

NHS GREATER GLASGOW AND CLYDE

NHS Board Meeting
16th October 2012

Paper No 12/44

Director of Glasgow City CHP

**Scotland's Health Commitment to the Armed Forces, their
Families and Veterans**

Recommendation

The NHS Board is asked to note the progress being made to implement the Scottish Governments health commitment to the Armed Forces, their families and veterans.

1. Introduction

In May 2011 the Ministry of Defence (MOD) published the Armed Forces Covenant. The Covenant followed a number of earlier publications, including the 2008 Service Personnel Command paper which set out a series of undertakings to be delivered by the UK Government on behalf of the Armed Forces Community. This paper summarises for the NHS Board the Scottish Governments approach to delivering these undertakings and the actions we have been taking in NHS Greater Glasgow and Clyde.

2. Background

- 2.1 The May 2011 Armed Forces Covenant sets out the relationships between UK Government and the Armed Forces and the nation. It sets out general principles of the support which public, private and the voluntary sectors are expected to provide.
- 2.2 Scottish Ministers welcomed the Covenant and undertook to work with the MOD to ensure its implementation.
- 2.3 To ensure a co-ordinated and strategic approach to the planning and delivery of public services and support of the Armed Forces Community a Scottish Minister has portfolio responsibility for ensuring their support and welfare needs are reflected in policy.
- 2.4 The Director General Learning and Justice has the strategic lead for the devolved impacts of all Defence matters across the Scottish Government.
- 2.5 The Scottish Government has also appointed an Armed Forces and Veterans Advocate. The Director General Health and Social Care currently has this role and is responsible for ensuring that policy development and implementation

across the Scottish Government which impacts on the Armed Forces and the Veterans Community is coherent and co-ordinated.

- 2.6 The Government have worked with the Armed Forces in Scotland and with representatives from the Veterans Community, Reservists and Cadet Organisations to develop the Firm Base Forum.
- 2.7 The Firm Base Forum is designed to discuss matters of policy and strategy about the delivery of the Armed Forces Covenant in Scotland. There are a series of functional groups for health, education and veterans.
- 2.8 Working with the Firm Base the Scottish Government is encouraging the development of local community covenants. These aim to bring together local civilian communities with the Armed Forces Community in an area to create mutual understanding and support. The Government's aim is that all Local Authorities will have a Community Covenant by the Autumn of 2012.

3. Veterans

- 3.1 A Veteran is a person who has served for at least one day in HM Armed Forces either as a regular or as a reservist. Scotland has an estimated 400,000 veterans. Scotland contributes more personnel to the Armed Forces per head of population than any other part of the UK.
- 3.2 Scottish Ministers have put veterans at the forefront of policy. From a health perspective they have:-
 - 3.2.1 Established Armed Forces and Veterans Champions in NHS Boards as a point of contact for dispute resolution and signposting for services.
 - 3.2.2 Priority treatment is provided for veterans with a service related condition.
 - 3.2.3 Injured veterans can receive State of the Art (SOTA) prosthetic limbs which are of an equivalent standard to those given by the Defence Medical Services.
 - 3.2.4 £1.4m per annum has been invested in specialist mental health services and community outreach services provided by Combat Stress.
 - 3.2.5 A leaflet giving GPs information on what it means to be a veteran and what priority treatment means has been issued to all GPs.

4. Future Government Plans

- 4.1 The Scottish Government hosted a conference in October 2001 on the health commitment to the Armed Forces, their families and veterans. There were nine key messages and themes emerging from this conference, these being:-
 - To build on the preliminary results of an exercise which indicated that veterans have health needs which are different from the non-veteran

community.

- To develop better joined up working and methods to identify where the greatest needs lie for those leaving the Armed Forces who need additional support.
- Examine how the NHS can provide the best possible support for family members while regulars and reservists are away on operations.
- Consider whether other Local Authorities could implement welfare pilots similar to one which Fife Council have and link these to the Armed Forces Community Covenant.
- Consider how the services offered by Veterans First Point might be delivered to veterans elsewhere in Scotland.

4.2 As a result of this the Scottish Government undertook to explore a number of specific interventions in more details. These being:-

4.2.1 A Short Life Working Group is being established in the Autumn of 2012 to plan the implementation of the recommendations from Dr Andrew Murrison's report "A Better Deal for Military Amputees". This group will consider the most appropriate approach to delivering the recommendations on a multi-disciplinary prosthetics centre to meet the needs of veterans across the country and ensure sustainable high quality care as locally as possible. This Short Life Working Group is to be supported by a State of the Art Prosthetic Group which is a multi-disciplinary group consisting of representatives of all five Scottish Limb Fitting Centres.

4.2.2 A review of Ministry of Defence Hospitals Units. MDHU's are based in a number of NHS hospitals in England and facilitate the training and development of maintenance of clinical skills for defence medical services personnel. The arrangements differ in Scotland where a number of military medical staff undertake equivalent training in Scottish NHS hospitals on terms negotiated with these hospitals. The UK Government contracts for MDHU's are due to expire in 2013 by which time the MOD will have reached a view on whether to continue with this model of training. If the decision is to continue then the Scottish Government would support NHS Boards in any bids to facilitate an MDHU or equivalent here in Scotland.

4.2.3 The Scottish Government is extending the Community Health Index (CHI) number to all serving Armed Forces Personnel based in Scotland. In particular this will enable eligible Armed Forces Personnel to participate in the health screening programme such as breast and bowel screening. It will also allow the Defence Medical Service Primary Care Medical Centres in Scotland to access SCI Store for electronic laboratory results and use the electronic referral processes.

4.2.4 Reception arrangements for military patients (RAMP). RAMP is the cross department UK Government Plan for the management of operational military casualties returning to the UK from conflicts overseas. There are no designated major trauma centres in Scotland along the same lines as those in England. However Edinburgh Royal Infirmary and Glasgow Southern General will operate as RAMP Centres are required. This new role will provide the MOD with valuable

contingency backup for the treatment of seriously injured service men and woman.

- 4.2.5 Web Based Health Care Information – The Scottish Government is developing health care information for inclusion on the NHS Inform website. In particular the site will give information specific to the Armed Forces Programme, veterans and reservists on immunisation, screening programmes, mental health services, how to access service medical records and how to recognise symptoms such as post traumatic stress disorder.
- 4.2.6 Capturing veteran status on GP IT systems – Priority access to NHS care is available to veterans for conditions directly relating to their service. Veterans are encouraged to tell their GPs about their veteran service however some veterans are either reluctant to declare their status or not aware that this entitles them to priority access. In Scotland a revised General Practitioner Registration (GPR Form) has been devised to encourage veterans to declare their status at the point of registering with a GP Practice.
- 4.2.7 Veterans Health Needs – The first phase of a two year study of anonymous health records to examine how veterans health compares to the health of the general Scottish population in terms of rates of heart disease has just been completed. The Scottish Government plan to extend this study to examine the outcomes for other diagnosis.

5. NHS Greater Glasgow and Clyde Activity

5.1 Acute Services

In the six months to July 2012 we received 38 referrals from Armed Forces Personnel to Acute Hospitals and 33 referrals from veterans. These referrals were to neurology, orthopaedics, orthodontist, dermatology, ENT, cardiosevasic, plastic surgery, trauma, audiology and neurology.

One very recent case highlighted to illustrate the determination of the Board to prioritise referrals by veterans.

- 5.2 A soldier who had lost an eye was medically discharged from the Army and his care transferred from the City Hospital in Birmingham to Glasgow on his relocation to Scotland. The referral to NHS Greater Glasgow and Clyde was made in May 2012. Within 20 days the patient was seen by specialist orbital prosthetist at Gartnavel General Hospital and a temporary prosthesis was provided immediately. It was also noted that he may benefit from specialist lid surgery and at the instigation of the orbital prosthetist a referral was made to one of our consultants with a special interest in ocular plastic surgery. The appropriate arrangement was made for this surgery. By the end of August 2012 he had been provided with a further temporary prosthesis and was shortly to have surgery.

6. CHPs/CH(c)Ps

- 6.1 Each CHCP is working with their Local Authority to support the development of services for serving personnel, their families and veterans, and the following gives examples of these.
- 6.2 In March 2012 Inverclyde Council signed its Armed Forces Community Covenant. Following on from that a proposal was developed locally to create a help desk function for veterans as part of the Council's Customer Service Centre, and the plan is that this would then be linked in to key support agencies such as SSAFA and Veterans Welfare Service, and local health services as appropriate. Currently the Customer Services Centre Manager is working with veterans charities to develop the question screens so that customer care staff will be able to talk through an initial assessment with veterans, service families etc and then make an appropriate referral.
- 6.3 In Renfrewshire the Community Covenant was signed in February 2012, and colleagues in Renfrewshire Council have been working with Inverclyde and East Renfrewshire to develop a similar model to Inverclyde through their Customer Services Centres.
- 6.4 East Dunbartonshire CHP signed the East Dunbartonshire Council Community Covenant in April 2012, and most of the CHPs work to date has focussed on mental health services which are covered later in this paper.
- 6.5 West Dunbartonshire CHCP signed the Community Covenant in February 2012 with West Dunbartonshire Council and are working to ensure access to local services. Together with all CH(c)Ps they have ensured that all GPs have information leaflets on veteran's services.
- 6.6 East Renfrewshire Council have also signed the Community Covenant and have been examining the number of veterans and serving Armed Forces members living in East Renfrewshire and how the Council and the CHCP can improve information and accessibility to services. With colleagues from Inverclyde and Renfrewshire they have created a South Clyde grouping and have been working with them and Glasgow's Helping Heroes to develop pathways to services. They have made two collective bids for funding from the Community Covenant Grant Scheme to develop a pathways approach, but have not yet been successful with this.
- 6.7 In Glasgow the Community Covenant was signed in November 2011, and a Community Covenant Working Group has been established to build on the work already done by Glasgow's Helping Heroes.
- 6.8 Glasgow Helping Heroes was launched in June 2010 and provides a one point of contact for a range of services for veteran's service personnel, carers and families. They have a drop in centre in the centre of the city. In the first year of operation 28% of their customers had a health issue.

7. Mental Health

- 7.1 In November 2011 a Short Life Working Group was established to address the need for better access to mental health services for veterans in Greater Glasgow and Clyde. One option which the group considered the introduction of the Veterans First Point model from Edinburgh in Greater Glasgow and Clyde. The group however took the view that this may not be the best model for the West of Scotland and that the role of Glasgow Helping Heroes in particular offered a first point of contact for veterans albeit that it does not offer direct access to Mental Health Services.
- 7.2 The outcome of the group was that they proposed a model for direct access to Mental Health Services through Primary Care Mental Health Team's which across Greater Glasgow and Clyde now provide direct access route i.e. individuals can self refer to these.
- 7.3 This approach has been discussed with Geoff Huggins Policy Lead with the Health and Social Care Directorate of the Scottish Government who has been exploring the role out of Veterans First Point Lothian Model on a regional basis with NHS Boards. It has been agreed that the Board will work with Veterans First Point to gather the same data from NHS Greater Glasgow and Clyde's Mental Health Services for Veterans as that gathered by Veterans First Point, and do some comparative work on outcomes for veterans. There is a recognition that one model of mental health care for veterans will not necessarily suite the Scottish Health Care System.
- 7.4 Gartnavel Royal Hospital was recently successful in a tendering exercise with South Staffordshire and Shropshire Healthcare NHS Foundation Trust in bidding for the provision of In-patient Mental Health care for military personnel in Scotland. This service has been provided since 2008 and was put back out to tender at the beginning of this year. The activity relating to this is relatively small with six admissions in the period from February to August 2012.

8. Conclusion

- 8.1 NHS Greater Glasgow and Clyde continues to work with all partners to deliver services for veterans, serving personnel and their families and is making steady progress in delivering the Scottish Governments objectives.