

NEWSLETTER

Supporting our Armed Services, their families and Veterans

Introduction by Chris Long Chief Executive of Hull Teaching Primary Care Trust and member of the Ministry of Defence/UK Departments of Health Partnership Board



Over this past year, we have seen a lot of activity from government, media and others highlighting the need to ensure that the health service in England continues to deliver the right services to our Armed Forces, their families and veterans. As the Prime Minister made clear in his forward to the Ministry of Defence Command Paper, [‘The Nation’s Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans’](#) -

“Our Armed Forces are second to none. The demands we impose on them in the course of their duty are unique. These obligations set them apart from others who serve and protect society. Their hardships are felt by their families and by many veterans too. I am determined to ensure that they are fairly treated.”

As an ex-soldier, I am very conscious of the demand put upon those who serve in the military and the impact this can have on their families. I am also very much aware that in some cases, those leaving the forces can suffer from ongoing medical conditions that call upon the services of the NHS and others. The purpose of this newsletter is:-

- to highlight the health commitments in the Command Paper and what is being done;
- provide reference points to guidance material that is available to help you;
- update you on other related issues;
- give you key contacts within the Department of Health, Ministry of Defence and PCTs.

The issues in this Newsletter remain a focus for the MoD/UK Departments of Health Partnership Board and the Working groups that report to it. I met with

many of you earlier this year when we discussed a number of these issues and I hope you find this Newsletter a useful update on activities since that meeting.

I am, of course, very happy to discuss any of these issues with you – please e-mail me at christopher.long@hullpct.nhs.uk



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Delivering the health commitments in the Command Paper

There are seven health related commitments in the Command Paper.

1. Continuation of the Military Ward in Birmingham
2. Prosthetic Limb Provision
3. Access to NHS Dentistry
4. NHS waiting list – retention of place
5. NHS-delivered IVF
6. Veteran' Health Needs
7. Roll-out of Community Mental Health following pilots

When looking at these commitments you may wish to consider how you can best deliver these within in your own PCT. I would certainly be very interested to hear of initiatives that you have put in place or intend to carry through in relation to these.

Continuation of the Military Ward in Birmingham

The Ministry of Defence (MOD) are in the lead in taking this forward with University Hospital Birmingham NHS Trust. A military ward has already been established in the current hospital at Selly Oak and this proposal is to ensure that there will be a new trauma and orthopaedics military ward within the Birmingham New Hospital when it opens, this is currently scheduled for 2010.

Prosthetic Limb Provision

The commitment here is to ensure that service personnel leaving the military are, under the Responsible Commissioner provisions, provided continuity of care. The MOD is currently working with a number of provider units to prepare them to maintain and replace the prostheses of a small number of amputees who will be discharged from the Armed Forces over the coming years. If the clinical need remains, good clinical practice would make it appropriate for these ex-Service personnel to have their current prostheses maintained in the NHS - whether or not they are of a type that the NHS would have provided - and for appropriate replacements to be provided that continue to meet their individual needs. Assessment of clinical needs should cover the psychological as well as the physical/functional aspects. It is important, therefore, that the commissioning of prostheses services in PCTs should allow for ex-service personnel to get their prostheses maintained and replaced appropriately on the NHS.

Access to NHS Dentistry

Service mobility and the frequent need to find an NHS dentist in the new location can make access to dentistry difficult for service families. The Department of Health (DH) and MOD are working with the 15 PCTs that have the largest number of Armed Forces personnel and dependents, to look at ways of making sure that the needs of the Armed Forces dependents are met. The focus first is on access to NHS dentistry, as this is the issue that provokes the greatest number of complaints among dependents. I know that some PCTs are already in discussion with MOD at a local level to see how this can be progressed. [The Primary Care Contracting website](#) contains information on this issue, and the intention is for PCTs to share good practice through this.

NHS Waiting List – Retention of Place

The commitment here is to ensure that when patients move across the UK, previous waiting time will be taken into account with the expectation that treatment will be within national waiting time standards. It is important, therefore, that NHS organisations have processes in place to ascertain how long patients who move have waited already - and to treat these patients without unnecessary delay according to their clinical need. In line with this, and as set out in the [Operating Framework](#) (see paragraph 3.15), guidance has been issued setting out the minimum data set that should transfer with patients who transfer between providers whilst on a referral to consultant-led treatment pathways.

NHS-delivered IVF

The MOD recognises that the frequent mobility of service personnel and their families can undermine IVF treatment. The MOD will therefore ensure that

those undergoing IVF treatment do not move until the cycle of treatment is complete.

Veterans' Health Needs

There is a question around whether the health needs of veterans' differ from others in the population generally. It is felt that most healthcare professionals do not have direct knowledge of the Armed Forces and may therefore not be sensitive of their particular needs. DH, with MOD, will be looking at what can be done to raise awareness of veterans' issues – publications such as this Newsletter is designed to help raise awareness across the NHS. You may well be aware of the Roll-out of **Community Mental Health Pilots**. Pilot schemes are underway to provide NHS led veterans' community mental health services in six locations across Great Britain. Taking into account the lessons learned from formal independent evaluation of these pilots, best practice will be identified and rolled out nation wide. In addition, veterans will be a designated special Interest Group in the DH Improving Access to Psychological Therapies project.

Other issues

Volunteering

Volunteering to support the Armed Forces is supported both in *The Nations Commitment: Cross-Government Support to our Armed Forces, their Families and Veterans* and through the *DH Improving Working Lives: the value of supporting staff who volunteer*. Both the Armed Forces, the volunteering individual and the employer gain from these experiences – be this through intense clinical exposure, through to excellence in leadership development and the camaraderie that develops through the experience. There are a number of ways individuals and employers can support this volunteering.

Volunteer Reserve Forces

The Volunteer Reserve Forces (VRF) are fundamental to the UK's overall military capability. The VRF are made up of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Territorial Army (TA) and the Royal Auxiliary Airforce (RAuxAF). The VRF are not designed to replace our regular service personnel, rather support and complement the work they do as well as performing their own specific roles.

NHS Support to Operations

The Defence Medical Services Department (DMSD) has recently engaged with the NHS and identified a way forward which will also allow interested NHS employed medical personnel to volunteer to serve with and provide medical care to the injured alongside Defence Medical Services personnel, without joining the military or the uniformed reserves. The initiative has been labelled as 'National Health Service – Support to Operations' (NHS-S2O). It will be targeted at both doctors and nursing personnel in those clinical

specialities that will periodically be identified by the DMSD. This initiative is advantageous to both parties as it brings specialist NHS staff into theatre and helps to reduce the time away from home (and UK hospitals) for military medical personnel, whilst at the same time allowing civilian medical colleagues to experience the unique operational medical environment without the commitment to continuing reserve service that might be a disincentive to some. Considerable emphasis is being placed both on the professional development of clinical leaders in these deployments, as well as the life experience they will undergo.

The initiative is being run as a pilot and MOD and NHS staff are now working with teams from across the MOD on the pay, vetting and training procedures that will be required to introduce a mechanism that will allow this to happen, and to consider the employment, legal and resource implications.

Supporting Volunteers

SaBRE – Supporting Britain’s Reservists and Employers – Is an impartial body created by the MOD to provide employers with all the information they need, from Reservists’ training obligations to employers’ legal rights and responsibilities. Information is available through their website (www.sabre.mod.uk) and the telephone helpline (0800 389 5459). Also, SaBRE’s network of regional contacts can provide information on a local basis – contact details on the website.

Useful documents and contacts

The following links will take you to background documents providing further advice and guidance on dealing with the Armed Forces, their dependants and veterans:-

[DH letter to SHA Chief Executives](#) – This provides good background guidance on many aspects relating to armed services, their dependants and veterans

[Health Service Guidance](#) - Covering arrangements between the Ministry of Defence and the NHS

[Delivering our Armed Forces Healthcare Needs](#) : A Concordat between the UK Health Departments and the Ministry of Defence

[Priority Treatment for Veterans](#) – Letter from David Nicholson outlining arrangements for this.

If you would like to discuss any of these issues further with DH or the MOD, I suggest that in the first instance you contact:-

DH – dave.rutter@dh.gsi.gov.uk

MOD – vicky.reeds160@mod.uk