Become a veteran-friendly practice

Practices are encouraged to join a new national scheme to improve medical care and treatment for former members of the armed services. Dave Hancock explains what it could mean for practice managers.

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In July 2018, NHS England announced that GPs would be able to sign up to become a ‘veteran friendly’ practice, under a new scheme initiated by Mike Brookes, a GP in North Yorkshire. Dr Brookes, a veteran himself, came up with the idea for Military Veteran Aware Accreditation when a patient mentioned he had joined his practice to see someone who would understand his needs as a veteran. It was subsequently adopted by NHS England and the Royal College of GPs (RCGP) and, after a pilot in the West Midlands, is being rolled out nationally.

Background

The initiative is associated with the Armed Forces Covenant, an understanding of the mutual obligations between the nation, the army and individual soldiers. It states: ‘Those who serve in the armed forces, whether regular or reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services.’

Flowing from the so-called ‘no disadvantage’ commitment, all veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated to their time within the armed forces (service-related).

In 2010, Combat Stress (www.combatstress.org.uk), the UK’s leading military charity specialising in the care of veterans’ mental health, the Royal British Legion, which safeguards the welfare, interests and memory of those who are serving or who have served in the Armed Forces and the RCGP, produced a guide for GPs on meeting the healthcare needs of veterans. Military Veteran Aware Accreditation is additional to the range of NHS healthcare services tailored to veterans.

Military Veterans Accreditation

The RCGP Midland Faculty and NHS England launched a pilot to encourage GP practices in the West Midlands to become a veteran friendly accredited practice. Practices were invited to enquire about joining the pilot via their local Clinical Commissioning Group (CCG). When they did so, practices were sent information about the numbers of veterans in Great Britain (around 2.8 million, of whom 52% are 75 years or older) and how many service people become civilians each year (18,000, of whom 2,000 leave on medical grounds). They were also given the background to the pilot, including mention of the Armed Forces Covenant.

To apply, practices were requested to complete an application questionnaire to obtain information on how many practices were asking if patients were a military veteran at patient registration and were read coding veterans. Providing they had a good Care Quality Commission (CQC) rating, they were accredited and sent an information pack and certificate.

Ruth Bishop, Events Administrator at the RCGP, says: ‘There are no specific criteria to join the scheme. The questionnaire identifies what the practice might already be doing to identify veterans and what they already know about the services and pathways available. We didn’t want to make the application too difficult because there is no funding available and we wanted to encourage practices to take part. If they are not read coding already, we just request that they start asking the question in their patient questionnaire and then record...’
‘Divorced and separated veterans reported suffering from depression and anxiety in greater numbers than veterans in all other marital status groups’

this using the appropriate read code in their system.’ Around 90 of a possible 800 practices signed up for the pilot.

**Veterans’ lead**

To become accredited for both the pilot and the national scheme, GP practices are required to have a lead for veterans, who must in due course undertake dedicated training for the role. This person can be a GP or non-clinical member of the practice team. A military background or knowledge is preferable but not essential. There is no job description for the veterans lead but, put simply, they should be the go-to person in the practice who receives all the latest information, literature and training and disseminates it appropriately.

Ruth Bishop suggests veterans leads should access the Health Education England NHS Healthcare for the Armed Forces package for their initial training. According to the website, this e-learning programme is designed to help healthcare personnel to understand the context of military life and how to respond to patient need appropriately. There are six sessions, which each take around 20 minutes to complete (you can dip in and out). Health Education England also has a leaflet, Veterans and GP Practices: A Guide for GP staff. The RCGP held the first half-day training session in September dealing with mental and physical health of veterans, which was free for leads to attend. Combat Stress publishes research on its website covering topics such as effectiveness of treatment programmes, accessibility of treatment and the needs of the veteran community (see Box 1).

**The veteran cohort**

The Ministry of Defence has a detailed breakdown of veterans by gender, age, percentage in households, qualifications, employment and home ownership. Its annual population survey of UK armed forces veterans residing in Great Britain found no differences between veterans’ and non-veterans’ self-reported general health, and health conditions. For example, 35% of veterans and 36% of non-veterans aged 16–64, and 18% of veterans and 19% of non-veterans aged 65+ reported their general health as very good. However, veterans of working age (aged 16–64) who had previously smoked were significantly more likely to report suffering from chest and breathing problems, mental illness, or depression.

Other findings from the survey were that female veterans of working age were more likely (31%) than male working age veterans (21%) to report suffering from depression and anxiety. Such a trend is not as significant in the non-veteran population but mirrors the UK Armed Forces population. Divorced and separated veterans reported suffering from depression and anxiety in greater numbers (22%) than veterans in all other marital status groups (11%).

The proportion of veterans living in the GB regions may give practice managers an indication of the likely percentage of their patients who are veterans. More than 28% of veterans were estimated to be in the south-east and south-west regions of England. Wales, the West Midlands and East Midlands have 6–8% of the population as veterans. London and the north east have fewer than 6% and all other regions (East of England, Yorkshire and Humberside, the north west and Scotland) have 9–11% of the population as residents.
You can find veterans by county of residence as well as comprehensive health statistics on the Ministry of Defence website (Box 1).

Practice feedback
At the time of writing, two practices have joined the GP for Veterans Health Network – Askern Medical Practice in Doncaster and Mexborough Medical Practice (both part of AMP Healthcare).

Of those practices that took part in the pilot, Ruth Bishop says it was mainly practice managers who submitted the applications, although some also came from GPs, practice nurses and healthcare assistants. General feedback has been ‘really positive’ with many who have applied being from a military background. Ruth says: ‘Many have acknowledged that this is an area in their practice that needs to be improved and this scheme fits the bill perfectly’. The RCGP hopes the scheme will clarify local and national referral pathways and improve the service to patients who are veterans.

Application process
To obtain Military Veteran Aware Accreditation is straightforward and requires only a read code for veterans or statement that the patient has a military history. You can also ask whether new patients have ever served in the Armed Forces and nominate a veterans’ lead. The questionnaire states this should be a clinical person, but Ruth Bishop says they can be clinical or non-clinical. On that basis, every practice may as well apply, especially if it is in a region or county that has a high proportion of veterans.

After accreditation
As a practice manager, you may wish to do more once you have accreditation. How about adding healthcare information for veterans to your noticeboards, leaflet racks and on-screen messages? You may decide on a dedicated information point for veterans with contact details for Veterans UK and the Veterans Welfare Service, helpline numbers for organisations such as Combat Stress and your local Royal British Legion area office or high-street centre (Box 1).

You could add a selection of armed forces magazines to the reading material in your waiting area. You may wish to contact your local regiment, RAF station or Royal Navy shore establishment. Finally, once your veterans’ lead is conversant with their role, they could disseminate their knowledge among staff at a team meeting.

References