

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

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**Title: Armed Forces Covenant - Healthcare Priority for Veterans**

**Date of Review: September 2020**

**For Action by:**

Health Board Chief Executives  
NHS Trust Chief Executive  
Health Board Vice Chairs  
Health Board Veteran and Armed Forces Lead  
Executive

**Action required by: Immediately**

See paragraph 5.1 – 5.7.

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**Enclosure(s):** can be accessed through hyperlinks

## Armed Forces Covenant - Healthcare Priority for Veterans

### 1. Summary

- 1.1. All Armed Forces veterans are entitled to receive priority access to NHS care (including hospital, primary or community care) for any conditions (mental and physical) which are likely related to, or resulting from their military service (service related). This priority is over patients with a similar level of clinical needs and **ONLY** for service related conditions. Veterans should not be prioritised over those with a greater clinical need. This guidance does not apply to GP appointments

### 2. Action

- 2.1. **Health Boards and NHS Trusts** - To raise awareness among GPs, consultants, allied health professionals and administrative staff, when making referrals for diagnosis or treatment, or arranging waiting lists, of the Armed Forces Covenant regarding a commitment to provide priority treatment for veterans suffering from health conditions directly related to their Service.

### 3. Background

- 3.1. This circular is to update and clarify guidance on **Priority Treatment and Healthcare for Veterans (WHC (2008) 051)** and to reaffirm the Armed Forces Covenant commitment.
- 3.2. The Covenant sets out the relationship between the Nation, the State and the Armed Forces. It recognises that the whole nation has a moral obligation to members of the Armed Forces and their families, and it establishes how they should expect to be treated.
- 3.3. In 2015 the Ministry of Defence estimated there were 149,000 veterans living in Wales, roughly 6% of the population. This means an average GP practice could have around 450 veterans registered, with a greater concentration in places with large barracks.
- 3.4. Most veterans will have health and social needs in common with the general population. However, some will have physical or mental conditions directly related to their military service.

### 4. Definition

- 4.1. A veteran is anyone who has served for at least a day in HM Armed Forces, (Royal Navy, Army, Royal Marines or Royal Air Force) whether as a regular or as a reservist or Merchant Navy Seafarers and Fishermen who served in a vessel at a time it was operated to facilitate military operation by HM Armed Forces.
- 4.2. They may have served for one day or more than 40 years, been any of a wide range of trades or professions and served almost anywhere in the world.

- 4.3. Many veterans have never been in combat and some have left before completing training. However many will have been involved in intense, hazardous and highly stressful operations, including participation in recent combat operations.

## 5. Guidance

- 5.1. GPs referring a patient they have identified as a veteran, or who they know to be a veteran, are asked to consider if, in their clinical opinion, the condition may be related to the patient's military service.
- 5.2. Where this is the case, with the patient's agreement, the veteran status should be made clear in the referral using a consistent clinical code or clinical phrase.
- 5.3. Where consultants or allied health professionals agree, that on the balance of probabilities, the veteran's condition is related to the patients' service, they have been asked to prioritise veterans over other patients with the same level of clinical need.
- 5.4. Priority treatment **ONLY** applies to conditions which are service related. Veterans will not be given priority over other patients with more urgent clinical needs.
- 5.5. For onward referrals between consultants or allied health professionals, those referring should indicate the veteran status in that referral.
- 5.6. When referring a veteran for further care, the following wording may be used to request priority treatment:
- 5.7. *This patient is an Armed Forces veteran. I consider that his/her current condition may be related to military service. This referral should be considered for priority treatment under Welsh Health Circular WHC (2017) 41.*

## 6. Identification / Ask the question

- 6.1. Identifying the individual as a veteran can help with the appropriate prioritisation of access to services and ensure that potential mental and social issues are explored. The veteran status of an individual may not be known to a health or social care worker, and the individual may not consider it relevant to disclose. Where appropriate ask, "**have you ever served in the Armed Forces?**" as some ex-service personnel do not consider themselves veterans.
- 6.2. Further questioning may allow other sources of support to be signposted and the health and well-being can be seen in context.
  - Which service were you in – Army, Royal Navy, Royal Marines, Royal Air Force?
  - For how long did you serve?

- How long ago did you leave?
- What was your job?
- Where in the world did you serve?
- Did you have any health problems whilst you were serving, or after you left?

6.3. The GMS1W registration form has been updated to include this question.

## **7. Record the veteran status**

7.1. We asked GPs in Wales to include a consistent clinical code in their patient's electronic record, either 13q3 Served in Armed Forces or Ua0T3 Served in Armed Forces.

7.2. The implementation of Snowmed CT across Wales will provide a means for collecting consistent representation of clinical phrases, automatic interpretation of these and support the sharing of appropriate information with others involved in delivering care.

7.3. If the patient does not want the GP to record their veteran status, the information should not be included.

## **8. Resources**

8.1. Welsh Government has funded the development of a Continuous Professional Development for General Practitioners resource to help health workers better understand the specific health and wellbeing issues that apply to veterans and their families. This resource is available on the Wales Deanery website.  
<https://gpcpd.walesdeanery.org/index.php/veterans-health-wellbeing>

## **9. Related information / Links**

### **9.1. Previous guidance**

9.1.1. A link to the previous guidance WHC(2008)051 Priority Treatment and Healthcare for Veterans is attached here.  
[www.wales.nhs.uk/documents/WHC\(2008\)051%20full.pdf](http://www.wales.nhs.uk/documents/WHC(2008)051%20full.pdf)

### **9.2. Armed Forces Covenant**

9.2.1. The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly and with respect in the communities, economy and society they serve with their lives. <https://www.armedforcescovenant.gov.uk/>

9.2.2. Building on the Armed Forces Covenant, the Welsh Government's Package of Support document - 'Giving and Receiving – Supporting and Investing in our Armed Forces Community in Wales' details what support is available to the Armed Forces community in Wales with devolved services.

<http://gov.wales/topics/people-and-communities/communities/safety/armedforces/package-of-support/?lang=en>

### **9.3. Veterans NHS Wales**

- 9.3.1. Veterans Wales is a NHS service for veterans in need of mental health support.
- 9.3.2. Each health board in Wales has appointed an experienced clinician as a Veteran Therapist (VT) with an interest or experience of military (mental) health problems. The VT will accept referrals from health care staff, GPs, veteran charities and self-referrals from ex-service personnel. The appropriate VT can be contacted by going to the health board page on the Veterans NHS Wales website. <http://www.veteranswales.co.uk/>
- 9.3.3. Appointments will be arranged as close to the veteran's home as possible in a suitable venue. The service is not able to respond to emergency referrals.
- 9.3.4. Following assessment, a veteran may be offered therapy by the VT or referred on to other NHS teams or departments for further treatment. The VT will also refer to veteran charities for help with debt management; benefits and war pension/armed forces compensation claims as indicated.

### **9.4. Champions**

- 9.4.1. Champions for veterans and Armed Forces have been established in every health board and NHS Trust in Wales. They advocate for veterans and Service personnel to ensure their needs are reflected in local service plans. Champions are non-Executive LHB members and are supported by a lead Executive Director in their role.
- 9.4.2. A list of Armed Forces and Veterans Champions can be found on the Welsh Government web site.  
<http://gov.wales/docs/dhss/publications/170116veteransen.pdf>

### **9.5. Veterans Gateway**

- 9.5.1. Veterans' Gateway provides a single point of contact for veterans seeking advice and support. This includes advice from a range of organisations, covering issues from employment, finances and housing, to independent living, mental wellbeing, physical health, and families and communities.
- 9.5.2. Veterans can telephone the service 24 hours a day, 7 days a week on 0808 802 1212 or text their details to 81212 and an advisor will be in touch as soon as possible. Veterans can also talk to an advisor by e-mail or Live Chat via Veterans Gateway web site:  
[https://support.veteransgateway.org.uk/app/get\\_help](https://support.veteransgateway.org.uk/app/get_help)

### **9.6. Accessing support for living with limb loss in Wales**

- 9.6.1. Losing a limb in Service can leave a veteran feeling overwhelmed with the changes to their body and way of life. If a veteran, registered with a GP has had an amputation they will be eligible to attend an NHS Limb Centre where their mobility needs will be assessed. This will be provided free of charge where applicable, based on clinical need. When prosthetic limb provision is supplied to Service personnel by the Defence Medical Welfare Service this is often leading edge technology. The Welsh Government has committed that this will be matched post service. The GP or hospital that carried out the surgery can refer to the appropriate Limb Centre. There are currently three NHS Limb Centres in Wales located in Cardiff, Swansea and Wrexham.
- 9.6.2. The British Limbless Ex-Service Men's Association (Blesma) has a number of information leaflets relating to living with limb loss, which can be accessed via their website. <https://blesma.org/>

## **9.7. Household equipment and adaption**

- 9.7.1. A veteran's service related illness or disability may mean they need aids or adaptations to help them live independently at home. The local authority will provide an assessment of needs. An Occupational Therapist will assess the veteran and the home, and recommend the necessary adaptations or equipment.
- 9.7.2. The local authority may be responsible for paying for these aids and adaptations. The Royal British Legion can also offer support and advice to the veterans on the process and funding and grants for home adaptations. [http://support.britishlegion.org.uk/app/answers/detail/a\\_id/18/related/1](http://support.britishlegion.org.uk/app/answers/detail/a_id/18/related/1)