

Dear Colleague

ACCESS TO HEALTH SERVICES FOR ARMED FORCES VETERANS - EXTENSION OF PRIORITY TREATMENT

OBTAINING THE MEDICAL HISTORY OF ARMED FORCES PERSONNEL ON THEIR RELEASE FROM HM FORCES

Summary

1. This guidance updates and extends existing guidance on [Priority Treatment for War Pensioners - HDL \(2006\) 16](#). From 29 February 2008, all veterans (including those who have served as reservists) should receive priority access to NHS primary, secondary and tertiary care for any conditions which are likely to be related to their service, ***even when they are not in receipt of a war pension***, subject to the clinical needs of all patients.

Action and Monitoring Arrangements

2. NHS Boards are asked to ensure that general practitioners, and heads of service in secondary care, in making referrals for diagnosis or treatment, are aware of the current priority treatment provisions and of their extension to all veterans who have a condition that is likely to be related to their service, subject to clinical need.

3. NHS Boards are also asked to ensure that all relevant hospital staff are aware of this letter and the extension of priority treatment to all veterans, for conditions which are likely to be related to their service, subject to clinical need.

4. Although we do not expect significant difficulties or extra demand/work for NHS Boards, we will monitor any impact following the introduction of the extension of priority treatment and expect NHS Boards to do likewise, raising any concerns identified with Scottish Government Health and Wellbeing Directorates. It will be particularly important to monitor the impact on a range of services, such as mental health, audiology and orthopaedic services, given the prevalence of armed forces personnel who may have cause to access these particular services.

CEL 8 (2008)

13 February 2008

Addresses

For action

Chief Executives, NHS
Boards, Special Health Boards
and National Services
Scotland, Director, Health
Facilities Scotland,
Director, Health Protection
Scotland, Chief Executive,
State Hospitals Board for
Scotland

For information

Academy of Medical Royal
Colleges
BMA
Veterans Scotland
Chief Executive, Citizens
Advice Scotland
Chief Executive, NES Scotland

Enquires to:

Blood and Rehabilitation
Equipment Branch, Patients &
Quality Division
Ground East Rear
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Tel: 0131-244 6913
Fax: 0131-244 2989
Sylvia.shearer@scotland.gsi.gov.uk
<http://www.scotland.gov.uk>



5. Each NHS Board is asked to appoint a senior member of staff to have overall responsibility in ensuring the implementation of these guidelines and to record any difficulties that may arise. **Boards are asked to provide Branch 3, Patients & Quality Division of the Healthcare Policy and Strategy Directorate, with details of the named individual by 28 March 2008.**

6. The Directorate will shortly organise a workshop for those individuals, representatives from veterans' organisations and representatives from Citizens Advice Scotland to establish and promote a general understanding of what is meant by priority treatment throughout NHS Scotland and the veteran community in Scotland. The Directorate will also contact the NHS Board representatives 18 months after the guidelines have been implemented to discuss their impact on services and any significant issues that have arisen.

Background

7. The definition of a veteran is someone who has served at least one day in the UK armed forces (including those who have served as reservists).

8. Under long-standing arrangements since 1953, war pensioners are given priority NHS treatment for the conditions for which they receive a war pension or gratuity, subject to clinical need. Current guidance on this is set out in HDL (2006)16. This guidance states that general practitioners and NHS hospitals should give priority to war pensioners, both as out-patients and in-patients, for examination 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. Veterans should not be given priority treatment for conditions unrelated to service in the armed forces.

9. Research shows that for most members of the armed forces, service is a positive experience, allowing them to enjoy a more favourable life trajectory. Some veterans do, however, have service-related health conditions. There are about 170,000 UK veterans who receive war pensions (or another form of compensation) as a result of a service-related condition, and who therefore have eligibility for priority treatment under the NHS for that condition. Other veterans will have received a lump sum gratuity rather than a pension, because the degree of disablement caused by service is relatively minor. They too are now eligible for priority treatment for service-related conditions, as are veterans who have an assessed degree of disablement caused by service but to whom no award is paid, such as audiology (see paragraph 12).

10. Some service-related health problems do not manifest themselves until after a person has left the armed forces. Claims may be made for a war pension at any time after service termination.

Extension of Current Guidance

11. Where a person has a health problem as result of service to their country, it is right that they should get priority access to NHS treatment, based on clinical need. They should not need to have first applied, and become eligible, for a war pension. ***Eligibility is related to people's history in the services and not exclusively related to deployment or taking part in conflict.***

12. It is recognised that, with much faster access to NHS treatment for all patients, the priority treatment provisions are less significant than they were in the past. Nevertheless, there may be occasions where a veteran could benefit from priority access. It is suggested that veterans are mostly likely to present with service-related conditions requiring:

- audiology services - the guidance on priority treatment for war pensioners applies also to service-related noise-induced hearing loss, which is accepted as related to service, but for which no award was paid because the level of disablement fell below the threshold for compensation. Lack of clarity about this group's entitlement to priority treatment in the past may mean that some veterans, who have not previously applied for priority treatment, may come forward now. In addition, there will be future groups of veterans for whom hearing loss may be an issue.
- mental health services - veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge, including issues related to co-morbidity from substance misuse and alcohol addiction. It can be particularly difficult establishing whether a condition is due to service and its implications in providing treatment. Some community service pilots have been launched in England and we are currently working to establish a pilot in Scotland.
- The MoD, in 2007, established a programme for members of the Reserve forces with mental health problems associated with operational deployment. The Reserves Mental Health Programme (RMHP) offers services to current reserve personnel and those demobilised since January 2003, following overseas deployment. Referrals to the RMHP are through general practitioners. Departments of Community Mental Health facilities in Kinloss, Leuchars and Faslane offer mental health assessment and, where appropriate, outpatient treatment provided by Defence Medical Staff personnel. Those assessed as requiring treatment, other than on an out patient basis are referred to NHS care facilities in Scotland. For more information on eligibility, referral, assessment and treatment, telephone 0800 0326 258 or access the MoD website at www.army.mod.uk/rtmc/rmhp.htm
- orthopaedic services - injuries incurred during a person's time in the armed forces may, in some cases, present problems some time after discharge and require access to services such as physiotherapy, pain management and rehabilitation.

Next Steps

13. General practitioners are therefore asked, when referring a patient that they know to be a veteran to secondary or tertiary care for a condition that, in their clinical opinion, may be related to their armed forces service, to make this clear in the referral (as long as the patient is content that the referral mentions their veteran status).

14. It is not appropriate for clinicians to ask all patients systematically whether they are veterans suffering from a condition that they believe to be related to their armed forces service. It may be, in some cases that veterans will, themselves, raise the fact they believe their condition is related to service. It will then be for the clinician to decide whether priority should be given to their case. Where clinicians agree that a veteran's condition is likely to be service-related, they are asked to prioritise veterans over other patients with the same level of clinical need.

15. It is for clinicians to determine, on the balance of probabilities, whether it is likely that a condition is related to service.

16. The extension of priority treatment to veterans should apply to new GP referrals from 29 February 2008. Unless there are exceptional circumstances, the change should not apply to anyone who has already been referred for treatment or who is already undergoing treatment, as to prioritise them at this stage could affect other people who have already received dates for appointments. It may, however, be that veterans will raise with clinicians in secondary care the fact that they believe that their condition is related to their service. Such cases should be referred to the “head of service” in the same way that issues raised by veterans with clinicians working in the community and primary care are referred to the general practitioner. It will then be for the senior clinician or the general practitioner to decide whether priority should be given to their case.

17. All veterans are able to use the NHS Complaints Procedure to resolve any breakdowns in the arrangements for priority treatment. It is hoped, however, that initially, attempts would be made to resolve this without recourse to the formal procedures. It may be helpful to note that each NHS Board has an agreement with a Citizens Advice Bureau within its territory where health issues in particular can be directed. A list of these is appended at Annex B.

18. The Scottish Government and the Ministry of Defence are aware that confusion can arise when veterans interpret “priority treatment” as “preferential treatment”. We are working together with MoD, Veterans organisations in Scotland and CAS to provide information which clarifies this issue and assists in raising awareness and understanding of priority treatment principles with NHS staff. This will also give advice to veterans on how to apply for a war pension.

19. General Practitioners or other clinicians should not normally become involved in war pension eligibility issues, apart from providing the appropriate information when available, and directing veterans to the Service Personnel and Veterans Agency as required, at the following address:

Service Personnel and Veterans Agency
Norcross
Thornton Cleveleys
Lancashire
FY5 3WP

Tel: 0800 169 22 77

Veterans.help@spa.gsi.gov.uk

OBTAINING THE MEDICAL HISTORY OF ARMED FORCES PERSONNEL ON THEIR RELEASE FROM HM FORCES/RECORDS TRANSFER

20. For MOD personnel, form FMed4, containing all the Service GP records plus hospital letters etc, is archived by the Navy, Army and RAF.

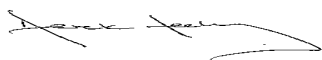
21. All departing Service personnel have a discharge medical and an opportunity to document any harm that has occurred that could be attributable to service (e.g., high-tone hearing loss in gunners), to ensure there are no loose ends and to prepare a summary for the civilian GP with whom the patient registers. This summary (form FMed 33) is 2 sides of

A4 and, as well as significant events, it includes vaccinations etc. and is given to the departing service person.

22. When the ex-Service person registers with a civilian GP practice, that practice can apply to the relevant Service repository for medical records to obtain a copy of the individual's full medical record (with his/her written consent). This is the case whether or not the person was medically discharged.

23. The ex-Service person should, however, be able to furnish the civilian GP practice with a copy of Form FMed 33. An example of that form, which also contains the relevant contact addresses to apply for full medical records is appended at Annex A.

Yours sincerely



Derek Feeley
Director of Healthcare Policy and Strategy

ANNEX A

ACCESS TO HEALTH SERVICES FOR ARMED FORCES VETERANS – EXTENSION OF PRIORITY TREATMENT

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ANNEX B

ACCESS TO HEALTH SERVICES FOR ARMED FORCES VETERANS – EXTENSION OF PRIORITY TREATMENT

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The Independent Advice and Support Service (IASS) is part of the Scottish Citizens Advice Bureau Service, and funded by local NHS Boards. It aims to support patients, their carers and relatives in their dealings with the NHS and in other matters affecting their health.

IASS Contacts in each NHS Board Area				
NHS Board Area	Bureau In Each Area	Lead CAB	IASS Worker Contact Details	Implementation Date
Ayrshire & Arran	East Ayrshire, Arran, Irvine, Kilbirnie, Largs, Saltcoats	East Ayrshire	Two part time caseworkers based in North & East Ayrshire CABx.	Still under negotiation
Borders	Central Borders, Peebles, Roxburgh	Peebles	<p>Suzanne Dyer – Peebles iass@peeblescab.casonline.org.uk 0792532549</p> <p>Helen Young - Kelso iass@roxburghcab.casonline.org.uk 07760306201</p>	01 April 2007
Dumfries & Galloway	Annan, Castle Douglas, Dumfries, Dumfries & Galloway, Stranraer	Dumfries	<p>Sam Johnston samjohnston@dumfriescab.casonline.org.uk 01387 739802 Based at Dumfries CAB</p>	01 April 2007
Fife	CARF, Cowdenbeath, Cupar, Dunfermline, Glenrothes, Kirkcaldy	CARF	<p>1. Alison Mackay AMackay@carfonline.org.uk</p> <p>2. Heath Carter HCarter@carfonline.org.uk</p>	Due to launch mid - November

			<p>CARF Wellesley Road Methil Fife KY8 3QR</p> <p>01333 592600</p>	
Forth Valley	Clackmannanshire, Denny & Dunipace, Falkirk, Grangemouth & Bo'ness, Stirling	Clackmannan -shire	<p>David Watson DavidWatson@AlloaCAB.casonline.org.uk</p> <p>Based in Clackmannanshire CAB 01259 219404</p>	01 June 2007
Grampian	Aberdeen, Banff & Buchan, Moray	Aberdeen	<p>IASS Telephone Number: 0845 330 5012</p> <p>Shona Leith - Aberdeen CAB Mon & Tue 9.30 to 4.00 Mon 10am - 1pm (Advice line) Tues 1pm - 4pm (Advice Line) iass@aberdeencab.casonline.org.uk 01224 569760</p> <p>Alison Buyers - Banff & Buchan CAB Wed and Thurs 10am - 3pm (Advice Line) alisonbuyers@aberdeenshireCAB.casonline.org.uk 01779 478585</p> <p>Mary Riley - Moray CAB Thurs 09.30am - 4pm (Advice Line) Fri 09.30am - 4pm (Advice Line) IASSAdmin@moraycab.casonline.org.uk 01343 555262</p>	29 January 2007

<p>Greater Glasgow & Clyde</p>	<p>Bridgeton, Castlemilk, Citizens Advice Direct, Drumchapel, Dumbarton, Easterhouse, East Dunbartonshire, East Renfrewshire, Glasgow, Greater Pollock, Maryhill, Parkhead, Renfrewshire, Rutherglen & Cambuslang</p>	<p>Easterhouse</p>	<p>Telephone Number: 0845 2311010</p> <p>Helen Gourlay - East Renfrewshire Mon - Thurs HelenGourlay@eastrenfrewshirecab.casonline.org.uk 0141 881 3660 or Mob 07925115251</p> <p>Nigel Walker Bureau@edbartoncab.cabnet.org.uk 0141 7753227 or 07884051284</p> <p>Lisa Hughes lisahughes@bridgetoncab.casonline.org.uk 0141 5545505 or 07908360909</p>	<p>Interim service from 01 December 2006. Staff recruited and in post from March/April '07.</p>
<p>Highland</p>	<p>Argyll & Bute, Caithness, Inverness, Lochaber, Nairn, Ross & Cromarty, Skye & Lochalsh</p>	<p>Ross & Cromarty</p>	<p>From 1/08/07 all seven bureau will deliver basic advice & support to patients referred on to them with NHS concerns etc. 4 part time caseworkers will be recruited to start work by 1/01/08 to deliver full support to patients. The workers will be based at</p> <p>TBC - Argyll and Bute</p> <p>Sue Chadney- Lochaber (covering Lochaber and Skye and Lochalsh areas) SueChadney@LochaberCAB.casonline.org.uk 01397 706126</p> <p>Donna Campbell – Raigmore Hospital Inverness (covering Inverness, Nairn and Badenoch and Strathspey areas) DonnaCampbell@RaigmoreHospitalCAB.casonline.org.uk</p>	<p>Interim service from 1 August 2007</p> <p>Full service 1 January 2008</p>

			Yvonne Hutchison - Ross and Cromarty (covering Ross and Cromarty, Sutherland and Caithness areas) TBA	
Lanarkshire	Airdrie, Bellshill, Clydesdale, Coatbridge, Cumbernauld, East Kilbride, Hamilton, Motherwell & Wishaw	Airdrie	Evelyn Anderson Tuesday, Wednesday & Friday evelynanderson@coatbridgecab.casonline.org.uk 01236 429338 Val Costello Monday, Wednesday & Thursday valcostello@clydesdalecab.casonline.org.uk 01555 664301	01 September 2006
Lothian	Dalkeith, Edinburgh Central, Gorgie/Dalry, Haddington, Leith, Musselburgh, Penicuik, Pilton, Portobello, West Lothian	Edinburgh Central	Rowena Price Monday to Friday rowena.price@citizensadviceedinburgh.co.uk Contact Citizens Advice Edinburgh at 58 Dundas Street Edinburgh 0131 558 3681 Mob 07948 841 827	01 April 2007 interim service From 9 July 2007 Caseworker in post to give full support.
Orkney	Orkney	Orkney	Bureau will deliver service via volunteers Anchor Buildings, 6 Bridge Street, Kirkwall, KW15 1HR Public Tel: 01856 875266 bureau@orkneycab.casonline.org.uk	1 July '07
Shetland	Shetland	Shetland	Angus Davidson angus.davidson@shetland.gov.uk 01595 694696 5 hr/week	1 January 2007
Tayside	Perth, Dundee, Arbroath, Forfar, Montrose	Angus Arbroath	3 part time caseworkers based at Angus Montrose, Dundee and Perth CABx. Kathy Anderson Montrose CAB 18 hr/week KathyAnderson@MontroseCAB.casonline.org.uk	01 April 2007

			<p>01674 673263</p> <p>Dawna Ashby Perth CAB 18 hr/week AshbyD@PerthCAB.casonline.org.uk 01738 624301(advice) 01738 564304 (appointments)</p> <p>Kate Maclean Dundee 25 hr/week KateMaclean@DundeeCAB.casonline.co.uk 01382 431592 9am-5pm Mon, Wed & Fri 3pm -7pm Thurs</p>	
Western Isles	Barra, Harris, Lewis, Uist	WICAS Harris	<p>Contact each bureau as the service is delivered locally 2 hr/wk at each CAB office.</p> <p>Barra 01871 810608 Harris 01859 502431 Lewis 01851 705727 Uist 01870 602421</p>	01 October 2006