healthwatch Hertfordshire

Improving Healthcare Access for Veterans

Engagement: June - December 2020
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Executive summary

Hertfordshire Armed Forces Covenant Board

The Armed Forces Covenant is a promise from the nation that those who serve, or have served in the Armed Forces and their families are treated fairly, and face no disadvantage. Known locally as "Hertfordshire Heroes" the Hertfordshire Armed Forces Covenant Board aims to ensure this promise is delivered locally.

This project was comissioned by the Health Subgroup of the Hertfordshire Armed Forces Covenant Board, and funded by Hertfordshire Public Health.

Background

There is relatively little data on veterans in Hertfordshire, particularly in relation to their access issues or healthcare needs.

To address this gap, the Health Subgroup of the Hertfordshire Armed Forces Covenant Board approached Healthwatch Hertfordshire to investigate the healthcare needs and experiences of veterans in Hertfordshire, and to support the Health Subgroup in identfiying areas for future projects.

Methodology

The engagement ran from June – December 2020.

Veterans and NHS professionals were engaged throughout the project to ensure both perspectives were heard.

- **87** veterans completed the questionnaire
- **7** veterans took part in the online focus group and 1:1 in-depth interviews

- **8** local NHS organisations were interviewed – this included Hospital Trusts, Clinical Commissioning Groups and "Veteran Friendly" GP practices
- A **coproduction** event was held with veterans and NHS professionals to consider how services could improve experiences for veterans

Key findings

Most NHS services do not proactively identify veterans accessing their services. Where services do identify and record veterans, there is no consistent way of sharing this information with other services. This means veterans' healthcare needs and priorities are not fully understood, and this in turn can affect their access to priority treatment.

Veterans are often reluctant and/or not aware of the importance of sharing their military history with NHS services, preventing them from accessing support.

NHS services and veterans do not all agree on what 'priority treatment' for veterans means in practice.

Veterans can find it very difficult to access priority treatment, largely because NHS services are not always aware of this entitlement.

NHS services and veterans are often unaware of what services and support are available to veterans. This prevents NHS services from signposting and supporting veterans effectively, and veterans from being able to request support if they need it.

NHS services have expressed a clear commitment to working with the Health Subgroup to improve experiences for veterans.

1. About Healthwatch Hertfordshire

1.1. Healthwatch Hertfordshire (HwH) represents the views of people in Hertfordshire for health and social care services. We provide an independent consumer voice for evidencing patient and public experiences, and gathering local intelligence with the purpose of influencing service improvement across the county. We work with those who commission, deliver, and regulate health and social care services to ensure the people's voice is heard, and to address gaps in service quality and/or provision.

2. Introduction

2.1. The Armed Forces Covenant is a promise from the nation that those who serve, or have served in the Armed Forces and their families are treated fairly.[1] The Covenant states that those who have served in the Armed Forces should face no disadvantage compared to other citizens in the provision of public and commercial services, and that special consideration should be given where appropriate, especially for the injured and/or bereaved (Ministry of Defence, 2014).

2.2. In Hertfordshire, the Armed Forces Covenant Board[2] (HAFCB), promoted locally as Hertfordshire Heroes,[3] works in partnership to deliver the Armed Forces Covenant locally. It brings local authorities, businesses, military organisations, charities and NHS services, together in a shared commitment to ensure veterans and those in the Armed Forces face no disadvantage when accessing public services; honour the Armed Forces community for the sacrifices they have made, and integrate military and civilian communities.

2.3. The Health Subgroup of the HAFCB[4] was established in 2019, with the purpose of identifying issues for veterans accessing healthcare services in Hertfordshire, and to make recommendations to the HAFCB for how to work together to develop local solutions.

2.4. The Health Subgroup approached HwH to investigate and evidence the healthcare needs and experiences of veterans in Hertfordshire. The purpose of the work was to help inform the Health Subgroup in identifying and prioritising areas for future projects. The project was commissioned by the Health Subgroup and funded by Hertfordshire Public Health.

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[1] Ministry of Defence. (2014). Armed Forces Covenant: Guidance and Support. [Online]. Available from: https://www.gov.uk/government/collections/armed-forces-covenant-supporting-information

[2] At the time of publication, membership of the HAFCB comprised of: Hertfordshire County Council, Northwood Joint Headquarters, 254 Medical Regiment, Military Civilian Integration, Federations of the Army, Navy and Air Force, Royal British Legion, Soldiers, Sailors, Airmen and Families Association, Viewpoint, Ministry of Defence, East and North Hertfordshire Clinical Commissioning Group, Herts Valleys Clinical Commissioning Group, Hertfordshire Public Health, Department for Work and Pensions, Hertfordshire Constabulary, Hertfordshire Committee of the Reserve Forces and Cadets Association, East Anglia Reserve Forces and Cadets Association, East of England Veterans Advisory Pensions Committee, Stevenage Citizens Advice, Veteran's Support Group Abbotts Langley, Hertfordshire Chamber of Commerce, Hertfordshire Partnership University NHS Foundation Trust, Hertfordshire Community NHS Trust, Project Nova, District and Borough Councils.

[3] For more information about Hertfordshire Heroes please visit: www.hertfordshireheroes.org/hertfordshire-heroes.aspx

[4] At the time of publication, membership of the Health Subgroup comprised of: Hertfordshire County Council, Hertfordshire and West Essex Integrated Care System, Broxbourne Borough Council, Northwood Headquarters, Hertfordshire Committee of the Reserve Forces and Cadet Association, Royal British Legion, Citizens Advice, Viewpoint and East of England Veterans Advisory Pensions Committee.

3. Background

3.1. Healthcare needs of veterans: The national context

3.1.1. The Ministry of Defence's Annual Population Survey in 2017, found overall, there were no differences between veterans' and non-veterans' self-reported general health. However, veterans aged 35-49 were significantly more likely to report problems relating to their back or neck, legs or feet, and arms or hands compared to non-veterans. Veterans were also more likely to have ever smoked.[5] Other studies show that veterans may be at a greater risk of alcohol dependency, trauma related mental health issues, cancer, obesity, hearing loss, as well as a larger number of physical health conditions.[6]

3.1.2. Fulton et al. (2019)[7] carried out a study which asked veterans about their healthcare needs, information provision, and barriers to accessing health and social care services. They found that veterans and their families wanted more information about specialist support for veterans, the local healthcare services available to them, and how to access those services. The study also involved interviewing NHS professionals to assess their knowledge of the Armed Forces Covenant and their responsibility in supporting it. They found that only 35% of staff that participated reported a good understanding of the Covenant, and what they needed to do to uphold it.

3.2. Barriers to accessing healthcare: The national context

3.2.1. Potential barriers to accessing healthcare for veterans include stigma around seeking help. Fulton et al. (2019) found evidence to suggest that stigma amongst the veteran community when seeking support led to reluctance to access healthcare services. Supporting this, a study by Iverson et al. (2011)[8] showed stigma to be especially apparent when considering mental health issues, with some veterans stating that they thought their employer would blame them for their problems. Other barriers noted in the study included not knowing where to find help and not being able to have time off work for treatment, although these barriers may not be exclusive to the Armed Forces Community.

3.3. National accreditations for NHS services

3.3.1. The Royal College of General Practitioners (RCGP) is working with NHS England and NHS Improvement to accredit GP practices as "Veteran Friendly[9]" with the aim of improving NHS care for the Armed Forces Community. Being accredited means a GP practice can better identify and treat veterans, refer veterans to dedicated NHS services, and capture better epidemiological data to improve future health

[5] Ministry of Defence. (2019). Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2017 [online] Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774937/20190128_-_APS_2017_Statistical_Bulletin_-_OS.pdf

[6] Ashwick R, and Murphy, D. (2019). Exploring the health risks of help-seeking military veterans living in different parts of the UK. Journal of the Royal Army Medical Corps. 164(1): 8-14 Available from: https://www.kcl.ac.uk/kcmhr/publications/assetfiles/2017/Ashwick2017a.pdf

[7] Fulton et al. (2019). Transition from service to civvy street: the needs of armed forces veterans and their families in the UK. *Perspectives in Public Health*. 139(1): 49-58. Available from: https://journals.sagepub.com/doi/pdf/10.1177/1757913918785650

[8] Iverson et al. (2011). The stigma of mental health problems and other barriers to care in the UK Armed Forces. BMC Health Services Research. 11(31) Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3048487/

[9] For more information on the criteria for GP practices to become 'veteran friendly' accredited, please visit: https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/veteran-friendly-gp-practices.aspx

provision. It also means that the NHS is more able to meet the health commitments of the Armed Forces Covenant.

3.3.2. The Veteran Covenant Healthcare Alliance (VHCA) is also working with the NHS to accredit Hospital Trusts as "Veteran Aware[10]" to improve standards of care for veterans. Benefits of the accreditation include: signposting and referring veterans and their families to the appropriate services, identifying and treating veterans, training staff to be aware of veterans' needs, and ensuring veterans are not disadvantaged when receiving healthcare.

3.4. The local context

3.4.1. Across the country, there are 841 "Veteran Friendly" GP practices and 53 "Veteran Aware" Hospital Trusts. In Hertfordshire, there are approximately 140 GP practices, of which 8 are accredited, and there are 3 NHS Trusts, of which none are accredited.

3.4.2. Although it is not a garrisoned county, there are military units in Hertfordshire such as Northwood Headquarters. The Office of National Statistics (ONS) estimates that there are approximately 36,000 veterans residing here[11]. Despite this, there is relatively little data on the specific access issues or healthcare needs of the Armed Forces Community in Hertfordshire.

3.4.3. The Health Needs Assessment of Veterans in Hertfordshire (HNA) published in 2011, found that veterans are more likely to have physical health conditions and injuries compared to the general population, particularly Musculoskeletal (MSK) disorders, fractures and dislocations. However, the publication highlighted that there was very little data on veterans in Hertfordshire. This was primarily due to poor identification of veterans by GPs and other service providers, and limited understanding of veterans' needs and priorities. The HNA also surveyed 12 service providers in the county. When asked about the possible barriers veterans face when accessing services, they mentioned a lack of linking between services, stigma and an unwillingness to ask for help, and a lack of awareness of the services available. A limitation of the HNA was that due to time constraints, the views of veterans themselves were not incorporated.

3.4.4. The value added by this 'HwH Veterans' Healthcare Access' report is the inclusion of local veterans' voices, the bringing together of veteran voices and NHS professionals, as well as the focus on service user experience over the aetiology of health conditions within the military, which academic interest has generally centred on. The findings will help inform future work of the Health Subgroup as well as recommendations made to the HAFCB.

3.5. Definitions

3.5.1. **Definition of a veteran:** The Ministry of Defence (MOD) defines a veteran as: "anyone who has served in HM Armed Forces at any time, irrespective of length of service…including National Servicemen and Reservists." This is the definition used in this report.

[10] For more information about the criteria to become accredited, please visit: https://www.england.nhs.uk/personalisedcare/upc/ipc-for-veterans/veteran-aware-nhs-trusts/

[11] Annual population survey: UK armed forces veterans residing in Great Britain 2016 - GOV.UK (www.gov.uk)

3.5.2. **Definition of priority treatment:** As part of the commitment to veterans facing no disadvantage, the NHS states that: "all veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated with their time in the Armed Forces (service-related)…subject to clinical need."

4. Aims

4.1. The aims of this project were the following:

- To establish the healthcare needs of the Armed Forces Community in Hertfordshire.
- To identify any issues with access to healthcare services for this group.
- To highlight areas for projects to improve services and ensure that local service delivery is fit for purpose.
- To identify if the Armed Forces community face no disadvantage in relation to their service

5. Methodology

5.1. To better understand the access issues for veterans, and their healthcare needs and priorities, HwH carried out a survey utilising an online questionnaire, focus group and 1:1 interviews with veterans.

5.2. It was also very important to address the challenges our local NHS services face in supporting veterans, particularly as there is little understanding of these challenges. To address this gap, HwH conducted 1:1 interviews with 8 local NHS organisations, and ensured both NHS professionals and veterans were involved throughout the project to guarantee both perspectives were heard.

5.3. All research tools (e.g. questionnaires and interview schedules) used in this project were created in partnership with the Health Subgroup of the HAFCB, and reviewed by Hertfordshire Public Health. Template analysis was used to explore key themes in the interview transcripts, and descriptive statistical analysis for the questionnaire.

5.4. We worked in collaboration with representatives of the HAFCB to reach the veteran community across the 10 districts within the county; engaging with veterans of varying ages, clinical needs and genders. Additional partner organisations such as the Hertfordshire Armed Forces Veteran Breakfast Clubs, a local American football club with strong ties to the Armed Forces Community, and veteran support groups also helped with the distribution of the questionnaire and recruitment of participants.

5.5. The Health Subgroup of the Armed Forces Covenant Board will use the findings from this report to produce recommendations to the Armed Forces Covenant Board, and to highlight potential projects to improve healthcare access and services for veterans. The media around the project also helped to raise the profile of the Armed Forces community and the Covenant.

5.6. Limitations

5.6.1. The engagement phase of the project was due to begin in March 2020, but was postponed in response to the COVID-19 pandemic. The project resumed in June 2020 during COVID-19 which presented a number of barriers.

5.6.2. The research was limited to online engagement, meaning we could not distribute hard copies of the questionnaire and/or conduct face to face engagement, such as attending local veteran support groups to gather further intelligence. This has a direct impact on the response rate to the questionnaire and the recruitment for the focus group and 1:1 interviews with veterans.

5.6.3. In addition, both the public and NHS services understandably had immediate priorities in response to COVID-19, and the nature of pandemic created a continuously changing environment for all parties, presenting challenges when conducting the project.

5.6.4. It is also important to note that due to the small sample size and this being a local study, findings do not necessarily reflect the views of the wider veteran community.

Phase One – Engagement with veterans and NHS professionals

5.7. Questionnaire for veterans

5.7.1. HwH worked in collaboration with representatives of the Health Subgroup of the HAFCB to create an online questionnaire to engage with veterans directly about their experiences of accessing healthcare services, as well as their health needs and priorities. The questionnaire focused on the following themes:

- Registering with a GP practice
- Accessing primary and secondary care services
- Information about NHS services
- Mental health and mental health services
- Smoking and alcohol consumption

5.7.2. The questionnaire was distributed through our social media channels and was shared with partner organisations[12], who also promoted the questionnaire via their social media networks and amongst their contacts.

5.7.3. The questionnaire ran from 22nd June to 27th September 2020, and in total 87 veterans responded.

5.8. Focus group and 1:1 interviews with veterans

5.8.1. As part of the questionnaire, respondents could express their interest in participating in an online focus group to discuss in more detail some of the themes raised in the questionnaire, with a particular focus on mental health,

[12] East and North Hertfordshire Hospitals Trust (ENHHT); West Hertfordshire Hospitals Trust (WHHT); Hertfordshire Partnership University NHS Foundation Trust (HPFT); Herts Valleys Clinical Commissioning Group (HVCCG); East and North Hertfordshire Clinical Commissioning Group (ENHCCG); Hertfordshire and West Essex Integrated Care System (ICS); Hertfordshire County Council (HCC); University of Hertfordshire (UoH); Hertfordshire Armed Forces Veteran Breakfast Clubs; Veterans' Support Group Abbotts Langley; North Hertfordshire Centre for Voluntary Service (NHCVS); Watford and Three Rivers Trust (W3RT); Carers in Hertfordshire; POhWER; Community Action Dacorum; Communities 1st; Mind in Mid Hertfordshire; Hertfordshire Mind Network; Viewpoint

understanding of the Armed Forces Covenant, and perception of veterans' rights when accessing healthcare.

5.8.2. The focus group and 1:1 interviews looked to address gaps in the demographics from the questionnaire, with a drive to hear from veterans under the age of 55, veterans who are female, and veterans who have left the Armed Forces more recently. HwH was successful in this.

5.8.3. The online focus group was held in September 2020. To provide opportunities for those who could not make the date and/or preferred different methods of communication, 1:1 in-depth interviews were offered. In total, 4 veterans participated in the online focus group and 3 veterans took part in a 1:1 interview.

5.9. Interviews with NHS professionals

5.9.1. Within the month of July 2020, HwH conducted 1:1 interviews with:

- East and North Hertfordshire Hospitals Trust (ENHHT)
- West Hertfordshire Hospitals Trust (WHHT)
- Hertfordshire Partnership University NHS Foundation Trust (HPFT)
- East and North Hertfordshire Clinical Commissioning Group (ENHCCG)
- Herts Valleys Clinical Commissioning Group (HVCCG)

5.9.2. The interviews aimed to capture:

- Barriers for veterans accessing NHS services
- Challenges NHS services face in supporting veterans
- Governance, policies and procedures relating to veterans
- Identifying and recording veterans, and the challenges involved
- Collecting and sharing data on veterans
- Barriers to becoming veteran accredited
- Examples of best practice and learning
- Examples of what would help NHS services better support veterans

5.9.3. HwH also contacted all of the "Veteran Friendly" accredited GP practices in Hertfordshire (at the time there were 6) to arrange interviews with their veteran leads. The interviews focused on the "Veteran Friendly" accreditation process, the perceived benefits that come with being accredited, and any challenges and barriers they continue to encounter in supporting veterans.

5.9.4. In total, 3 GP practices spoke to us: Bancroft Medical Centre; Bridgewater Surgeries and Whitwell Surgery. One other GP practice responded, but declined to take part as they felt they had not seen any benefits to becoming accredited.

Phase Two – Coproduction event

5.10. The purpose of the coproduction event was to share the findings from stage one with veterans and NHS professionals; and for NHS professionals, veterans and representatives from the Health Sub Group of the HAFCB, to use these findings to collectively consider how services could work differently to improve the experiences of veterans.

5.11. The coproduction event was held on 9th December, week one of the launch of the vaccination rollout. This understandably meant that not all NHS professionals could attend the whole event or the event at all. To accommodate for this, HwH held supplementary 1:1 meetings with NHS professionals prior to and after the event.

5.12. 21 people attended the event. The event included representatives from the Health Subgroup of the HAFCB, the veteran community, ENHHT, WHHT, HPFT, ENHCCG, HVCCG, Bridgewater Surgeries and a speaker from Queen Alexandra Hospital, Portsmouth (a hospital that is "Veteran Aware" accredited and the first to have a paid, dedicated Armed Forces Covenant Lead Nurse).

5.13. All participants of the event were sent an information sheet ahead of the session detailing the focus of the event and key findings from the project.

6. Key themes: Engagement with veterans

6.1. This section will discuss the key themes identified by veterans via the questionnaire, focus group and 1:1 interviews.

6.2. Demographics and service history

6.2.1. 87 veterans completed the questionnaire, of which 87% (65) were male and 62% (46) were aged 55 years or over. 15% (11) considered themselves to be a carer and 20% (15) considered themselves disabled. All participants were White British and resided across Hertfordshire in all 10 districts.

6.2.2. 56% (47) of veterans served in the Army, 20% (17) served in the Royal Air Force, and 12% (10) served in the Royal Navy. All other respondents had served in the Reserves. 59% (49) of veterans had served in the Armed Forces for between 6 and 20 years, while 22% (19) had served for under 5 years. 75% (62) left the Armed Forces over 16 years ago, with 9% (8) having left in the last 5 years.

6.3. Disclosing military service

6.3.1. The questionnaire found that 60% (59) of veterans did not mention their military service to their GP, largely because they did not think sharing this information was relevant when discussing their healthcare. Veterans were also not aware of the importance and/or benefits of disclosing their military service, and how sharing this information with their GP could help them access specialist services and support, and in some cases, priority treatment.

"I didn't think it held any relevance to my records."
"I didn't think it was relevant."
"It didn't seem important."
"I didn't realise it would make any difference."

6.3.2. Veterans also emphasised that their GP did not ask whether they had served in the Armed Forces, and were not encouraged to disclose their military service, reinforcing the belief that self-identifying as a veteran was not important. The focus group and 1:1 interviews with veterans highlighted experiences of GPs not being interested in their military history, and/or not having enough time to discuss how this could be relevant during the appointment.

"Nobody asked about it so I didn't mention it."
"When I've mentioned that I was in the Navy, they didn't seem to take any notice."
"They don't want to know, they want to keep their interface with you to a minimum".
"No one has ever discussed my military history."
"It never even crossed my mind that I ought to have, nor was it ever encouraged for me to do so."

6.3.3. Other reasons for not disclosing their military service was pride and stigma. Veterans noted that this was a significant barrier, primarily because they did not want to risk being treated differently by their GP.

"I didn't want to be treated differently."
"It was not a popular war, I didn't want to be stigmatised for that."
"The military instils in you pride and independence. Admitting that you need help is something we struggle with."

6.3.4. Participants of the focus group flagged that if veterans are not aware of the Armed Forces Covenant, and the entitlements outlined within it, they will be less likely to see the importance of disclosing their military service to their GP.

6.3.5. Focus group members also noted that some people who have served and left the Armed Forces will not identify with the term veteran, presenting a different barrier for NHS professionals to consider. Veterans stressed the importance of GPs and other NHS services using alternative terminology to encourage veterans to self-identify and share their military history.

"Unless you know there is some benefit to identifying as a veteran – why would you?"
"If I didn't know about the Covenant, the fact that I am a veteran would seem totally irrelevant to my interface with the GP."
"Unless you tell your GP, they're not going to know. That's a fundamental flaw because when people leave the military they don't always think of themselves as veterans."

6.3.6. 60% (47) of veterans considered themselves to have a physical health condition, with 52% of these (24) stating their condition was a result from being in the Armed Forces. 37% (16) did not mention their military service when discussing this condition with their GP.

6.3.7. 31% (24) considered themselves to have a mental health condition, with 58% of these (14) attributing this to their military service. Eight respondents stated that they had sought support from their GP regarding their mental health, with six of those disclosing their military history.

6.3.8. As before, the primary reason for not sharing their military service when discussing their physical and/or mental health condition was because veterans did not think disclosing this information with their GP was important. Veterans did not know how it could support them in practice, particularly in terms of accessing priority treatment for their medical condition. Some veterans also noted that their GP did not ask if they had served in the Armed Forces, meaning veterans did not feel prompted to share this information with them.

"I didn't know it could help."
"I didn't think it was necessary."
"I didn't appear relevant to mention it."
"I was not asked and not aware it could assist me."
"I wasn't asked if I had served in the military."

6.4. Identifying and recording veterans

6.4.1. The focus group and 1:1 interviews noted that most GP practices in Hertfordshire do not ask patients if they have served in the Armed Forces, and do not record veterans on their patient list and/or via their registration process. This means GP practices are reliant on veterans to disclose their military service, however, as the findings have shown, veterans are often reluctant or not aware of the importance of sharing their military service with their GP.

6.4.2. Likewise, although there is a code GP practices can use to record a patient's military service on their medical records, veterans emphasised that this code is often not used by GP practices, or they are not aware that it exists. Veterans also stressed the importance of GP practices proactively identifying and recording them. This was largely because, only through identification, specialist services funded exclusively for veterans and priority treatment can be accessed.

"If I contact my GP, how do they know I am a veteran?"
"There is no flag or anything to say you are a veteran."
"When I told them I was a veteran, they had no idea how they would update my records."

6.5. Accessing priority treatment

6.5.1. Where veterans did disclose their military service to their GP, for the majority this did not result in any practical benefits and/or access to priority treatment. For most veterans, this is because GP practices did not record and/or share the patient's military service with other NHS services. For example, 49% (38) of veterans had been referred to hospital services, but only 21% of which (8) said the service was informed of their military history. This was despite that in most cases, the referral to the service was for a condition resulting from their time in the Armed Forces.

6.5.2. As mentioned, 60% (47) of veterans had a physical health condition, of which 52% (24) relate this to their military service. 31% (24) have a mental health condition, and 58% (14) of which attribute this to their service in the Armed Forces. Despite this, veterans emphasised that it is very difficult to prove to NHS services that their medical condition is a result of their military background. Veterans felt the inability to evidence the causes behind their medical condition often affected their ability to access priority treatment.

"Mentioning that I am ex-service has had no effect."
"It is really difficult to prove that whatever you are suffering is down to your military service."

6.5.3. In order to access priority treatment, veterans conveyed the importance of having a GP who will advocate for them and inform other NHS services of their military history. However, the findings showed that even if a GP flags that a patient is a veteran in a referral form, this will not guarantee that the service the person is being referred to will understand what this means for their service , in terms of providing priority treatment.

"My GP helped me to get priority but this required a lot of chasing."
"Getting support requires GPs to have an understanding of veterans and veteran conditions."

6.6. Interpretations of priority treatment and the Covenant

6.6.1. Veterans had different interpretations of what priority treatment means in practice. Some veterans thought priority treatment was a blanket policy subject to clinical need, while others felt priority treatment related to the medical condition(s) disclosed at the point of discharge from the Armed Forces. A few veterans debated whether or not they should be entitled to priority treatment at all.

"A veteran will get priority treatment in the event that they were medically discharged, and will only get priority treatment for that condition."
"I would expect to come before a civilian who has the same condition as me, regardless of whether I left the Armed Forces with this condition."
"Priority treatment is subject to clinical need which to all intents and purposes trumps everything."

6.6.2. The greatest concern for veterans was NHS services not being aware of the concept of 'priority treatment' for veterans, or not understanding what priority treatment means in practice. This concern meant a lack of confidence in NHS services providing the best for them.

6.6.3. Veterans also raised concerns that the majority of NHS services are not aware of the Armed Forces Covenant. Veterans felt this lack of knowledge hindered them in accessing services they are entitled to – priority treatment based on clinical need, and being signposted or referred to specialist services, charities or support groups.

"I don't think they even care about the Covenant to be quite honest."
"I don't think my surgery knows anything about the Covenant."
"My consultant had never heard of the Covenant or priority treatment."
"They didn't have a clue what I was talking about, they hadn't heard of the Covenant."

6.7. Healthcare needs

6.7.1. The findings showed that for both routine and emergency appointments, and referrals to NHS services, veterans tend to face the same delays and barriers as the general population, particularly regarding waiting times. As with the civilian population, 25% (17) of veterans struggled to access NHS services in the last 12

months, specifically mental health services, dentistry, opticians and audiologists. Delays were largely as a result of the COVID-19 pandemic, restricting access to services and the level of care and support patients could receive.

6.7.2. For smoking and alcohol consumption, the questionnaire found that 15% (11) of veterans smoke and 11% (8) drink more than 14 units of alcohol a week. 11% (8) had accessed smoking and alcohol services.

"Appointments were cancelled and not rescheduled."
"COVID-19 has prevented most services from working as normal."
"I have spoken to my GP about my drinking and they gave me advice."

6.7.3. In terms of their healthcare needs, some veterans thought that their issues and priorities were different compared to the general population. Some veterans said they are more likely to be physically fit as result of their service in the Armed Forces, while some veterans noted that they are more likely to experience physical health conditions and injuries, particularly Musculoskeletal (MSK) conditions and hearing loss.

"Veterans are more likely to have hearing loss from all the bangs and loud sounds."
"A civilian my age would be far less fit, the military means you have to be physically active and physically fit."
"We are more likely to have incurred injuries, like joint pains and things related to our service."

6.8. Mental health

6.8.1. Veterans held different opinions around mental health, some stating that there is no significant difference between the mental health of veterans and that of the general population. Whilst others emphasised that mental health conditions such as, Post Traumatic Stress Disorder (PTSD), anxiety and depression can affect veterans differently due to the demands of their military service. Some veterans thought they were more likely to experience mental health issues, due to the pressures of serving in the Armed Forces, and the transition from the military to civilian life, therefore seeing specialised treatment and support for veterans as crucial. Veterans noted that transitioning into civilian life can be very challenging, with factors such as finding employment, housing and financial security often affecting a veteran's mental health and emotional wellbeing.

"There is no significance difference in the mental health of people who have served and those who haven't."
"PTSD for a civilian is completely different from a solider with PTSD coming back from war."
"It is very easy to fall through the cracks, it can be hard going back to civilian life and it can affect you mentally."
"It's a whole new way of life, it's not just dealing with what's happened and what you've gone through in the past, it's dealing with changing the way of life."

6.8.2. A few veterans noted that there can be a perception that most veterans have PTSD and other mental health issues, but that this stereotype can hinder veterans from

finding employment once they have left the Armed Forces, and can affect their integration into civilian life.

"There is a myth that has been created that all veterans are either mad, bad or sad and this is unhelpful."
"Stereotypes around veterans and PTSD made it difficult for me to find work. Employers didn't want veterans for that reason."

6.8.3. Veterans also highlighted that those who have left the Armed Forces more recently are more likely to discuss their mental health and seek support. This is largely because the narrative around mental health has changed significantly, with veterans encouraged to talk about their emotional wellbeing. Veterans who had left the Armed Forces more than 16 years ago, noted that talking about mental health was often stigmatised and seen as a weakness, meaning they were less likely to talk about it.

"We didn't talk about mental health, we were told to pull yourself together."
"Talking about mental health is encouraged now and there is much more awareness."

6.8.4. Although the narrative around mental health has improved, veterans noted a number of barriers which are still preventing the Armed Forces Community from seeking support for their mental health. Pride was identified as a reason veterans sometimes don't reach out to services. Waiting times for mental health services was also flagged as a key barrier. Veterans highlighted that the wait for an initial appointment can be very long, which is especially unhelpful when you need immediate support. Veterans also emphasised that long waiting times and delays can prevent veterans from seeking support in the first place, and in some cases, reaffirm to them that they do not need to seek help for their mental health.

"People think you're big, you're fit and you're strong, so admitting you need some help if something we struggle with."
"I have tried to access mental health services for assistance and support for PTSD but have not had any help."
"There are veterans who have taken their own lives, and that's because they've not been able to get help because it's taken too long."
"I was waiting months and months for help or even to get an appointment to see someone."
"I can guarantee that are veterans who want support, but won't bother because they think it will take too long."

6.8.5. However, the greatest barrier cited was that veterans often do not know what mental health services are available to them, and do not know how to access support for their mental health. For example, of the 24 veterans with a mental health condition, 83% (20) of veterans had not accessed the Veteran Transition, Intervention and Liaison Service (TILS) and 96% (23) had not accessed the Veteran Complex Treatment Service (CTS). Almost all veterans said this was because they had never heard of these services and were not aware they existed.

"Not aware of these services and it hasn't been suggested by the GP."
"Veterans don't have the access, they don't have the knowledge, it's not well publicised where veterans can go for support."
"I had no idea these services existed!"

6.9. Information about NHS services

6.9.1. The questionnaire found that 70% (50) of veterans were not provided with information about NHS services or specialist services funded solely to support veterans, when leaving the Armed Forces. No veterans received information tailored to local NHS services.

6.9.2. Veterans noted that additional information about the healthcare services available to veterans, would have been helpful when transitioning into civilian life and would have encouraged them to access this support. For example, as well as most veterans not knowing about TILS or CTS, 90% (70) had also never heard of "Veteran Aware" Hospital Trusts or "Veteran Friendly" GP practices, and were not aware of how the accreditations work to improve veterans' healthcare.

"I was not given any specific information about healthcare."
"I did not receive anything to do with medical care."
"No details received regarding GP surgery registration."

6.9.3. Veterans also highlighted that most GP practices are not aware of the services and support available to veterans, and do not offer specific signposting information or referrals to services exclusively for veterans. Veterans noted that they prefer to seek help from charities and local veteran support groups, as they have a much better understanding of their needs.

"Staff may not have an understanding of what veterans are entitled to."
"When you are a veteran, there are all sorts of services available to you that aren't necessarily available to civilians, but veterans aren't told about them and GPs don't know about them."
"There are specific services that only veterans can access like TILS and CTS but veterans and GPs don't know about this."

7. Key themes: Engagement with NHS professionals

7.1. This section will discuss the key themes identified by the 1:1 interviews with NHS professionals.

7.2. Governance, policies and procedures

7.2.1. All Hospital Trusts and both CCGs stated they did not have specific policies relating to veterans. However, it was noted that veterans are referenced within the NHS standard contract and NHS constitution. Trusts and CCGs also noted they did not have a specific executive lead for veterans, however HPFT is planning to appoint this role to improve experiences for veterans who use their services.

7.3. Identifying and recording veterans

7.3.1. At the time of conducting the interviews, WHHT and ENHHT noted that they did not have processes or procedures in place specifically to identify and record veterans who use their services, meaning priority treatment and signposting to specialist services or support could not be offered. However, HPFT did actively identify veterans via their Single Point of Access service (SPA) and regularly reported this data to their Commissioners. HPFT also clearly outlined how they use the information they collect via SPA to identify veterans who were entitled to priority treatment.

7.3.2. WHHT and ENHHT noted that their main challenge around identifying and recording veterans was that it would require having an additional dataset, and changing patient records to code and record veterans who use their services. The Hospital Trusts emphasised that this would not be a simple process due to the inflexibility of IT systems being used. However, they were keen to explore ways around this.

7.3.3. In terms of GP practices, representatives from 'Veteran Friendly' GP practices highlighted that most GP practices who are not accredited as 'Veteran Friendly' will not identify or record veterans. In their view, this is because most GP practices do not proactively ask patients if they have served in the Armed Forces at the point of registration or during a consultation, or have a system in place to record this information if it is provided, meaning there is an onus on veterans to self-identify. In addition, representatives noted that GPs are unlikely to record a person's military history on their medical records if they don't see a benefit to doing this.

7.3.4. A barrier that was flagged for practices that are identifying and recording veterans, was around being able to share this information with other NHS services. What they had found was that there was no systematic or consistent way of sharing this information either via medical records or referral forms. This meant the information can easily be overlooked by the service the veteran is being referred to. One representative explained that to overcome this barrier, GPs will attach an additional letter to a referral form to indicate that the patient is a veteran and entitled to priority treatment.

7.4. Sharing and reporting data to the Commissioners

7.4.1. Both CCGs noted that there is no contractual requirement for the NHS services they commission to collect or report data on veterans.

Representatives from "Veteran Friendly" GP practices also noted that although they collect data on veterans, this tends to be used internally and not shared with commissioners, solely because the data is not requested.

7.5. Interpretations of priority treatment and the Covenant

7.5.1. The Hospital Trusts and CCGs each had different interpretations of what priority treatment is, and what it means for veterans in practice, while some were not aware of priority treatment at all. This was supported by representatives from the "Veteran Friendly" GP practices who found that most NHS services either do not know what priority treatment is, or do not have a shared understanding of priority treatment for veterans. From the practice perspective, this means that when other

NHS services receive a referral letter from the GP stating the patient is a veteran, often there is not a shared understanding of what this will mean for the patient in practice.

7.5.2. The same issues were found in terms of the Armed Forces Covenant, with Hospital Trusts, CCGs and GP practices having different interpretations of the Covenant and what it means in practice for veterans.

7.6. Accreditations

7.6.1. Although both CCGs promote and encourage the 'Veteran Friendly' accreditation to GP practices in their area, there is no contractual obligation for GP practices to become accredited. During the interview, the CCGs had questions about the financial cost of becoming accredited, the difficulty of this process, and the level of resource it would require. Hospital Trusts were keen to learn more about the "Veteran Aware" accreditation, and wanted more information on the incentives and benefits.

7.6.2. Representatives from the "Veteran Friendly" GP practices said the process of becoming accredited was relatively simple. The only barrier identified was that most GP practices will not have a veteran amongst their staff, meaning less motivation to become accredited and/or to focus on improving veterans' care.

7.6.3. One "Veteran Friendly" GP practice did not see the benefits of their accreditation and so declined to be part of the work. However, the other GP practices noted numerous benefits of the accreditation, such as providing them with more information about the services and support available to veterans e.g. TILS, CTS and the Veterans Gateway; a better understanding of veterans' needs and priorities, and helping to build trust with patients who are veterans, as well as their families.

7.7. Accessing NHS services

7.7.1. Generally, NHS services considered veterans to have the same access issues and health needs as the general population. They noted that for waiting times for appointments and referrals to NHS services, veterans are likely to face the same barriers as civilians, but acknowledged that delays in receiving care might prevent veterans from seeking support, particularly as receiving healthcare in the Armed Forces is far more immediate.

7.7.2. Another barrier NHS services cited was that veterans might not know what NHS services and support are available to them, particularly because veterans are often not provided with information about accessing NHS services prior to leaving the Armed Forces. NHS services also thought pride could be a potential barrier preventing veterans from accessing NHS services, especially mental health services, largely because the culture of the Armed Forces might discourage veterans from seeking support and admitting they need help.

7.8. Providing support

7.8.1. As with veterans, most NHS services are not aware of what specialist support is available to veterans, preventing services from signposting and referring veterans to the appropriate care. NHS services agreed that it would be useful to have

information about the specific services available to veterans, so that they can support veterans more efficiently.

7.8.2. NHS services also mentioned that it would be useful to hear from veterans directly about their healthcare issues, needs and priorities, so that they can better shape their services and understand what support would be helpful to provide. NHS services also thought that local learning and examples of good practice from "Veteran Aware" Hospital Trusts and "Veteran Friendly" GP practices in the country would help them create better ways of supporting veterans in their own area. Collecting data on veterans and having an understanding of the veteran population within the county was also noted as important to NHS services, primarily because this information would help them to plan and shape their services.

7.9. Summary of the findings

7.9.1. Although a variety of issues and concerns were raised across the datasets, there are some key themes which prove important to recognise and address.

Identification

7.9.2. The findings showed that most GP practices do not record or identify veterans, meaning there is an onus on veterans to disclose their military service. However, it is evident that veterans are often reluctant or not aware of the importance of sharing their military history with NHS services. It is important veterans are identified and recorded by GP practices, as flagging veterans means they can better support them, by enabling access to priority treatment and signposting and referring veterans to the appropriate care.

7.9.3. Where NHS services do identify and record veterans, this often does not result in any practical benefits or access to priority treatment. There is also no consistent way for GP practices to share this information with NHS services, again meaning veterans often cannot access priority treatment.

7.9.4. Similarly, Hospital Trusts and CCGs do not have policies in place to identify and record veterans, and do not collect or use data on veterans. Identifying and collecting data on veterans is important as it can enable NHS services to have a greater understanding of the number of veterans who use their services, as well as their health needs and priorities, meaning they can better shape their services to improve veterans' care.

Access

7.9.5. As mentioned, because NHS services often do not identify veterans, it is very difficult for veterans to access priority treatment and other specialist support. Veterans also emphasised that it is hard to prove that their condition is a result of their military service. This inability to evidence the causes behind their medical conditions also prevents veterans from accessing priority treatment.

7.9.6. Another key barrier to accessing priority treatment is that most NHS services are not aware of priority treatment, or do not understand what this means for veterans in practice. This lack of knowledge often means veterans cannot access priority care, and are not signposted or referred to specialist services, charities and local support groups, primarily because NHS services are not aware this support exists.

Awareness

7.9.7. It is clear that the majority of veterans are not aware of the healthcare services and support available to them, and this is largely because they have not been informed about what care and support is available by NHS services. This issue was also emphasised by NHS services themselves, who stressed that they need more information about the support and services available to veterans, so that they can address their access issues, health needs and priorities.

8. Key themes: Coproduction event

8.1. This section will outline key points and commitments that came out through the coproduction event and pre and post meetings with NHS professionals. As a reminder, the event focused on bringing together perspectives from veterans and NHS professionals, with the aim of identifying what could be done differently to improve veteran experience. The discussions also aim to inform recommendations to the HAFCB by the Health Subgroup, as well as future work of the Health Sub group.

8.2. Identifying and supporting veterans

8.2.1. It was acknowledged by all participants that the identification of veterans continues to be fragmented across NHS services. To increase identification of veterans, all parties noted the importance of all services asking for this information, and the need for communicating the benefits of self-identification to veterans better.

8.2.2. To support increased identification, all participants wanted more training and awareness programmes for the NHS and local communities. Local Hospital Trusts were particularly keen to learn from areas and services outside of Hertfordshire that were more advanced in their work with veterans.

8.2.3. All participants noted that where services do identify and record veterans, sharing of this data across services can be fragmented and inconsistent. Veterans provided further examples of services not passing on veteran related information which could affect them getting priority treatment. This was supported by NHS professionals, who flagged that referral forms are not currently designed to include veteran data, and that this data is also not stored on a patient's Summary Care Record (SCR).

8.2.4. Training and awareness programmes, as well as looking into how veteran data could be shared across NHS services were acknowledged by Chairman of the Health Subgroup as potential areas for future work.

8.2.5. Linked to identification, the Chairman of the Health Subgroup explained that there are 4 key registers which hold some data on veterans (social prescribing; planned

care; NHS 111 and carers), however currently the data collected is not shared or coordinated. This was seen as an area for future work.

8.3. Communication

8.3.1. Both CCGs noted the importance of communication and working closely together, operating a system wide approach to improve experiences for veterans. CCGs were keen to explore how they could take this forward within their organisations.

8.3.2. It was felt by all parties that the approach needs to be consistent across the county, and therefore needs to be led at commissioner level to be most effective.

8.3.3. All parties acknowledged the importance of considering the current context of COVID-19 and the barriers this presents.

8.4. Link with carers

8.4.1. All parties noted the importance of working and involving carer groups. WHHT and HVCCG noted the local carer model as good practice, and suggested using this as a template for improving experiences for veterans. CCGs and Trusts also flagged potential cross over between veterans and carer groups.

8.4.2. The Health Subgroup noted that the Carers Register does not currently ask whether a carer is a veteran, or if they care for someone who is a veteran. The Chairman of the Health Subgroup stated that a future project is to explore the inclusion of this question with carer organisations.

8.5. Executive leadership

8.5.1. All participants highlighted the importance of veteran priorities being advocated and driven at the most senior level within the NHS. Having a veteran lead at ICS level was also suggested as a way to coordinate and bring together services across the system.

8.6. Agreed next steps

8.6.1. The Chairman of the Health Subgroup committed to taking the findings and points raised in the discussion forward via their Action Plan for 2021/22, being developed in March 2021.

8.6.2. The Chairman of the Health Subgroup reiterated their pledge of working in partnership, and in line with this committed to (a) involving the participants in future work that comes out of this project (b) looking into creating task and finish groups to handle different projects (c) supporting Hospital Trusts in becoming accredited.

8.6.3. The Chairman of the Health Subgroup noted an existing commitment and focus on engaging Primary Care Networks (PCNs) to increase the number of accredited practices, possibly though incentivisation in 2021/22, as well as engaging care homes to become veteran aware.

8.6.4. NHS professionals committed to working with the Health Subgroup as well as NHS and care partners across the system on specific projects to improve the experiences of veterans.

9. Conclusion

9.1. The findings detailed in this report highlight a number of key issues, learning focuses predominantly on the importance of identifying veterans, the need to increase access to priority treatment for veterans, and a call to increase awareness and knowledge of veteran entitlement and support amongst both the veteran community and NHS professionals.

9.2. The data found that the majority of NHS services do not identify or record veterans, meaning there is an onus on veterans to self-identify and disclose their military service. However, veterans were often reluctant or not aware of the importance of disclosing their military service, and were not encouraged by clinicians to share this information. All parties noted the importance of NHS services proactively asking for this information, and more communication to veterans about the benefits of self-identification. This was seen as a priority for future work.

9.3. Where NHS services do identify and record veterans, the sharing of this information across NHS services is often fragmented, affecting veterans' access to priority treatment and specialist support. All felt it was important to improve communication across services, and operate a system wide approach to ensure consistency. Participants felt this needed to be led by commissioners.

9.4. Most NHS services were also not aware of priority treatment and/or the Armed Forces Covenant, and what both concepts mean for veterans in practice when accessing healthcare. This lack of understanding was often a barrier for veterans, preventing them from accessing priority treatment, along with other means of care and support.

9.5. Similarly, NHS services were often not aware of the services and support available to veterans, particularly dedicated services such as TILS, CTS and the Veterans' Gateway. This prevented NHS services from signposting and referring veterans to the appropriate care and support, including specialist services, charities and local support groups. NHS services want to introduce training and awareness programmes to improve understanding, and to help clinicians better support patients who are veterans.

9.6. Although the findings indicate a number of barriers to address, it is very positive that all NHS services involved in this project confirmed their commitment to working with the Health Subgroup, as well as other NHS and care partners across the system to improve experiences for veterans.

10. Summary of areas for further exploration

10.1. Based on the above HwH recommend the following areas to be explored further:

1. Working with partners and across the system on specific projects related to the findings in this report.
2. Implementation of recording and reporting systems across all services, that seek to address barriers that veteran's face.
3. Improving the sharing of information between NHS services.

4. Veteran leads and executive leads across all NHS services that can champion and drive veteran priorities.
5. Further work with veterans to understand their healthcare needs.
6. Education, training and signposting packages for NHS services.
7. Communication of benefits to the veteran community.
8. Changes to commissioning and contracts.

11. Recommendations from the Health Subgroup to the Hertfordshire Armed Forces Covenant Board

11.1. The following outlines the recommendations that the Health Subgroup will propose to the Hertfordshire Armed Forces Covenant Board for approval in March 2021.

Issue identified from report	Recommendation
Identification Most GP practices do not systematically record or identify veterans. Similarly, Hospital Trusts and CCGs do not have policies in place to identify and record veterans, and do not collect or use data on veterans systematically.	Raise awareness to professionals in Hertfordshire of the support available to veterans and why it is important to ask patients if they have served in the military. The Health Subgroup, working with the Royal College of GP's veterans team, will do this by promoting the Veteran Friendly GP scheme and Veteran Aware Hospital Trusts scheme.
Access A key barrier to accessing priority treatment is that most NHS services are not aware of priority treatment, or do not understand what this means for veterans in practice. This lack of knowledge often means veterans cannot access priority care, and are not signposted or referred to specialist services, charities and local support groups, primarily because NHS services are not aware this support exists.	
Awareness It is clear that the majority of veterans are not aware of the healthcare services and support available to them, and this is largely because they have not been informed about what care and support is available by NHS services. This issue was also emphasised by NHS services themselves, who stressed that they need more information about the support and services available to veterans, so that they can address their access issues, health needs and priorities.	Continue to develop social prescribing links and ensure details of military charities services and other relevant veteran's services are kept up to date via Veteran's Gateway.

12. Response from the Hertfordshire Armed Forces Covenant Board

"I applaud the publication of the Veterans' Healthcare Access survey by Healthwatch Hertfordshire as another step forward in helping us to understand the experience of veterans in Hertfordshire. The recommendations made by the Health Subgroup of the Hertfordshire Armed Forces Covenant Board as a result of this report will be considered at our upcoming meeting and I look forward to using this evidence to strengthen our work supporting the Armed Forces community in Hertfordshire."

Cllr Terry Douris, Chairman of the Hertfordshire Armed Forces Covenant Board

13. Response from the Hertfordshire Armed Forces Covenant Board Health Subgroup

"The Veterans' Healthcare Access survey is the first local survey to try and find out what the healthcare access barriers are in Hertfordshire, funded by Public Health Hertfordshire. The final report from Healthwatch Hertfordshire provides the Health Subgroup of the Hertfordshire Armed Forces Covenant Board with an evidence base of veteran's experience in Hertfordshire. This report will play a key part in helping us focus our main priorities for 2021/2022 which aim to ensure that veterans are actively supported and face no disadvantage when accessing healthcare in Hertfordshire."

Harper Brown, Director of Integrated Specialist Care NHS and Chair of the Hertfordshire Armed Forces Covenant Board Health Subgroup