



Royal College of
General Practitioners



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Meeting the Healthcare Needs of Veterans

A guide for general practitioners





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Veterans are the men and women who have served in the Royal Navy, Army and Royal Air Force (Regular or Reserve), and who have now left to rejoin civilian life. Because of their military service, their healthcare needs can be different from those of other patients.

The aim of this leaflet is to assist you, their current or new GP, by outlining some of these healthcare needs and to provide you with advice on how best to help veterans whose health has been affected. Thank you for taking the time to find out more.

Why are veterans treated as a special group?

Service in the Armed Forces is different from other occupations. Apart from the obvious uncertainties and dangers, Service people relinquish some of their own civil liberties and put themselves in harm's way to protect others.

As an illustration, the risk of death (occupational attributable mortality) for the Army overall is currently around one in 1000 per year, or about 150 times greater than for the general working population. Risk of serious injury (for example loss of limbs, eyes or other body parts) is substantially increased.

Because of this, the government promises to help and support people in the Armed Forces when they need it most. This is 'the Military Covenant', which is now to be enacted in law.

The general principle set out by government is simply for 'no disadvantage' to veterans and their families due to their military service, compared with society generally.

Who exactly is a veteran?

Veterans include anyone who has served for at least one day in the Armed Forces (Regular or Reserve), as well as Merchant Navy seafarers and fishermen who have served in a vessel that was operated to facilitate military operations by the Armed Forces.

It is estimated that there are around four million veterans, around half of whom left the Services before 1960. In addition, in the Armed Forces community, there are 5.4 million adult spouses, partners, widowers and child dependants. Around 18,000 Service people move back into civilian life every year, including around 2000 who leave the Services on medical grounds. Veterans may prefer to use other terms to describe themselves, such as 'ex-Serviceman'.

Medical records

Veterans are given a personal copy of their summary medical record when they leave the Services, together with information on how you, as their new or current GP, can obtain their full Service medical record if you need it. The Department of Health (DH) is currently working with the Ministry of Defence (MoD) to register Service leavers directly and facilitate direct transfer of their medical records to you as they register with your practice.



Credit: Justin Grainge



The DH suggests that veteran status is recorded in their medical record using the Read code 'History Relating to Military Service': Xa8Da.

Priority treatment

In 2008, the War Pensioners' entitlement to priority treatment in the NHS was extended to include all veterans. This entitled all veterans with health conditions that may be related to their military service to be given priority treatment.

The process is as follows. When referring a veteran with such a condition, simply include in your referral letter a statement that the health condition may be related to the patient's military service. You could use the following form of words in such a referral:

As this patient is a military veteran, and his (or her) current condition may be related to military service, this referral should be considered for priority treatment under the rules set out in the NHS Operating Framework 2008/9, paragraph 3.15, 2009/10 paragraph 66 and 2010/11 paragraph 2.55.

The concept of priority treatment is not for the veteran to be seen quicker than patients with greater clinical need. For conditions related to military service, the

DH directs that veterans at their first outpatient appointment would be 'scheduled for treatment quicker than other patients of similar clinical priority'.

Prostheses

Veterans who have lost limbs in military service and who have an MoD-fitted prosthesis have been given a commitment by the DH about prosthesis replacement. When needed, the replacement given by the NHS prosthetic limb service will be of at least an equivalent technological standard to the original MoD-issued prosthesis.

Mental health

Conditions of military service can affect veterans' mental health. Post-traumatic stress disorder (PTSD) can occur in a small minority of veterans. Some mental health problems will be unconnected with military service and can be assessed and managed as with any other patient. However, if a veteran's military experience appears to be a likely exacerbating factor, advice from and referral to specialist help is available if needed.

All veterans who have deployed on operations since 1982 and who have

medical problems (mental or physical) – which may be linked to military service – can be assessed by the Medical Assessment Programme (MAP), run by Dr Ian Palmer at St Thomas’ Hospital.

Additionally, the MoD and NHS have jointly piloted six regional mental health networks, which are reconfiguring into a long-term structure. Contact your nearest network for advice on assessment and referral, or, if these networks do not cover your area, contact the MAP (see p. 10).

There is some evidence that Reservists are more likely to develop mental health problems after deployment.¹ Veterans from the Reserve Forces who have returned from operations in 2003 onwards, and who have mental health problems possibly linked to their service, can either self-refer or be referred by you to the Reserves Mental Health Programme based near Nottingham.

Post-conflict syndromes

Extensive observational research carried out after the First Gulf War in 1990–91 found that Service personnel after the conflict reported a variety of symptoms (irritability, chronic fatigue, headaches and various other non-specific symptoms).²

Out of 53,500 UK troops involved, around 7000 have injuries or illness related to this deployment (such as multi-system illness, anxiety and other psychiatric disorders) and now receive war pensions or other assistance.

Post-traumatic stress disorder (PTSD)

- Re-experiencing symptoms (e.g. flashbacks) for more than six weeks after a traumatic event.
- Hyper-arousal or social avoidance.
- Associated with depression and/or alcohol misuse.³

Regional mental health networks

- Camden and Islington (London).
- Cardiff (Wales).
- Cornwall (Southwest).
- Lothian (Scotland).
- Stafford (Staffs/Shropshire).
- Tees, Esk and Wear Valleys (Northeast).

While research will continue to be carried out to identify specific causes of ill health after conflict, it has so far proven difficult in large, well-conducted studies to demonstrate that specific factors such as depleted uranium or vaccination schedules are a cause of such ill health. Similar frequencies of similar symptoms have occurred after other large-scale conflicts, such as the First World War.⁴

Those veterans who have concerns about their long-term health after operational deployment continue to have the opportunity for a full evaluation of their physical and mental health as part of the MAP at St Thomas' Hospital.

Some veterans have specific health concerns due to their participation in nuclear tests or experiments at the Porton Down research facility.

Nuclear test veterans

- Around 3000 surviving veterans of nuclear tests conducted in the South Pacific in 1950s and 1960s.
- Concern in some veterans about health issues such as cancer, genetic illness and miscarriage.
- Study began in 2009 to investigate the healthcare needs of these veterans and their families.

Porton Down volunteers

For almost a century, Service volunteers have helped in Porton Down experimental trials. In 1998, following some ex-volunteers' concerns, a helpline was set up to allow those who took part to see their records.

Helpline: 0800 783 2521.

¹ *Lancet* 2006; **367(9524)**: 1709.

² For example, see *Gulf War and Health*. Volume 8: Health Effects of Serving in the Gulf War. Institute of Medicine of the National Academies.

³ NICE Clinical Guideline 26; March 2005.

⁴ *British Medical Journal* 1999; **318**: 274, 290.

Databases of relevant scientific papers on military health topics are available at:

www.mod.uk/DefenceInternet/AboutDefence/WhatWeDo/Personnel/Pensions/LegacyHealth.htm

www.kcl.ac.uk/kcmhr/information/publications/publications.html

Health behaviours

Veterans may have health and help-seeking behaviours that are influenced by their experience in the Armed Forces. Consultation rates while serving are about twice the non-military average, partly due to a greater rate of musculoskeletal injuries and partly because in the Armed Forces they are not able to self-certify sick leave.



Credit: Justin Grainge

Alcohol and cigarettes are available duty-free while serving abroad, so are not subject to the same constraints on consumption due to cost that would be experienced in the UK.

Hospital waiting lists

'No disadvantage' means veterans should not lose their place on a hospital waiting list as they move house across the UK on leaving the Armed Forces. This has been set out in the NHS Operating Frameworks since 2008/9. These state that each PCT 'must ensure that processes are in place, including hospital-to-hospital transfers of care'. This is intended to provide a generally equivalent place on the new local area waiting list, taking into account clinical priority and overall waiting times in the new local area.

The process is as follows. Veterans who have started to receive secondary care can ask their original hospital consultant to refer them onwards to their new area of residence. The 'Interprovider Transfer Minimum Dataset' contains information to allow patients transferred in this way to have their waiting time preserved. A veteran who has moved house before a first outpatient appointment is usually expected to ask you as his or her new NHS GP to be re-referred locally.

If a veteran asks to be referred again in the new locality because hospital-to-hospital transfer of care has not occurred, please state this clearly in your referral. This will allow the local referral system to correct any disadvantage, using the processes your PCT has been directed by the DH to set up.



Financial assistance

If veterans present with an injury or illness that they believe is related to their service in the Armed Forces, but they do not receive financial assistance, they can be advised of the following schemes:

- War Pension Scheme (WPS) – for those with an injury or illness sustained on or before 5 April 2005; applications can only be made once the individual has left the Armed Forces
- Armed Forces Compensation Scheme (AFCS) – for those with an injury or illness sustained on or after 6 April 2005; applications can be made while serving for injuries or illness after 6 April 2010.

The Royal British Legion offers free advice for those who would like to make a claim from either scheme.

Future commissioning

Commissioning arrangements in the NHS will change in the future, with GPs gaining the main responsibility for decisions about the allocation of funding for services. This could be a useful opportunity for the needs of veterans to be clearly reflected in commissioning arrangements.

Useful links and contacts

- **Medical Assessment Programme (MAP)**,
The Baird Medical Centre, Gassiot House,
St Thomas' Hospital, Lambeth Palace Road,
London SE1 7EH.
Tel: 020 7202 8323 or 0800 169 5401
Email: map@gstt.nhs.uk
- **Reserves Mental Health Programme**,
Glencairn House, Chetwynd Barracks,
Chilwell, Nottingham, NG9 5HA.
Tel: 0800 032 6258
www.army.mod.uk/documents/general/dms_1eaflet_for_health_profs_and_individuals.pdf
- **NHS Choices**, *Veterans: mental health*.
www.nhs.uk/Livewell/Militarymedicine/Pages/Veteransmentalhealth.aspx
- **The Royal British Legion**.
Tel: 08457 725 725
www.britishlegion.org.uk
- **Ministry of Defence**.
www.mod.uk
- **Service Personnel and Veterans Agency**.
Tel: 0800 169 2277 (freephone, UK only)
www.veterans-uk.info
- **British Limbless Ex-Service Men's Association**.
Tel: 020 8590 1124
www.blesma.org
- **Combat Stress**.
Tel: 01372 587 080
www.combatstress.org.uk
- **St Dunstan's** (Support Blind Heroes).
Tel: 020 7723 5021
www.st-dunstans.org.uk

Mental health networks

- **Camden and Islington:** Veterans' Community Mental Health Service, London
The Traumatic Stress Clinic, 3rd Floor,
73 Charlotte Street, London W1T 4PL.
Tel: 020 7530 3666
Email: veterans@candi.nhs.uk
www.candi.nhs.uk/veterans/ (online referral form)
- **Cardiff:** Community Veterans Mental Health Service, Monmouth House,
University Hospital of Wales, Heath Park,
Cardiff, CF14 4XW.
Tel: 029 2074 2062
www.veterans-mhs-cvct.org/ (online referral form)
- **Cornwall:** Community Veterans Mental Health Service, Trevillis House, Lodge Hill,
Liskeard, Cornwall, PL14 4NE.
Tel: 01579 335226
Fax: 01579 335245
- **Lothian:** Rivers Centre, Tipperlinn House,
Tipperlinn Road, Royal Edinburgh Hospital,
Edinburgh, EH10 5HF.
Tel: 0131 537 6874
Fax: 0131 537 6104
- **Stafford:** South Stafford and Shropshire Healthcare NHS Foundation Trust, Coton House, St George's Hospital Site, Corporation Street, Stafford, ST16 3AG.
Tel: 01785 257888 (ext. 5280)
- **Tees, Esk and Wear Valleys:** St Aidans House, St Aidans Walk, Bishop Auckland, County Durham, DL14 6SA.
Tel: 01388 646 802
Email: veterans@tewv.nhs.uk
www.tewv.nhs.uk/Our-Services/Adult-mental-health-services/Community-Veterans-Mental-Health-Pilot/

For enquiries about Service medical records

- **Royal Navy:**
The Medical Director General
Medical Records Release Section
Institute of Naval Medicine
Alverstoke
Hants
PO12 2DL
Tel: 023 9276 8063
- **Army:**
Army Personnel Centre
Disclosure 3
Mailpoint 525, Kentigern House
65 Brown Street
Glasgow
G2 8EX
Tel: 0845 600 9663
- **Royal Air Force:**
Medical Casework 6
Air Manning Medical Casework
Headquarters Air Command
Room 1 Building 22
Royal Air Force High Wycombe
Walters Ash
Buckinghamshire
HP14 4UE

For enquiries about Porton Down records

- **Porton Down Volunteers Helpline**
Building 106
DSTL Chemical and Biological Sciences
Porton Down
Salisbury
Wiltshire
SP4 0JQ
Tel: 0800 783 2521



Royal College of
General Practitioners

About the Royal College of General Practitioners

The Royal College of General Practitioners (RCGP) is a network of over 40,000 family doctors working to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.

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www.rcgp.org.uk
Registered Charity Number: 223106



About the Royal British Legion

The Royal British Legion safeguards the welfare, interests and memory of those who are serving or who have served in the Armed Forces. We are one of the UK's largest membership organisations and recognised as custodians of Remembrance. We also run the annual Poppy Appeal. We provide welfare services and campaign on a range of issues for serving and ex-Service personnel and their families.

The Royal British Legion
Haig House
199 Borough High Street
London SE1 1AA

Tel: 020 3207 2100/08457 725 725
www.britishlegion.org.uk

Registered Charity Number: 219279



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About Combat Stress

Combat Stress is the UK's leading military charity specialising in the care of veterans' mental health. We treat a range of psychological conditions, including post-traumatic stress disorder (PTSD), depression and anxiety disorders. Our two key services are short-stay clinical treatment and community outreach – delivered by multi-disciplinary teams. Our services are free of charge to the veteran.

Combat Stress
Tyrwhitt House
Oaklawn Road
Leatherhead
Surrey, KT22 0BX

Tel: 01372 587 080
www.combatstress.org.uk

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