruiting Group Medical Declaration Form.
- Director of Public and the Chair of the Armed Forces Covenant Partnership to write to Local Medical Committee to see if a way forward could be agreed to improve the length of time it takes for a Recruiting Group Medical Declaration form to be completed.

# REPORT

## 2. Purpose of Report

The purpose of the report is to update the H&WB Board on the progress of the Armed Forces Covenant.

## 3. 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 is 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.

## 4. Financial Implications

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

## 5. Covenant Update

### 5.1 Access to NHS Services, including GPs

#### 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 provided instead 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 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&WB Board is expected to ensure that all GPs 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.

Part of the recruitment process into the Army Reserves is the completion of a medical form known as Recruiting Group Medical Declaration (RGMD). The RGMD is sent to a new candidate's GP by the National Recruiting Centre (NRC) through the post and is completed and returned to the NRC. The RGMD is sent out at a very early stage in the recruitment process, normally within the first or second week, to allow time for the form to be completed and returned and to prevent any delays in the candidate progressing through to attestation into the Army Reserves. Within Appendix 1, you will see an example of the time it has taken for the RGMD to be processed.

The length of time it takes for the form to be completed by some GP surgeries is unacceptable and, in some cases, applications have been withdrawn due to the candidate's form not being received by the NRC.

This service is not commissioned by the NHS and GP practices are paid directly by the Army to complete these forms (hence the contract lies between the individual practice and the Army). In the first instance, we have advised the Recruiting Officer to contact the various Practice Managers from surgeries that they are having problems with.

The Health and Wellbeing Board will help to promote the National Armed Forces Covenant e-learning package to all health staff within Shropshire.

### Veterans/Ex-Service Personnel

Veterans may have specific health-related issues from their time in service such as depression and alcohol misuse. In Shropshire, we are aware of some 7,000 veterans. The Royal British Legion is currently running a project called Remember Veterans, which is looking to get a more accurate picture of how many registered veterans there are throughout the county.

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.

The H&WB Board endorses finding practical ways to identify a veteran within health services in Shropshire.

### 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 professionals 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 as though 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. For example, 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.

The H&WB Board endorses that those within the military community, including spouses and veterans, moving into Shropshire have the opportunity to have their place on any NHS waiting lists moved with them.

## **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 an 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.
- Dentists 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 where 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 into 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.

The Director of Public Health wrote to the Local Dentistry Community and NHS England on 11th October 2017 to highlight the issues that serving personnel and their family members are experiencing when trying to access Dentistry services. A copy of this letter can be found within Appendix 2.

On 24th October 2017, the Director of Public Health received a response to his letter from Darrell Jackson Primary Care Lead and a copy of this letter can be found within Appendix 3.

## **6. Employer Recognition Award**

On the 9<sup>th</sup> October, Shropshire Council was presented with the Gold Employer Recognition Award. This was presented to Shropshire Council by His Royal Highness Prince Henry of Wales and the former Secretary of State for Defence, Sir Michael Fallon. This award was given in recognition for the work that Shropshire Council has done in support of the military community in Shropshire. The award highlights the many changes that the Council has made to internal policies to better support military personnel and their families.

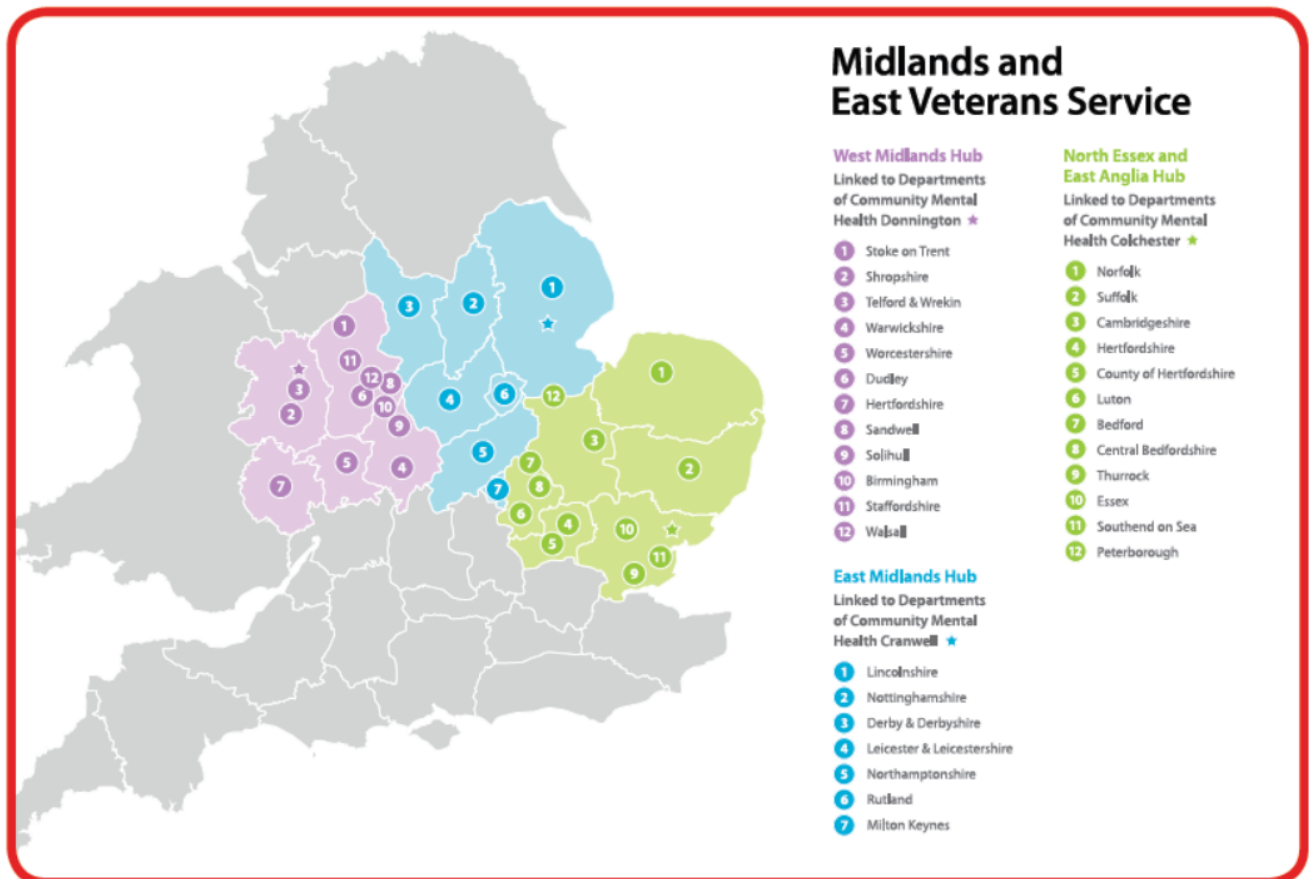
## 7. Veterans Mental Health Service – NHS Transition, Intervention and Liaison (TIL)

NHS England has commissioned a new Transition, Intervention and Liaison Service for those leaving the Armed Forces (in transition) and any Veteran of HM Armed Forces. The Midlands and East regions service is a unique collaboration of three NHS Trusts, Coventry and Warwickshire Partnership NHS Trust (CWPT), Lincolnshire Partnership Foundation NHS Trust (LPFT), and Essex Partnership University Foundation NHS Trust (EPUT) and two credible charities, Mental Health Matters (MHM) and Walking with the Wounded (WWTW).

The veteran's hubs are staffed by highly skilled clinicians, many of whom are veterans or ex-MOD Civil Servants. They are able to ensure a culturally sensitive service and have extensive knowledge of the additional charities and organisations that work with military veterans

We have one main single point of entry telephone number which is 0300 323 0137. We accept self-referrals, as well as referrals from professionals, GPs etc. For referrals in the Shropshire area, we run a regular clinic where any referrals are then booked in and seen locally.

Area covered by TIL Service



## 8. Service Charities

The Covenant currently works with the following service charities: Royal British Legion (RBL), Soldiers, Sailors, Airmen and Families Association (SSAFA), Blind Veterans UK, Help for Heroes, Combat Stress, RAF Benevolent Fund, RAF Association, RAF Families Federation, Soldiers Charity and the Army Families Federation.

## 9. Covenant Operation Groups

The Covenant Operations group meets every month to discuss specific individuals who are in need of support. The meeting is attended by RBL, SSAFA, Help for Heros, Enable, Shropshire Council Housing, Strengthening Families, Blind Veterans UK, Army and RAF welfare representatives and Combat Stress. The purpose of these meetings is to discuss issues that current serving personnel and veterans may be experiencing. These issues may be homelessness, ill health, family separation, those at risk of offending, financial issues, legal etc. Each individual is signposted to a particular service charity or organisation that can support them with their problem.

## 10. Covenant Strategic Group

This group meets once a quarter. Its purpose is to receive updates from the organisations and service charities that attend and report on the work in which they are involved. This is also a forum for sharing good practice. During these meetings, there is discussion on some of the wider issues and challenges facing the Armed Forces that the Covenant can help with, for example the redevelopment of Cophthorne Barracks, the relocation of 1 Royal Irish and future use of their base, support for Armed Forces Day, RAF 100 celebrations etc.

## 11. 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 has 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.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<a href="https://www.veteransgateway.org.uk/">https://www.veteransgateway.org.uk/</a>
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<b>Cabinet Member (Portfolio Holder)</b>
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Joyce Barrow
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<b>Local Member</b>
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<b>Appendices</b>
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Recruiting Group Medical Declaration Timeline (Appendix 1)
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Armed Forces Covenant letter to LDC NHS England (Appendix 2)
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DJ Letter to Rod Thompson Director of Public Health Shropshire Council (Appendix 3)
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