1. The Military Covenant

The Military Covenant states:

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families. They deserve our respect and support, and fair treatment. Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved. This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution. This has no greater expression than in upholding this Covenant.

The Military Covenant is an agreement between the Armed Forces Community, the Government and the Nation. On November 3rd 2011 The Military Covenant was enshrined in Law and put into the Armed Forces Act.

What this means to health professionals is that we need to offer ex-service personnel (Veterans) ‘Priority Treatment’.

The Covenant states:

Veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to clinical need. Those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation’s moral obligation to them whilst respecting the individual’s wishes. For those with concerns about their health, where symptoms may not present for some time after leaving Service, they should be able to access services with health professionals who have an understanding of Armed Forces culture.

In simple terms this means that if a veteran is suffering from a health condition that can be attributed to their military service then they should be given priority treatment. However to prioritise this does not mean they would just jump to the front of the queue. If people already waiting have a clear clinical need they should be prioritised, but if those waiting have an equal clinical need then the veteran should take priority.

2. The NHS Constitution

From July 2015, the NHS Constitution was updated and now states:

The patient will be at the heart of everything the NHS does. ... As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside.

3. What is a Veteran?

Ex-Service Personnel or Veteran are both terms that can be used to describe someone that has served in any of the three branches of the armed forces.
The Military Covenant states that;

The Armed Forces Community includes:

**Regular Personnel** – Individuals currently serving as members of the Naval Service (including the Royal Navy and Royal Marines), Army or Royal Air Force.


**Veterans** – Those who have served for at least a day in HM Armed Forces, whether as a Regular or as a Reservist.

**Families of Regular Personnel, Reservists and Veterans** – The immediate family of those in the categories listed above. This is defined as spouses, civil partners, and children for whom they are responsible, but can where appropriate extend to parents, unmarried partners and other family members.

**Bereaved** – The immediate family of Service Personnel and veterans who have died, whether or not that death has any connection with Service.

### 4. Mental Health and Armed Forces

The media have portrayed the military community as having Post Traumatic Stress Disorder (PTSD) as a main mental health issue. PTSD is an issue that would require treatment but there are more common mental health disorders that are likely to be experienced.

**PTSD** – The rates of PTSD in the regular forces is between 4% and 5% which is similar to that of the general population. This rate increases in the Reserve Forces (The Army reserve was previously known as the Territorial Army), this rate is closer to 6% to 7%. In Sussex there are very few regular forces but a large contingent of Reserve Forces, especially Infantry.

**Common Mental Disorders** – The rates of common mental disorders (e.g. depression or anxiety) are similar to the general public in ex-forces personnel. However deployed reservists are found to be higher than deployed regular or non-deployed reservists.

**Alcohol and Drugs** – Alcohol misuse is a significant problem for both serving persons and services leaves. The Hatch et al (2013) study shows that there is an 11.4% of serving personnel with alcohol misuse and 15.1% of service leavers.

**Aggression and Violence** – The MacManus et al (2013) study showed that there was an increased threat of violence behaviour in UK military and ex-military. This threat is mainly in men under the age of 30 and can be increased if they have been deployed in combat roles and traumatic events as well as post deployment alcohol misuse.

**Suicide** – The rates for suicide in serving military personnel is lower than the general population with the exception of young males. There are no accurate figures for ex-services personnel.

### 5. Physical Health

Seriously Injured Personnel have also benefitted under the Covenant, and developments since 2010 include the introduction of a Transition Protocol for Seriously Injured Service Leavers to create a seamless transition from Armed Forces to NHS care and the provision of national commissioning of specialist prosthetic and rehabilitation services for amputee veterans. Furthermore, the Veterans’ Prosthetics Panel meets regularly to consider applications for prosthetic components for veteran amputees.
5.1 Lost Voices
A Royal British Legion report on hearing problems among Service personnel and veterans 2015.

In summary, 11 per cent of surveyed veterans reported having problems hearing and six per cent reported tinnitus (ringing in their ears). Based on the Royal British Legion latest estimates on the size of the veteran population, this amounts to over 300,000 ex-Service personnel living with hearing loss.

If compare different age groups, veterans under the age of 75 are about three and a half times more likely than the UK population to report difficulty hearing. Those who have served in more recent conflicts may be at even greater risk: audiometric tests on infantry troops returning from Afghanistan in 2007/08 indicated that up to 14 per cent had suffered from hearing loss.

5.2 No One Alone Campaign
A national campaign is calling for healthcare professionals to ensure they signpost blind and vision impaired ex-Service men and women to vital sight loss services and support.

Blind Veterans UK are the leading organisation supporting vision impaired ex-Service men and women, regardless of when or for how long they served (also assisting those who have been injured in the line of duty with the emergency services). Blind Veterans UK get our blind veterans back on their feet, recovering their independence and discovering a life beyond sight loss.

To refer a veteran for support, or for more information about Blind Veterans UK’s No One Alone campaign, go to www.noonealone.org.uk

5.3 The Chavasse Report - The Evidence 2014
The “Chavasse Report” highlights the current problems and provides the solutions to ensure the on-going care of musculoskeletal problems for all service personnel by the NHS from 2014 onwards.

Musculoskeletal injuries are the most significant cause for medical discharges accounting to 60%. The commonest age range of discharged personnel is 30-45 years. As a consequence, it is likely that there will be a considerable need for on-going musculoskeletal health provision for these veterans as they age.

Our Reservists, as a consequence of the reorganisation of our fighting forces, will assume a more central role in our Nation’s security. Again, the most common complaint preventing deployment or training is musculoskeletal.

The government has taken steps to re-dress the disadvantages that veterans face. They have announced the availability of £22 million to support veterans’ physical and mental health from 2010 to 2015. It was announced by the Department of Health in February 2013 that, as a result of the Murrison Report £11 million was to be designated, over the next 2 years for prosthetics and rehabilitation services across the country for ex-servicemen and women who are amputees.

There is also the hidden group of MSK which veterans have highlighted to the Network where they have carried an injury whilst they served as a result causing issues which can manifest many years later.

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1 Royal British Legion survey of the ex-Service community, due for publication in 2014. Based on representative survey of 1120 veterans, 602 of whom were under the age of 75.

5.4 IVF
NHS England is responsible for commissioning IVF for Armed forces couples, even if only one of them is serving.

6. The 2015-2016 NHS Contract
The NHS Standard Contract 2015/16 Service Conditions - Provision of Services SC1 1.4 with the definitions and interpretation in General Conditions giving a link to the Armed Forces Covenant.

7. Employers:
- Wellbeing of employee
  - Veterans - Access to Support
  - Reservists - deployment
- Reservists
  - HR policies
  - Training and development - benefits
  - Call out notices, pay, pension, length of deployment

A useful site which will aid all managers is: http://www.sabre.mod.uk

See suggested policy http://www.sussexarmedforcesnetwork.nhs.uk/veteransreservists/

8. Help and Support in Sussex
In some areas of the country specialist services have been set up for working with veterans, and these mainly focussed on PTSD. As it has already been mentioned this is not the key area of work and other conditions are more likely to be seen.

In Sussex the approach has been taken to support ALL mental health services to be able to work with veterans’ mental health needs. Similarly MSK and audiology services are being enhanced to managed the armed forces community. To date 70 Armed Forces Champions were trained to support local services in working with veterans across Sussex. These champions are embedded in a wide selection of mental health teams as well as MSK services, Police, Probation, charities, Housing, Employment and local council. Each Champion received training on military culture as it states in the Military Covenant, local resources to support veterans and given a resource pack to take back to the work place.