

## **Presentation to Trafford Health & Well-being Board**

Chair,

Thank you for this opportunity to report to the Board on behalf of Military Veterans in the Trafford area.

I am Dr Robin Jackson, a retired NHS GP, but still active as an Army GP in the Reserves.

In 2010, as Commanding Officer of 207 (Manchester) Field Hospital I took TA medical staff, from our HQ in Kings Rd. Stretford, a few minutes drive from here, to Afghanistan to take over the British Military Hospital in Camp Bastion.

Commanding what was, and remained, the best trauma hospital in the world, ever, was the most challenging thing I have ever done, but for the many Servicemen whose “life-changing” injuries we treated, the challenge will be to cope with normal life every day. I am determined to do whatever I can to make their challenge easier, hence my role as Chairman of the NHS Armed Forces Network (North West).

The AFN is one of nine NHS England bodies across England. We are supported by Bury CCG, in our role to oversee the provision of Healthcare to the Armed Forces Community in the North West, for Regulars, Reservists, Veterans and their families.

The nation recognises the debt that we owe to our Armed Forces in a document called the Armed Forces Covenant which lays down responsibilities for schools, Local Authorities, the NHS and employers to ensure that the Armed Forces including Veterans are not put at a disadvantage because of their military service.

We are fortunate in the North West in having excellent sources of Health Care for our Veterans. Dr Fergus Jepson at the Specialist Mobility Rehabilitation Centre in Preston is an international expert in the care of amputees, and he looks after approximately eighty Veterans who have lost limbs, and Pennine Care Foundation NHS Trust was the first in the country to set up a Mental Health service for Veterans.

The Armed Forces Network meets quarterly with CCGs, military charities and the Regular Forces including the Personnel Recovery Unit which helps Wounded Injured of Sick soldiers in the transition to civilian life.

We are a resource that CCGs and Health & Well-being Boards can call on for help with your JSNA.

The Forces in Mind Trust has produced a Report<sup>4</sup>: “Call to Mind, a Framework for Action”.

They reviewed every JSNA in the country to discover how Health & Well-being Boards assessed the Health needs of Veterans. They found that fewer than half mentioned them at all, and that of those that did, 82% simply included nothing more than the word “veteran”.

Boards can have difficulty collecting data on Veterans for the following reasons:

1. Veteran status is not routinely recorded in Primary & Secondary healthcare statistics, and rarely features in social care statistics.
2. Veterans are dispersed across the country, and while there is some intelligence and data about their residence, this is not uniform or robust or sufficiently detailed at CCG or

Local Authority level.

3. Veterans themselves may be reluctant to identify themselves as Veterans even when offered the opportunity.
4. Veterans are a heterogeneous group, and assumptions about health need will not apply equally to all those classified as a Veteran.

The JSNA is a “Needs Assessment” which is why the Report believes that Veterans as a cohort should be identified as such:

1. **Targeted and Intelligent use of data and information:** Veterans and their family members need to be routinely identified and included in health and social care data collection as part of a targeted and intelligent approach to assessment of their mental and related health needs.
2. **Appropriate and evidence based services:** responding to the needs of Veterans and their families requires services that are sensitive to their identity and culture and provide evidence-based interventions as part of an appropriate care pathway.
3. Assessing and responding to the mental and related health needs of Veterans and their families should be done with their active involvement and participation.

The Press would have you believe that we Veterans are all “mad, bad or sad”. Those of us who have witnessed the carnage of combat are forever marked and changed by that experience, but most of us adjust to normal life thereafter, however, the small number who struggle really do need special help.

Analysis by the Royal British Legion survey of 2014 and the Government’s Annual Survey of Veterans 2015 looked at health effects on the “working age population, aged 16-64” with a subset of “early Service leavers aged 16-34”, and the elderly Veterans.

Those aged 16-34 are significantly more likely to report hearing loss than non-Veterans of the same age (7.9% and 3.0% respectively). Veterans of all ages in the North West are significantly more likely than non-Veterans to report musculoskeletal problems (arms or hands: 30% v 18%, legs or feet: 42% v 29%, back or neck: 37% v 26%).

There is also a significant increase in alcohol abuse in young “early Service leavers”.

The vast majority of Veterans make a satisfactory adjustment to civilian life, however, as noted previously, the small number who do not, can have complex health needs that may also affect their families.

### **How can H&WBBs help?**

We think there are possibly 560,000 veterans in the North West, of which two thirds will be aged 65 or over, and half will be aged over 75. An “average” GP Practice will have 384 Veterans as patients. These figures are only rough estimates. Nationally, we believe there are 3million Veterans, the same number as those who have diabetes .

I need your help firstly, to identify the true number of Veterans in order that your JSNA can be more accurate, and target Health resources, and secondly to increase the knowledge and awareness of all those who deal with the Health and Social Care needs of Veterans of how those needs present and can be addressed.

Health Education England has recently produced an excellent e learning programme<sup>3</sup> that provides training. to increase this knowledge.

I have written to all CCGs and LMCs in the North West ( see Appendix A) asking GP

Practices to record the status of Veterans with the relevant computer codes. These codes can then be searched and provide the numbers for your JSNA.

### **In conclusion:**

I am not pleading a case for special treatment for Veterans, but the evidence shows that they can have particular health needs related to their previous military service. The better we are able to identify Veterans, the more accurately we are able to target Health and Social Care resources.

*RG Jackson*

RG Jackson TD VR  
Chairman  
NHS Armed Forces Network NW

### **Resources**

1. This is the latest annual Government survey of the Health of Veterans:  
<https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2015>
2. This is the 2014 Royal British Legion survey:  
<https://www.britishlegion.org.uk/media/2275/2014householdsurveyreport.pdf>
3. This is the Health Education England e Learning package:  
<http://www.e-lfh.org.uk/programmes/armedforces>
4. This is the Forces in Mind Report Executive summary on JSNAs:  
<http://www.fim-trust.org/wp-content/uploads/2015/07/20150623-Call-to-MInd-Executive-Summary-23rd-June-20151.pdf>

### **Appendix 1.: Letter to CCGs and LMCs**



## **Bury Clinical Commissioning Group**

Issued electronically to :

all Northwest LMCs

Lancashire CCGs

Greater Manchester CCGs Cheshire and Merseyside CCGs

Dear Colleague

### **HEALTH CARE FOR THE ARMED FORCES VETERANS: FINDING THE FORGOTTEN**

I write as Chairman of the NHS Armed Forces Network (North West), one of ten regional bodies advising the NHS and others on delivering Health Care to the Armed Forces and Veterans.

Ex-Servicemen and women may have special needs due to physical or mental injuries and illness sustained in the line of duty. The Armed Forces Covenant acknowledges the Government's recognition of this, and requires the NHS and others to give Service personnel and Veterans priority, where their health has been affected by military duties. We believe there are approximately 526,000 Veterans in the NW, but we need accurate data.

As we approach Remembrance Sunday, and pay our respects to those who gave their lives for our nation, I need your help in ***Finding the Forgotten***. I want to find 10,000 additional Veterans by Christmas.

As a (retired) GP, I am wary of asking Practices to take on yet another task, but I feel this can be achieved by normal history taking and new patient registration. I would be grateful if GP Practice staff could complete the section on the GMS1 form for new patients, "*to be completed if you are returning from the Armed Forces*" when relevant. Everyone doing so, and all who are identified as a Veteran through, for instance, history taking in a consultation, should have the appropriate Read code for Veterans entered in their records (an average Practice of 8000 patients has around 384 Veterans).

**Chief Officer:** Stuart North **Chair:** Dr. Kiran Patel **NHS Bury Clinical Commissioning Group**

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**Our vision is to continually improve Bury's Health and Wellbeing by listening to you and working together across boundaries**

The Read Codes for Military Veterans are as outlined below:

System 1 TPP clinical systems: use **XaX3N** (code for Military Veteran)

EMIS Web, Vision, Microtest clinical systems: use **13Ji** (code for Military Veteran)

This enables Health & Wellbeing Boards to collect anonymised figures on the number of Veterans, for their Joint Strategic Needs Assessments so that Health resources can be focused accordingly.

When Veterans are referred to hospital for treatment of illness or injury related to their military service, their status as Veterans should be noted in order that the Military Covenant can give them priority where appropriate.

NHS Health Education England's free e-learning pack for all Healthcare professionals, clinical and administrative (<http://www.e-lfh.org.uk/programmes/armedforces> ) tells you all you need to know about health care for the Armed Forces Community.

A Press Release will be issued on 7 Nov 16, asking Veterans to make their status known; and in support of this, I am asking that you forward this letter to GP Practices within your locality as soon as possible so that they are aware of the campaign.

Yours sincerely,

RG Jackson

Dr Robin Jackson TD VR

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