

# THE SCOTTISH OFFICE

# National Health Service in Scotland Management Executive

St. Andrew's House Edinburgh EH1 3DG

Dear Colleague

#### PRIORITY TREATMENT FOR WAR PENSIONERS

### Summary

1. This letter is to remind staff about the arrangements for priority treatment of war pensioners. This follows a request from the Department of Social Security and the emergence of Trusts.

# Background

- 2. Circular SHHD/DGM(1990) dated 6 July 1990 explained that a war pensioner is someone who has a pension or who received a gratuity for disablement caused by armed service during the 1914-18 and 1939-45 wars and service after 1945. Merchant seamen and civilians who receive pensions for wartime injuries are also war pensioners.
- 3. In 1953, hospitals run by the Ministry of Pensions for the treatment of war pensioners were transferred to the NHS. The Government gave an undertaking that there would be priority examination and treatment for war pensioners in NHS hospitals for the condition or conditions for which the war pensioners received a pension or gratuity.
- 4. In accordance with this undertaking, priority is to be given to war pensioners both as out-patients and in-patients by NHS hospitals, including NHS Trust hospitals, for examinations or treatment which relates to the condition or conditions for which they receive a pension or gratuity (unless there is an emergency case or another case demands clinical priority). Priority should not be given for unrelated conditions.
- 5. Referrals for treatment should make it clear that the patient is a war pensioner and requires treatment for the condition or condition for which the war pensioner was given a pension.

22 September 1992

#### Addressees

<u>For action</u>: General Managers, Health Boards

General Manager, Common Services Agency

General Manager, State Hospital

Chief Executives and Chief Executive Designate, NHS Trusts

To be copied to Unit General Managers for action

#### Enquiries to:

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# Action

- 6. General Managers and NHS Trust Chief Executives should ensure that relevant hospital staff and general practitioners are aware of the principles set out above.
- 7. This letter should be copied to Unit General Managers for action as required.

Yours sincerely

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SHHD/DGM (1990)

Health Board General Managers General Manager, Common Services Agency

NFG/12/14

6 July 1990

Dear General Manager

PRIORITY TREATMENT FOR WAR PENSIONERS
SCOTTISH HOSPITAL MEMORANDUM 20/1973 AND ECS(M) 18/1973

The Department has issued periodic reminders to Boards of the undertaking which exists to give priority to war pensioners needing examination or treatment for their pensioned disablement in NHS hospitals. The last such reminder was issued in December 1983 and drew to the attention of Boards Scottish Hospital Memorandum 20/1973 and ECS(M) 18/1973.

Paragraphs 2 to 4 of the guidance in SHM 20/1973 reads as follows:

- 2. Priority is to be given to all hospitals in the NHS to war pensioners (including civilian and mercantile marine pensioners) needing examination or treatment as out-patients or admission as in-patients in respect of their accepted disablement, subject only to the needs of emergency and other urgent cases which must take precedence. This priority is to apply whether the pensioner is referred to the hospital by a general medical practitioner or a medical officer of the Department of Health and Social Security.
- 3. Priority should be given to war pensioners only if the need is related to the pensioner's accepted disablement, and not to other conditions, and general practitioners are being reminded through Executive Councils and Local Medical Committees to make it clear in referring pensioners to hospital when the condition requiring attention is connected with the accepted disablement.
- 4. The term "accepted disablement" refers to the condition for which the war pensioner has been granted a pension.

The term war pensioner covers those who have a pension for disablement caused by armed service during the 1914-18 and 1939-45 wars and service after 1945. Merchant seamen and civilians who receive pensions for wartime injuries are also war pensioners.

In view of the passage of time since the previous reminder, I should be grateful if you could ensure that the provisions of SHM 20/1973 are being followed and, in particular, that relevant hospital staff and general practitioners are aware of the principles set out above. If observance of these principles is in doubt, then Boards should ensure that they are reflected in contracts and service agreements.

Yours sincerely

Richard Grant

RICHARD GRANT