

## GP Veteran Friendly Practices

The Royal College of General Practitioners has developed the 'Veteran Friendly GP Practice Accreditation Programme', which involves a simple online process of accreditation where practices are required to meet the specified criteria and provide evidence that they are supportive of veterans' healthcare. They are working with NHS England and NHS Improvement to accredit GP practices as 'veteran friendly'. As part of this accreditation, GP practices are required to have a **clinical lead** on veterans in the surgery and be CQC rated at least good. This should be a registered health care professional, but could be a nurse or paramedic, rather than a GP.

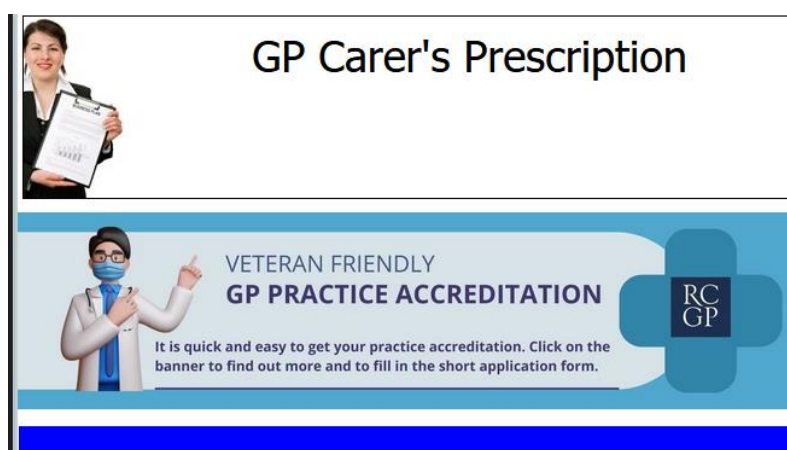
The clinical lead is required to undertake dedicated training, attend training events (RCGP or other provider), stay up to date with the latest research and innovations and ensure that the practice is meeting the health commitments of the Armed Forces Covenant.

Each practice will be provided with a full list of appropriate support services, as part of its accreditation support. The accreditation system is voluntary and requires each practice to code each veteran patient. Accreditation lasts for three years and helps increase the GP practices understanding of the health needs of veterans and the services available to them.

Nearly **1,500** GP practices (approx. 22%) in England are already accredited through this programme but less than 10 out of 115 GP Practices in Surrey. It is recognised that practices are under extreme pressure at the moment and it is difficult to take on something new – the challenge is to show the benefits and show what a difference this scheme makes.

Officers are working with partners in the following areas to increase the number of practices registered whilst trying to ensure this isn't a tick box exercise:

- We are aware that many veterans (or their partners) are carers. We are therefore working closely with Surrey Heartlands/Surrey County Council colleagues that lead on carers to encourage more GP surgeries to sign up to become veteran friendly.
  - The following header has been added to the Carers Prescription which when clicked on goes to the accreditation website.



- An article on Veteran Friendly GPs has been included the most recent edition of the 'Surrey Joint Carers Programme Newsletter' which has been circulated to all GP practices in Surrey.

- Peter Bruinvels will be presenting at the Carers Conference on 2 November on the Armed Forces Covenant Duty and there will also be presentations on Veteran Friendly GPs, veteran hubs and support available for Armed Forces carers.
- Ashford and St Peter's Hospitals are holding an event (hybrid) on 8 March for all GP practices in the NW which will include a focus on Veteran Friendly GP Practices with Surrey officers playing a leading role.
- The North West Surrey (NWS) Alliance are looking at developing a new North West Surrey Armed Forces Covenant Lead role based within Ashford and St Peters Hospitals but working with partners across the NWS Alliance area. The role will provide strategic and operational leadership for the Armed Forces community in collaboration with care partners in the NWS Alliance. This will include promotion of Veteran Friendly GPs, maintaining Veteran Aware accreditation and promotion of the Defence Employer Recognition Scheme.
- All but one of Surrey's NHS Trusts have been accredited as 'Veteran Aware', and each acute hospital has a GP link. Ashford and St Peters NHS Trust are using this link to promote Veteran Friendly GP Practices and will share this best practice with other Trusts.
- Colleagues are exploring whether the Surrey Training Hub <https://www.surreytraininghub.co.uk/> (which is accessible to GPs) could have a section for resources for GPs for Veteran Aware Accreditation and promoting armed forces training days etc.
- Officers have written the Armed Forces Community section of the updated draft of the Joint Strategic Needs Assessment which is produced by the Health and Wellbeing Board (Annex A) and sets out the benefits of becoming veteran friendly including having a greater understanding of the needs of patients and how to better support them as well as helping to meet the requirements of the new duty.
- Ockham Health Care, which supports innovation in General Practice has produced a podcast on Veteran Friendly GPs explaining what the scheme is and offering insight and guidance on making healthcare more accessible for those who have sacrificed the most but whose needs are often overlooked. The podcast also cites an independent evaluation of the scheme undertaken by Chester University which shows that 99% of Primary Health Care staff who responded stating that they would recommend the programme. The podcast can be accessed via [Podcast - Practice Index - The RCGP Veterans Healthcare Toolkit - Ockham Healthcare](#).
- Officers are in the process of developing a flyer which can be circulated to GPs or included within newsletters promoting Veteran Friendly GPs which addresses the key points which are seen as a barrier to GPs registering which include understanding what is involved, the time it will take and the number of veterans in the local area.

## **Annex A**

### **Armed Forces Community**

#### *Why/how does the issue impact on MH*

The Armed Forces Community includes serving personnel, reservists, ex-service personnel/veterans and their families. Veterans are defined as anyone who has served for at

least one day in the British Armed Forces. The term veteran in this document is used to represent all former Armed Forces personnel.

For most people service in the Armed Forces has a positive impact on their life and the majority of service personnel do not experience mental health problems while they are in service or when they transition into civilian life, and incidences of common mental health disorders such as depression and anxiety are similar to those seen in the general public.

Experiences during service and the later transition to civilian life mean that different factors may trigger mental health issues. The most common mental health problems for ex-Service personnel are alcohol problems, gambling, depression and anxiety disorder with a minority suffering Post Traumatic Stress Disorder (PTSD).

Mental health issues can sometimes be exacerbated by post-service factors, such as difficulties in making the transition to civilian life, marital problems, and loss of family and social support networks. Some younger or single veterans are more likely to run into difficulties than others, with pre-service problems being an important factor, and the culture of some heavy alcohol use within the services is a significant problem<sup>[4]</sup>. Veterans are also vulnerable to social exclusion and homelessness, both of which are risk factors for mental ill health.

Early Service Leavers who have served for a relatively short period are also more likely to experience problems transitioning back to civilian life and can be at higher risk of suicide in the first two years after leaving service. A contributing factor may be that more comprehensive resettlement support package is only available to those with four or more years' service and those who are medically discharged.

### *How many veterans there are in Surrey?*

Based on the 2018 GB Veterans Model it is estimated that there were 2.5 million veterans in 2016 (63% of which are over 65 years and 90% are male) with a projected fall to 1.635 million by 2028 (56% of which would be over 65 with 87% male). Current estimates show that there are approximately 40,000 veterans in Surrey with higher numbers in Surrey Heath, Guildford and Waverley. More accurate figures will be available with the release of data from the 2021 census.

### *Incidence*

Rates of mental health problems amongst serving personnel and recent veterans appear to be broadly similar to the UK population as a whole (DoH 2009), but working age veterans are more likely to report suffering from depression and anxiety<sup>1</sup>. Health data for Service Leavers demonstrates that the majority (92%) depart in good health ([vtrreport.pdf](#) [\(veteranstransition.co.uk\)](#)). In 2020/21 ([20210715 - MedDisBulletinFinal - O](#) [\(publishing.service.gov.uk\)](#)) mental and behavioural disorders was one of the top three causes for medical discharges from the services alongside musculoskeletal disorders and injuries. Mental health and behaviour discharges accounted for 24% of Royal Naval medical discharges, 46% of RAF medical discharges and 47% of Army medical discharges.

There is growing evidence that some mental health conditions may present many years after leaving the services - research shows that it takes 12 years on average for an ex-service person to ask for support [Ashcroft, 2014]. Most veterans developing mental health problems experience a common mental disorder such as depression or anxiety, with a smaller number diagnosed with Post Traumatic Stress Disorder. The rates of PTSD in the combined Regular Forces and Veteran population is about 6% compared to between 4%

and 5% in the general population. In the Reserve Forces the rate is reported as being around 6% to 7%. Veterans also experience a higher rate of alcohol abuse. A survey of both serving personnel and veterans found the weighted prevalence of common mental disorders and PTSD symptoms in veterans was 4.8%. The most common diagnoses were alcohol abuse (18.0%) and neurotic disorders (13.5%), and some reservists were at a greater risk of developing psychiatric problems than regular service personnel. The suicide rate during and after service is also broadly similar to the rest of the population, although there is an increased risk for young men under 24 who leave the forces early - approximately two to three times higher than the risk for the same age group in the general and serving populations<sup>iii</sup>.

<sup>iii</sup> [veterans-mh-services-engagement-rep.pdf \(england.nhs.uk\)](#) (2016)

Department of Health (2009 a) New Horizons: A shared vision for Mental Health  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_109705](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109705)

<sup>iii</sup> Kapur N, White D, Blatchley N, Bray I, Harrison K (2009) Suicide after leaving the armed forces. Public Library of Science website  
<http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.1000026>

[Developing mental health services for veterans in England engagement report. \(2016\)](#)

### *Services*

[Op COURAGE](#) is NHS England's bespoke mental health treatment pathway for veterans. This comprises the Mental Health Transition, Intervention and Liaison Service (TILS), High Intensity Service and Complex Treatment Service. TILS operates in locations close to the veterans requiring support and this includes running sessions out of Guildford Fire Station. The NHS England's Veterans Trauma Network supports veterans with Service-related injury and illness to access appropriate care. The Network works alongside Op COURAGE.

Social Prescribing is a key component of Universal Personalised Care and link workers have an important role in supporting our local ex-service personnel around a range of issues including mental health, social isolation and finance.

There are also a number of Service Charities that provide services to support veterans with mental health issues, including Combat Stress, many of which can be contacted via the Forces Connect App (free to download on Apple and Android).

Networks for armed forces leads within health and other services including DWP are expanding and are linking into other blue light services and health networks across the country to help ensure shared knowledge and a joined up service.

OpCOURAGE contact number:- 020 3317 6818 [cim-tr.veteranstilservice-lse@nhs.net](mailto:cim-tr.veteranstilservice-lse@nhs.net)

### *Any service gaps?*

There is a need for an increased understanding of the profile of the Armed Forces community among primary and secondary care and the support available to them through NHS services such as Op Courage and the third sector including Combat Stress. Veterans are proud people and often do not like to ask for help and support until they reach crisis point. This is exacerbated by their belief that civilian healthcare providers will not understand or support them and they often have to retell their story many times. Settings need to improve their data collection which will help to identify who are veterans and thereby inform whether their health needs are being met. As part of this more information is required to

understand the needs of certain underserved communities including foreign and commonwealth veterans, armed forces carers, female veterans and LGBT veterans that may have mental health issues which arise from the historic former ban on LGBT serving in the Armed Forces.

The majority of Surrey's acute hospitals have achieved the Veteran Aware Status but only a small number of GP practices have become accredited as Veteran Friendly GPs. A promotion of the benefits of this accreditation will help increase the recording of veterans/Reservist status and understanding of the needs of the Armed Forces community and therefore how they can support their needs by asking the question 'have they or their partner ever served in the British Armed Forces?'.

When service personnel leave the Armed Forces their health care transfers from Defence to the NHS. It is important that GP practices find out whether new patients have recently left the Armed Forces so that their medical records can be transferred.

There is a need to ensure that all Social Prescribers are upskilled in the needs of the Armed Forces community and the support available to them. The close links with the GP practices is key, and referrals from GPs (and other agencies) need to identify whether the patient has previously served – this should always be identified if practices have become accredited as Veteran Friendly GPs.

There is a network of veteran hubs across the county that provide support for veterans. These mainly meet during the working week in the day and veterans have reported that there is a lack of availability of services that they can access if they work during the day.

#### *Any Recommendations to commissioners?*

The Armed Forces Covenant is a promise by the nation founded on the unique obligations and sacrifices of those who serve, or have served, in the Armed Forces, that they and their families should be treated fairly. The Armed Forces Act 2021, which is due to come into effect in late Autumn 2022, places a legal duty (the 'Covenant Duty') on specified public persons and bodies to have due regard to the principles of the Armed Forces Covenant when exercising certain statutory functions in the fields of education, housing and healthcare (including mental health). Although the private and third sectors are not in scope of the Covenant Duty, relevant functions which have been contracted out to them are – in these cases health/local authorities need to ensure that any third parties exercising functions on their behalf comply with the Covenant Duty and therefore this duty should be reflected in relevant contracts.

In terms of healthcare the provision of services, planning and funding and co-operation between bodies and professionals are all within scope of the new Duty within the following settings and training needs to be carried out to ensure all are aware of their obligations:

- NHS Primary Care services, including general practice, community pharmacies, NHS dental, NHS optometry services and public health screening services.
- NHS Secondary Care services, including urgent and emergency care, hospital and community services, specialist care, mental health services, and additional needs services (as applicable).
- Local authority-delivered healthcare services, including sexual health services and drug and alcohol misuse services.

It is also important that the needs of the Armed Forces community are understood by Social Prescribers and this could be reflected within commissioning documents.

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