

VETERANS' HEALTHCARE SURVEY REPORT

For NHS Portsmouth Clinical Commissioning Group

by Company of Makers

30 November 2016

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Foreword



I would like to thank Company of Makers for the huge enthusiasm, effort and energies they have put into conducting the Veterans' Healthcare Survey, producing the report and helping to organising the event at the Mountbatten Centre on November 30, 2016.

As home to the Royal Navy and a former major army garrison town, I strongly feel that the Portsmouth community, including the NHS, has a duty to make special efforts to understand some of the issues facing former military Service personnel as they try to integrate as seamlessly as possible into civilian life.

At the start of this process, the CCG set out to try to encourage many more Veterans to register with their GP practice and ensure that their GP knows that they are Veterans and is aware of some of the potential issues that result from Service life so we 'catch them before they fall.'

Importantly, we also wanted to give Veterans a voice to influence and co-design the services they receive and take more responsibility for managing their own long-term conditions.

The survey has given us valuable evidence which highlights a number of issues, some of which we previously suspected but now have the evidence to try to address.

The recommendations which have come out of this report, and the staging of the healthcare event, are evidence that we mean business and are determined to make a real difference to the healthcare – and lives – of the men and women who have Served their country so well.

Not all of the discussion points that come out of this report are issues that the CCG can address or solve – as they are outside of our remit. But where we can act to try to make a difference, we will. You have our promise on that.

Dr Elizabeth Fellows

Chairman of NHS Portsmouth CCG Governing Board and Veterans' lead

Background to the survey



In 2015/16, Company of Makers (CoM) undertook detailed research into the healthcare needs and experiences of former members of the Armed Forces.

The survey was supported by NHS Portsmouth Clinical Commissioning Group (CCG) to find out more about Veterans' health needs and experiences in Portsmouth in order to help inform and develop future health service provision for local Veterans, Reservists and their families.

The research took the form of a survey - see Appendix 1. The survey was promoted in Portsmouth using a combination of traditional and digital techniques. For survey methodology, see Appendix 2.

The survey produced significant information and useful feedback about Veterans' views and experiences. It was anonymous but some comments and information received may be potentially identifiable within a close-knit community so it will not be made public to ensure that patient confidentiality is maintained. This report provides an overview of the key findings and resulting recommendations.

Summary of Responses

CoM secured 1,780 completed surveys, surpassing their original target. The postcode of respondents was a voluntary question and 345 returns confirmed a Portsmouth postcode of PO1 - PO6. Of the remaining returns it is not known if these were Portsmouth patients, but 799 returns voluntarily disclosed living in PO1 - PO41 and these recipients may have accessed some healthcare services within the Portsmouth area. It was not felt at the time that inclusion of postcode should be a mandatory question, but completion of it in all cases would have allowed for further comparison between areas.

Most surveys (1,658) were completed online, with Facebook promotion a successful element of the process. There were 122 hard copy returns.

Further information regarding geographical breakdown of survey respondents from Portsmouth - gender, age, Service, rank, and most active deployments - is in Appendix 3.

Overview

Overall, this research highlights that there is a vast difference between many Veterans' perception of the care they received from the military and NHS services.

"The care I am receiving on the NHS is at a significantly lower level in terms of frequency of appointments, level of expertise and equipment available."

CoM believe that a "catch them before they fall" attitude would be beneficial, regarding military resettlement procedures and GPs spotting issues attributable to military Service, including mental health.

"The medical care I received for my rehab has been second to none. Emotional help, absolute ZERO."

Further challenges include GPs not knowing that their patients are Veterans, Reservists or Service families and not understanding the nature of Service life, so may not identify related issues.

Findings demonstrate that Portsmouth has a diverse Veteran population with a variety of needs. Respondents were not asked about their experience of the military resettlement process or transitioning from military to civilian healthcare, however, in the 'free-text' comment boxes, 25% of the total 1,780 respondents raised these as areas for improvement, along with 12% feeling that their GP does not understand military culture.

"Wellbeing element needed in resettlement to help prevent feelings of isolation on mental health."

Although we did not explicitly include a survey question regarding transition from military to civilian healthcare, the sentiment expressed in the comment boxes revealed that many Veterans feel a sense of loss after leaving the military, missing the camaraderie, banter, structure and discipline. Being used to hierarchy and giving/following instructions without question is different to civilian life.

"GPs do not understand the Forces way of life."

Comments point to most re-adjusting with little difficulty, going on to have new careers; but for some, this is not so. Some say they didn't know what to wear as a civilian, being used to uniform; didn't know what to do, where to go or when, as life had been strictly timetabled. Some felt lonely, being used to colleagues around 24/7 living on a base, military 'patch' or on deployment. Language and culture so familiar disappeared. Social isolation can be particularly problematic for those without a supportive home life to return to on discharge. For some, being discharged can be challenging because their partner and/or family may not be used to having them around as much and the Veteran may not be used to being part of family life full-time which can cause friction.

"We are all regimented. Give us a step-by-step guide to re-entering civilian life."

Key Findings

1. Service History and Deployment

From comments received within the survey, we ascertained that physical health problems most commonly considered by respondents as due to military Service relate to neck, back, hips, knees; hearing; asthma and respiratory problems. Issues include gunshot wounds, amputation, manual handling, asbestos on ships, aircraft noise, jet engine fuel, skin cancer and nuclear submarines. Conditions most commonly reported but not necessarily related to military Service are diabetes, cancer, and heart disease. Of respondents who confirmed as Portsmouth residents, 35% were not deployed, 28% were deployed once and 37% multiple times. Deployment can have an enduring effect on physical and mental health and we believe impact can increase the more deployments a person is engaged in. Prolonged separation from family or frequent family relocations can also impact on health and contribute to marriage and family break-ups.

"I do not feel I was of right mind to be fully discharged. The military should have shown more of a duty of care for me and my family's well-being. There was zero duty of care towards me or my family throughout my time in the Armed Forces."

As expected for 'The Home of the Royal Navy', most (62%) of those respondents who confirmed Portsmouth residency, are Naval veterans; with a significant population of Army Veterans (30%) and 8% former Royal Air Force. Portsmouth Royal Navy (RN) Veterans have been heavily involved in all major deployments, even those often perceived as Army deployments.

(See Appendix 3, Fig. 1: 'Deployments by Service' chart)

More Tri-Service working means that more RN personnel are deployed on land operations. This highlights the importance of Veterans not only flagging their military status with their GP but also providing an overview of what their work entailed; additionally, the importance of GPs learning more about military culture and the nature of Service work. Just knowing that a patient is a Veteran or in which Service they Served may not be enough because a GP could assume that a Naval Veteran has not been exposed to certain situations thinking they are deployed only at sea, not on land.

For all deployments, physical health was the most commonly reported disability, with Afghanistan (2001-15) providing the highest (33%) prevalence of physical health issues; except for operation Telic in Iraq (2003-09) where 32% said that they experienced mental health challenges. Broadly speaking, the prevalence of mental health problems increases in more recent conflicts. This could be due to a greater number of Veterans reporting mental health issues.

(See Appendix 3, Fig. 2: 'Deployments and reported disabilities for Portsmouth respondents' chart)

2. Transition: Military to Civilian Healthcare

Specific questions were not asked about military resettlement procedures, but from the ‘free text’ boxes where respondents voluntarily provided comments, we were able to identify key themes. The fact that there was no prompting to comment on this subject highlights the power of the clear themes that emerged. This evidence demonstrates that Veterans feel the need for NHS services to work together with military resettlement and military medical teams so that Service leavers seamlessly become civilian patients, ensuring for example, that military medical records are accessible by GPs on discharge.

“My GP hasn’t got any records of my past medical history when in the military or any operations.”

“MOD Service medical records are not shared or passed on to the NHS as a matter of routine. The MOD will only release medical records from a Veteran’s Service in connection with a specific medical condition or enquiry. As a result, Veterans have an incomplete medical history. Allow sharing of Veterans’ Service medical history with GPs and the NHS, this should be open and transparent.”

36% of total 1,780 respondents suggested improvements they would like to see, including:

“Have GPs attend resettlement courses to advise leavers how important it is to register immediately on discharge. It could be that local GPs provide application forms and welcome information leaflets.”

“As part of the discharge package it would be prudent that there be a Healthcare Continuity Service. This should be a pack with information but also a presentation held prior to discharge where, after a talk outlining what to do after discharge, a clinic could be held during which personnel have access to a one-to-one with a medical rating where individual needs could be addressed.”

“Ensure that Veterans have a complete “handoff” when they leave the Services. This should include helping them to understand their rights and helping them to register with healthcare providers.”

25% of total respondents felt that improved continuity of care from military doctors to civilian GPs is needed, particularly for people being medically discharged and those at risk of vulnerability, including potential mental health issues or homelessness.

“In the MOD discharge medical as routine for all staff, need to look for those vulnerable and organise an NHS care package before that person leaves.”

“Registering with a doctor is not the easier thing when you don’t know where you will settle.”

“Need to look more closely at what care needs transferring and treatment continuing, before leaving Services and arranged before discharge. Continuation of ongoing treatment from military Service would be nice rather than it stopping abruptly.”

“It would be nice if the military could have liaised with a GP or hospital about my medical condition, and notes exchanged. I felt I was losing my pride.”

“Absolute zero follow-up. I was just a number, never a name.”

Where respondents provided comments, many perceive that the military resettlement programme is effective for transition from military to civilian careers, although 25% of total respondents didn’t feel it prepared them well for the emotional side of leaving.

“Resettlement is good at training you for future employment.... There is no preparation for the psychological and emotional fall-out or support with managing it. For this to happen, the military would be reliant on being told it is needed and military people don’t like talking about their feelings, especially men. Help for the emotional aspect of having Served is needed.”

“The process is utterly soulless and gives no feeling of gratitude when you are leaving; you just feel like you are not appreciated in any other way than ensuring that they get your ID card back! There is no wellbeing element included in the resettlement process other than having an exit medical... Some warning that isolation is a very common emotion after leaving is needed.”

19% of total 1,780 respondents commented that information and education about accessing civilian healthcare is needed and registration with a GP should be done with the support of the resettlement team prior to discharge.

“Prior to leaving, need details of GP surgery, automatic transfer of medical records and registration to the nearest one to your discharge address, so when you leave you are already signed up.”

“Personal leaving information is needed, i.e. who you should be contacting/ registering with, not ‘cheers for your card - there’s the gate’...”

3. Veterans' Experiences of NHS Healthcare

When asked the direct question of rating NHS healthcare it was positive that most (93%) respondents who confirmed Portsmouth PO1-PO6 residency rated their GPs as 'average or above' (7% rated GP service 'poor'), and 90% rated secondary care (provided by a specialist clinician or facility following referral by a GP) as 'average or above' (10% rated secondary care 'poor').

"They need more staff so they can devote time to dealing with Veterans and complex health issues. I do not blame my surgery as they are generally excellent in providing appropriate healthcare, however there are only so many hours in the day for a busy GP."

Where there was the option of adding comments in the 'free text' boxes, feelings expressed were not consistent with the positive statistics and this may be because the commentary analysis was taken from the total 1,780 respondents and not limited to those confirmed as Portsmouth residents; however, we found no difference in the themes of Veterans' comments across locations. Many comments could relate to 'civilian patients' as well as Veterans e.g. issues with receptionists, booking appointments, delayed or non-existent referrals to secondary care; but we are focusing on issues specific to Veterans.

"I was just thinking I wish I was still in, as the military medical service was far superior to anything in civvy street. GPs just do not understand or seem to care. But they are stretched to their limits."

When expectations are not met, there is a perception that the system is not working. 18% of total respondents' comments highlighted dissatisfaction with GP consultations and secondary care.

"GP did not take time to read my notes."

From the 'free text' comments, we can recognise that there is a perception that the standard of medical care in the military is higher than the NHS.

"In most cases in my experience, Service personnel had access to faster reacting and more comprehensive medical facilities in their own units."

"The difference between military and civilian staff is amazing. Professionalism and sense of duty is evident in the former and sadly lacking in some of the latter."

"More info. is needed to get doctors involved with the Services. We are used to 24/7 access to the best medical services available. NHS is not even in the same ball park as the Forces medical services."

When asked direct questions about registering with a GP, 46% of those respondents confirmed as Portsmouth residents registered with a GP in less than 1 month of discharge, 17% within 1-2 months, 15% within 2-6 months, 20% took more than 6 months to register and 2% hadn't registered with a GP.

Of those confirmed as Portsmouth residents who did not register within 1 month of discharge, 65% had 'no need to see a GP', 18% were 'not sure how to find and register with a GP' and 4% had 'no fixed address' so felt they could not register.

Although 98% of Portsmouth respondents had registered with a GP since being discharged, over half were not registered as a Veteran with their GP (27%), or were unsure (31%) if they had registered as a Veteran. From comments in the 'free text' boxes, some Veterans commented that this was because the surgery or GP does not ask new or existing patients or because Veterans think it is irrelevant, no-one is interested or will understand.

"The question needs to be asked as to whether a new patient is a veteran. What did their Service involve? Better continuity of care is needed and better understanding of the environment in which they have Served."

"Surgeries could actually find out by asking if you are a Veteran. They should also ask if you are a Serving family as separation affects health, including that of children."

The 'free text' boxes prompted a sense of lack of faith in civilian medical staff for some Veterans. Organisational issues contributed – such as late-running appointments (for people used to military time-keeping) and misplaced notes or referral letters not being sent out may signify 'chaos' to some Veterans resulting in anxiety about attending and/or lack of confidence in civilian doctors or healthcare staff.

"There is a fear of asking for help from someone not wearing a uniform!!"

"Provide access to Service medical officers as they are likely to understand more."

"By many standards, Civvies seem incapable of comprehending the demands, commitment and stresses of Service life and the fact that for many of us, the experiences endured, way of life and lessons learned, can change us and stay with us indefinitely and are etched into our core."

4. GPs' Understanding of Military Culture

Of the voluntary comments in the 'free text' boxes, 12% of the total 1,780 respondents mentioned this theme. 8% perceive that 'civvy' doctors lack awareness, understanding, knowledge or interest in military culture or a patient being a Veteran and do not listen. Individual comments made include:

"I don't feel GPs are interested in military Service or have any understanding of what military life is like."

"My overall experience is poor. They don't know what you have been through. People in ex-Forces are more likely not to tell anyone unless asked."

Examples of where improved knowledge of Service life may help GPs and Veteran patients:

"I want to talk about stuff but no one can relate to me. Fitting in to normal life is hard. Sometimes I feel the time I spent separated from my family was like being in prison. We are probably quite scary to your everyday GP."

"GPs need to be aware that as a former Service person, we are different in what treatment we have received, injections that a normal person would not receive such as Anthrax, Hepatitis and others."

"Understand the position of Service personnel (& MoD) returning from overseas Service."

"Understand the loss of identity of being a member of the Armed Forces."

GPs could be more aware that accessing help with health care (physical and mental) is not necessarily part of military mentality:

"Unless a practitioner has Served, few have the ability to understand the 'stiff upper lip' attitude and reticence to go into depth over problems, particularly mental health."

"As a Veteran I don't ask to see a GP unless I am physically struggling to function to get out of bed."

"I have never divulged the effect my leaving had on my feeling of wellbeing. I don't think Service personnel (& Veterans) are good at asking for help perhaps."

"Veterans need help with recognising they need help and not being too proud to admit that fact."

Suggestions of improvements that Veteran patients would like to see include:

"GPs could make it known to Veterans they are interested in them as a Veteran and any residual impact of Service they may be experiencing."

"Information of full medical history from time in Service should be provided and GP should cover this on first appointment."

"Further training for health professionals in respect of issues that may be specifically encountered by Veterans."

“Pop-up surgeries at stakeholder events, participation of surgeries / practice managers / GPs.”

When asked the direct question ‘How well does your GP know you’, 69% of those who confirmed as Portsmouth residents stated their GP ‘knows them’, with 31% feeling that their GP does not know them at all - when asked ‘why not?’, 31% said they ‘rarely visit the GP’ and 4% ‘never visit the GP’.

“Often many leave ill equipped for civilian life and may not have personal support services and limited knowledge of health services.”

42% ‘rarely see the same GP twice’, 13% ‘never see same GP twice’. From the ‘free text’ boxes, 4% of total 1,780 respondents commented that not having continuity of care from the same GP is a problem - having to explain complex medical histories within limited time with a GP who doesn’t know them or their history, nor understands the military context and can’t spot issues associated with their Service early enough, if at all; both regarding mental health and Post Traumatic Stress Disorder (PTSD) and physical problems. For instance, the impact of not seeing the same GP could be that they do not know the Veteran enough to spot subtle changes in their mental health. Also, Veteran patients may not feel able to build a trusting therapeutic relationship with their GP, important when disclosing sensitive issues.

“Need to see the same GP every time as they get to know your medical problems and root causes. This will save the GP and Veteran time and understanding of an individual’s medical issues when presented.”

“Need to see the same GP consistently - one who empathises with the hidden scars of war.”

One issue that became apparent was that if a GP or other healthcare staff do not know that a patient is a Veteran, Reservist or Service family, it is unlikely, even if they have some knowledge of the patient and of military culture, that they are able to start making links between military life and the patient’s health. This was highlighted by the voluntary comments made in the ‘free text’ boxes, 4% of the total 1,780 said that GPs need to ask existing patients, as well as new registrations, if they are Veterans; they also need to find out about personal Service history to make links between current issues and nature of Service, which could help with discovering and treating Service attributable problems.

“An awareness is needed by GPs and NHS services that Service men and women are possible health service users, and they are in need of help for both psychological and physical treatment. Obvious when limbs are missing but inner scars are hidden.”

5. Mental Health Support

Of the respondents who confirmed Portsmouth residency, 19% stated that they had issues with their mental health. From the voluntary 'free text' boxes, 5% of 1,780 total respondents commented on the need for specialist NHS mental health services for Veterans.

"My story is possibly very similar to many ex-Servicemen and women who have struggled with mental health issues and feeling almost rejected by the NHS & associated services."

Comments provided in the 'free text' boxes also painted a picture of how mental health issues can manifest for Veterans, including social isolation.

"I have many health issues and feel very isolated. I feel totally abandoned."

It became apparent from comments that issues may live buried for many years, triggered by an unrelated major life event further down the line, so a Veteran may not make the link between their Service life and what they start experiencing later as a civilian. It may not always be former frontline personnel that experience mental health issues attributable to deployment e.g. emotional impact on military doctors and nurses, on helicopter rescue crew helping injured or distressed colleagues, support staff witnessing the impact of environmental disasters or helping with a humanitarian crisis, office-based staff making phone calls to families notifying them of a loved one's injury. It is also clear that the impact of Service life often falls heavily on partners and families and this sometimes continues after discharge, with some finding it difficult to transition to civilian life.

"They should be more aware of PTSD and what it does to those that have it. Not just the sufferers but what it does to those closest to them. There is very little support, if any in some areas, for dependents."

Comments providing examples of Veterans' experiences of NHS mental health services and the perceived need for more support with non-PTSD specific issues include:

"I felt they did not appreciate the depth of my despair or the fear I had. Being a Veteran, we rarely go on about being ill or what is bothering us, we just try to get on."

"Need to have specialist professionals dedicated towards Armed Forces mental health issues. Still feel that civilian mental health services could offer better support for Veterans."

Examples provided of the perceived need for quicker, specialist support with PTSD include:

"This is an area of the country (Portsmouth) with a high Service and Veteran population - giving primary, urgent, and Emergency Care providers training on how to deal with the more unique aspects of Veterans would help them deal with those in need more efficiently."

"Dreadful care received. They have admitted that they don't specialise in Combat PTSD."

"Some of the injuries and deaths we dealt with on deployment - I get easily emotional and cry at times."

“Better knowledge of Veterans’ needs is needed by healthcare professionals. Especially related to PTSD. No support on discharge. You hand your ID card in and that's it. If you leave and you're ill it's a real challenge to find the right help/support, this needs addressing.”

“Why am I crying? Listen to us don't be judgmental. I got the same reply on numerous occasions
"There's nothing we can do" so now I suffer in silence, I have little trust, sorry.”

6. Veterans' Expectations of NHS Healthcare

Expectation of civilian healthcare for some is based on ideas around the *Priority Treatment Pledge (PTP) and the *Armed Forces Covenant (AFC).

"Consultants are unaware of the Armed Forces fast-tracked system for the treatment of PTSD."

*** Priority Treatment Pledge:**

"When Servicemen and women leave the Armed Forces, their healthcare is the responsibility of the NHS. It is highly important for continuing healthcare that you register with an NHS GP and remember to tell them you've Served. All Veterans are entitled to priority access to NHS care (including hospital, primary or community care) for conditions associated to their time within the Armed Forces (Service-related). However, this is always subject to clinical need and does not entitle you to jump the queue ahead of someone with a higher clinical need."

<http://www.nhs.uk/NHSEngland/Militaryhealthcare/veterans-families-reservists/Pages/veterans.aspx>

***Armed Forces Covenant:**

"To those who proudly protect our nation, who do so with honour, courage, and commitment, the Armed Forces Covenant is the nation's commitment to you. It is a pledge that together we acknowledge and understand that those who Serve or who have Served in the Armed Forces, and their families, should be treated with fairness and respect in the communities, economy and society they Serve with their lives. The covenant focusses on helping members of the Armed Forces community have the same access to government and commercial services and products as any other citizen."

<https://www.armedforcescovenant.gov.uk/>

Further reading, 'Our Community – Our Covenant' report 2016: <http://www.fim-trust.org/reports/>

When asked the direct question about awareness of the PTP, 20% of those who confirmed Portsmouth residency said that they are. Although not asked about the AFC, 6% of the total 1,780 respondents voluntarily mentioned the AFC.

"GPs need a clearer understanding of the Armed Forces Covenant so that Veterans get priority care for injuries and illnesses sustained while Serving."

Of those respondents who are aware of the PTP and AFC, there is significant perception that they are not working, that GPs and other healthcare staff do not know what they are and that they are the same thing. Whilst they are related, they are not the same and this may lead to confusion about the purposes of the PTP and AFC, and lack of understanding of the aims can lead to perception of them failing.

"I think that Veterans who have been in a war zone should have all the medical and social care they need and not just shut the door when they leave the Armed Services".

“There should, in my opinion, be proactive systems in place to make first contact, some sort of properly funded oversight might in the long run save millions. Veterans need prodding to look after themselves. Even if they refuse care, that is better than those who want and need it slipping through the net because the system seems not to care”.

“NHS as a whole needs to keep to the Priority Treatment agreement. No Trust seems to honour it at all. Mental health services are the worst by a long way. Cutbacks make access miniscule at best.”

Additionally, some respondents perceive that Veterans are entitled to unconditional preferential NHS healthcare, however, the PTP and AFC cannot provide this. They support enhanced access to NHS care for issues diagnosed as attributed to military Service and GPs provide treatment according to clinical need. The PTP and AFC are government initiatives and not within the immediate control of NHS Portsmouth CCG, however, during discussions about this, both CoM and NHS Portsmouth CCG feel the most useful way to address access locally is by Veterans registering their status with their GP.

From the comments in the ‘free text’ boxes, many Veterans expect the NHS to operate in a similar way and to a similar standard as the medical support in the military. However, as the NHS is not geared up to function in this way, the perception is that it is ‘not working’.

“Servicemen / women are used to phoning the Med Centre and getting an appointment for that day. In Civvy street, you have to get past the receptionist then hope to get an appointment that week. It is hit and miss which doctor you get to see.”

A key insight provided explains how military personnel are maintained as ‘fit to fight’ but it is felt that there is no preventative NHS healthcare so patients only see their GP once unwell.

“There has been no ‘management’ of my health needs, no proactive or pre-emptive care, I arrive at my GP when it has already failed catastrophically.”

“Rather than associating injuries with the Forces, provide better investigation and secondary referrals.”

Many Veterans had lengthy military careers, with an average of 16 years for respondents who confirmed as Portsmouth residents and a few respondents commented about how Serving personnel can become used to ‘everything being laid on’ and knowing that ‘someone’s got your back’ - they felt that Service leavers could take more initiative and responsibility for their own healthcare when they become civilians.

“I found that the information was provided about accessing services. I also think that you have an individual responsibility in taking ownership in arranging these services.”

Recommendations

Company of Makers (CoM) believe that using the survey evidence to affect change to benefit Veterans', Reservists' and Service families' health is essential. Those Veterans who have contributed are helping themselves, their partners and families, to transition with ease from military to civilian life and to remain healthy members of civilian society. In response to the statistical data and Veterans' comments gathered, a selection of CoM's recommendations is below:

1. Marketing Campaign

To encourage Service leavers to register with a GP straight after discharge and for new Service leavers, Veterans, Reservists and Service families to highlight their military status to their GP. CoM have applied, with the support of NHS Portsmouth CCG and Veterans Outreach Support (VOS), to the Armed Forces Community Covenant Fund to *"...run a marketing campaign to encourage Portsmouth Veterans, Reservists and Service family members to register as such with their GPs. This will be achieved by producing promotional videos for distribution online and possibly in GP surgeries. This will be extensively promoted using a targeted Facebook advertising campaign and supporting posters and leaflets, distributed by libraries, community and leisure centres, pharmacies and GP surgeries."*

2. Veterans' Healthcare Event

As a result of the survey and subsequent discussions, NHS Portsmouth CCG and CoM are co-organising a Veterans' Healthcare Event to create a direct line of communication between the CCG and its Portsmouth Veteran patients. This will be held on the 30th November 2016 at the Mountbatten Centre, Portsmouth.

3. Veterans' Patient Participation Group

One key objective of the Veterans' Healthcare Event is to establish a Portsmouth Veterans' Patient Participation Group to provide Veterans with a 'voice' and opportunity to influence their future healthcare provision. This group will seek to increase membership beyond the event and will be facilitated by the CCG.

4. Military Resettlement

Health and wellbeing should be a compulsory part of military resettlement procedures. CoM will liaise with the CCG and VOS to engage with Portsmouth's military resettlement service.

5. Surgery Staff Training

Should be provided for GPs and patient-facing staff to ensure that there is a greater understanding of the nature of military life, for Serving personnel and their families, Veterans and Reservists. This will be achieved through the CCG's quarterly 'Target' meetings, Primary Information Portal (GPs' IT system with information for practices) and raising awareness of current NHS online training provision including:

NHS Choices (Healthcare for the Armed Forces population)

<http://www.nhs.uk/NHSEngland/MilitaryHealthcare/Pages/Militaryhealthcare.aspx>

e-Learning for Healthcare (NHS Healthcare for the Armed Forces)

<http://www.e-lfh.org.uk/programmes/nhs-healthcare-for-the-armed-forces/open-access-sessions/>

6. Mental Health Support

Veterans facing mental health issues that may be a result of military Service need to be identified and diagnosed earlier so they can be referred to specialist support. This can be achieved by raising awareness of the services of VOS with both GPs and Veterans. We would also seek to influence Portsmouth City Council's and the CCG's mental health strategy (the current strategy does not reference Veterans' mental health).

In addition, NHS England has commissioned the *'Developing Mental Health Services for Veterans in England Engagement Report'* (prepared for NHS England by NEL Commissioning Support Unit, September 2016) and that will *'inform commissioning intentions for future mental health services for Veterans'* at a national level, with procurement underway September 2016 and an expected contract start date of April 2017 (Paragraph 11, 'Next Steps' of the report, page 122).

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/09/veterans-mh-services-engagement-rep.pdf>

7. Veterans Managing their Healthcare

Throughout the survey, respondents compared the 'Fighting Fit' approach to military healthcare to the NHS approach of visiting the GP when you are unwell. This, combined with GPs' and other healthcare staff's lack of understanding of military culture, has led to expectations not always being met and/or patients not understanding the differences between military and NHS healthcare provision. It is essential to close this gap. One aim of the marketing campaign is to encourage Veterans and Reservists to state their Service background every time they see their GP. Also, the campaign will highlight the difference between military and NHS healthcare provision.

8. Supporting Military communities

More health and wellbeing support is needed for partners and families of Serving personnel, Veterans and Reservists. Locally, the Royal Navy has recognised this (as both a wellbeing and retention issue) for Serving personnel and, with the support of the RNRMC, is converting several offices into 'family flats' so that Serving single parents can have their children on base for a short time. There are many challenges facing military families, not least of which the issue of social isolation and a lack of awareness of what support services are available. To help address these issues, the CCG will raise awareness of organisations providing support to military families with the GP Signposting Project - details below:

"Funded by NHS Portsmouth Clinical Commissioning Group, this Action Portsmouth project helps local GPs to find additional support for their patients. We make sure all the groups and organisations we recommend meet good governance requirements, and keep up-to-date with new services and changes to existing provision."

<http://actionhampshire.org/representation-and-networks/portsmouth-organisations-and-groups/gp-signposting-project>

Conclusion

Firstly, thank you to every Veteran who took the time to complete the survey and those who took part in videos to encourage others to respond. We would also like to thank the numerous organisations and individuals without whose help, support and guidance, the survey and this report would not have been possible.

Finally, we would like to thank NHS Portsmouth CCG for making this report happen – without which, this event would not be possible.

A key focus of this report and healthcare event was to give Portsmouth Veterans an opportunity to have their opinions heard in relation to their healthcare. Whilst we make no pretence to having all the answers and solutions, we do believe that giving a voice to those with first-hand experience can make a real difference.

The survey provided new insights and confirmed what was suspected, but now with hard evidence, action can be taken to make improvements locally. As 'The Home of the Royal Navy', Portsmouth is demonstrating that it is progressing towards becoming the exemplar in Veterans' healthcare provision and Company of Makers will continue to support improvements to the wellbeing of our Veterans and the wider military community.

Appendix 1 – Armed Forces Veteran Healthcare Survey

ARMED FORCES VETERAN HEALTHCARE SURVEY		DEMOGRAPHICS		Q6 RELATIONSHIP STATUS		Q11 DEPLOYMENT AND SERVICE HISTORY		
INTRODUCTION <p>On leaving the Armed Forces, you as a Veteran, became responsible for managing all aspects of your transition to civilian life, which included the requirement to manage your health care. This is something that you had not previously had to consider as within the Services all health care was automatically provided wherever you served. There is a perception, and some anecdotal evidence, that Service leavers may not register with a GP and neglect other areas of their health.</p> <p>Thank you for taking part in this survey, as we want to find out from those who have left the Armed Forces what barriers, if any, you encountered in accessing healthcare, how long you took to register with a GP, and if there was a delay why did it happen, how confident you are in accessing the services you need, for instance treatment for ongoing medical conditions, mental health support or rehabilitation and if you have registered as a Veteran.</p> <p>This survey should take no more than 15 minutes to complete.</p> <p>All data gathered will be stored securely and the anonymous data will be shared between Company of Makers and Portsmouth Clinical Commissioning Group.</p>		Q1 AGE	<div>18-24</div> <div>25-34</div> <div>35-44</div> <div>45-54</div> <div>55-64</div> <div>65-74</div> <div>75 or older</div>	Q6	<div>Married</div> <div>Widowed</div> <div>Divorced</div> <div>Separated</div> <div>In a domestic partnership or civil union</div> <div>Single, but cohabiting with a significant other</div> <div>Single, never married</div> <div>Prefer not to say</div>	Q11	<p>Everyone's Service experience is unique and different and some events and types of Service may affect long term wellbeing.</p> <p>During your Service career where were you deployed? Please tick all that apply and please include any that you may have undertaken as a Reservist.</p> <p>Please also indicate any particular types of activity you undertook which you think might be of note.</p>	<div>Northern Ireland (1969-1998)</div> <div>Falklands (1982)</div> <div>Iraq (Op Granby) (1990-1991)</div> <div>Iraq (Op Telic) (2003-2009)</div> <div>Afghanistan (2001-present)</div> <div>Balkans (1992-2001)</div> <div>Korea (1950 -1953)</div> <div>Sierra Leone (2000)</div> <div>Cyprus (1950 -1959)</div> <div>Humanitarian Aid (please specify)</div>
		Q2 GENDER	<div>Male</div> <div>Female</div> <div>Transgender</div> <div>Prefer not to say</div>	Q7 SERVICE HISTORY	<p>Q7 SERVICE (select all that apply)</p> <div>Royal Navy /Royal Marines</div> <div>Army</div> <div>Royal Air Force</div>	Q12 OTHER EXPERIENCES	<p>General Experiences or other Deployments and Activities (please give details and dates)</p>	
		Q3 ETHNICITY	<div>Please state</div> <div>Prefer not to say</div>	Q8 YEAR JOINED SERVICE		Q13 Are you in receipt of a War Pension?	<div>YES (now go to Q14)</div> <div>NO (now go to Q15)</div>	
		Q4 DISABILITY	<div>None</div> <div>Physical</div> <div>Sensory</div> <div>Mental Health</div> <div>Learning difficulty/disability</div> <div>Dementia/Alzheimer's</div> <div>Prefer not to say</div> <div>Other (please specify)</div>	Q9 YEAR LEFT SERVICE				
		Q5 POSTCODE		Q10 RANK ON DISCHARGE	<div>JNCO/JR</div> <div>SNCO/SR</div> <div>Officer</div>			

Q14

As a 'War Pensioner' are you aware of the *Priority Treatment Pledge*?

YES

NO

If you would like more information, this link gives a good summary of what is available for those in receipt of a war pension or payment under the armed forces compensation scheme, <https://www.gov.uk/government/organisations/veterans-uk>

Further information about Priority NHS care for veterans: <http://www.nhs.uk/NHSEngland/Militaryhealthcare/Veteranshealthcare/Pages/veterans.aspx>

Q17

Which GP Practice are you registered with? If you are not sure, just the location would be useful.

REGISTERING AS A VETERAN

Q18

When you registered with your GP Practice, did you let them know that you were a Service Veteran?

YES

NO

Don't know/can't remember

If have answered NO, why was this?

YOUR GP PRACTICE

Q19

How well do you think your GP knows you, on a scale of 1 to 5;

1. Does not know me at all

2. Knows me a little

3. Knows me somewhat

4. Knows me well (now go to Q21)

5. Knows me very well (now go to Q21)

Q20

If you scored your GP Practice as 1 to 3, why does your GP not know you very well?

I never see the same GP twice

I rarely see the same GP

I rarely visit the GP

I never visit the GP

Other (please explain more fully)

Q15

Thinking back to when you left the Service, how long was it between leaving and registering with a GP?

Less than 1 month (now go to Q17)

1 to 2 months

2 to 6 months

More than 6 months

I have not registered with a GP (now go to Q23)

Q16

If it was more than 1 month before you registered with a GP, what caused the delay?

No fixed address

No need to see a GP

Other priorities

Not sure how to find and register with a GP

Other (please explain)

ACCESSING SECONDARY CARE SERVICES

This is care given beyond your GP, such as a Consultant appointment or physiotherapy treatment?

Q21

So that we can help GPs better understand how Veterans consider their health needs are being met, we would like to know about your experiences at your GP Practice, both good and bad, any concerns you may have and what could be done better.

Q24

Since you left the Service, have you been referred for Secondary Care services?

YES

NO (now go to Q27)

Q25

What type of Service were you referred to?

General Surgery

Orthopaedics

Medicine - Cardiology

Medicine - Respiratory

Medicine - Endocrinology (e.g. Diabetes)

Medicine - Rheumatology

General Medicine - not covered by the list above

Oncology

Neurology

Women's Health

Mental Health

Maxillofacial

Head and Neck

Rehabilitation

Other (if would be good if you could specify)

Q26

Overall, how would you rate the service you received from Secondary Care?

Excellent

Good

Average

Poor

Q22

Overall, how would you rate the service you receive from your GP practice?

Excellent

Good

Average

Poor

Now go to Q24

Q23

If you have not registered with a GP, what has stopped you doing so?

No fixed address

No need to see a GP

Not sure how to find and register with a GP

Other (please explain)

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DENTAL SERVICES

Q27 Thinking back to when you left the Service, how long was it between leaving and registering with a Dentist?

Less than 1 month (now go to Q30)	
1 to 2 months	
2 to 6 months	
More than 6 months	
I have not registered with a Dentist (now go to Q2)	

Q28 If it was more than 1 month before you registered with a Dentist, what caused the delay?

No fixed address	
No need to see a Dentist	
Not sure how to find and register with a Dentist	
Other (please specify)	

(If you answered this question now go to Q 30)

Q29 If you have not registered with a Dentist, what has stopped you doing so?

No fixed address	
No need to see a Dentist	
Not sure how to find and register with a Dentist	
Other (please specify)	

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ACCESSING OTHER SUPPORT AVAILABLE TO VETERANS

Q30 Have you accessed any of the following services?
Please tick all that apply.

RNBT	
ABF The Soldiers' Charity	
RAFBT	
Combat Stress	
Help for Heroes	
SSAFA	
SPVA	
Big White Wall	
RBL	
Veterans Outreach and Support	
Blind Veterans UK	
BLESMA, The Limbless Veterans Charity	
Veterans Aid	
Others (please list)	

MAKING A DIFFERENCE

Q31 Do you have any other healthcare information relevant to this survey?
In order that we can provide the best information to GP practices, Secondary Care services and Dental services about how Veterans consider their health needs are being met, we would like to know about your experiences.
Please tell us which service this refers to, what was good or bad, any concerns you have and what could be done better.

Q32 So that we can make a difference in the future, what could be done to help Veterans like you to access and make the most of the healthcare and wellbeing services that they need?

CONTACT

Thank you for taking the time to complete this survey.

We hope that the results will be able to improve services for Veterans across the country.

If you have other comments or feedback that you would like to give please provide either an email address or telephone number and we will contact you.

Q33 Phone Number

Q34 Email address

Q35 How did you find out about this survey

Thank you.

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Appendix 2 - Methodology

The process by which CoM conducted the research started with designing a comprehensive survey in collaboration with Matron Commander Chris Robson (RN rtd), now Chair of Shore Leave Haslar – a Veterans' therapeutic gardening organisation; along with consultation with NHS Portsmouth CCG.

Most of the survey consisted of multiple choice questions which formed the quantitative (statistical) data and all had to be answered (on the online version) before moving to the next page; these had an 'other' option where further information could be provided in 'comment boxes'. There were also three 'optional' questions which were 'free text' comment boxes only, providing qualitative (anecdotal) information.

The survey was heavily promoted throughout PO1 - PO6 using a combination of traditional and digital techniques, with the aim of accessing the more difficult to reach Veterans as they are often socially isolated and need help most. All Veterans received the same information. Surveys were completed without assistance from CoM (except in a couple of instances where help with literacy was given) and were treated as independent returns. CoM and the CCG secured media coverage for the survey including from BBC and local radio, BBC TV news, 'The News' newspaper with a readership of 40,000 as well as in publications such as a one page feature in Portsmouth City Council's 'Flagship' magazine circulated to every household in Portsmouth. The survey was also promoted in a presentation by CoM to all of Portsmouth's GP surgeries and pharmacists. Digitally, CoM used Facebook advertising; this was a professional and targeted campaign designed to reach local Veterans and incorporated a photography and video campaign and a variety of social media channels. As a result, CoM were able to encourage younger Veterans' responses. Paper surveys and posters with the online link were available at Portsmouth GP surgeries, pharmacies, libraries, community and leisure centres as well as at CoM upcycling workshops. CoM also had stalls at events throughout the city including military family days, events at Portsmouth historic dockyard and museums, Veteran support and social events, Tri-Service rugby matches and Portsmouth FC football matches where Veterans could fill in paper surveys or use iPads to do so online. CoM has good relationships with Veterans and military and Veteran support organisations enabling engagement in a way that neither the NHS nor the City Council probably could. So, Veterans and members of support organisations passed on the survey, with their 'seal of approval', and featured on numerous websites and social media platforms.

During analysis of the 'free text' comment boxes, common themes emerged and the qualitative responses were organised by theme for the report, also noting significant themes mentioned less often. To indicate the weight of the most common themes, the percentage of response rate was attributed, providing additional statistical data. It became apparent that some themes could apply to any NHS patient, such as dissatisfaction with waiting times or receptionists; most, however, were Veteran-specific and all were demonstrated in the full report with examples of comments from respondents. The vast majority of these have not been included in this summary to safeguard participant confidentiality, however, a few non-identifiable quotations have been included to illustrate issues raised.

The aim was to target Portsmouth Veterans who either live or access healthcare services in the CCG's area of responsibility PO1 - PO6. However, for patient confidentiality, provision of respondents' postcodes was completely voluntary, no names or addresses were requested. Anonymity, CoM felt, would help patients to feel more confident about being candid regarding their experiences.

Appendix 3 – Demographics and Deployment

The following information is a snapshot of all respondents that identified as living in Portsmouth (postcodes PO1-PO6).

Total number of respondents - 345

Age - 66% of respondents are of working age (Below 65)

Gender – 85% Male. 13% Female.

Service – 62% Royal Navy/Royal Marines, 30% Army and 8% RAF

Rank – 12% Officers, 41% Senior NCOs/Senior Rates and 46% Junior NCOs/Junior Rates

Location - PO1 (14%), PO2 (20%), PO3 (13%), PO4 (22%), PO5 (10%) and PO6 (21%)

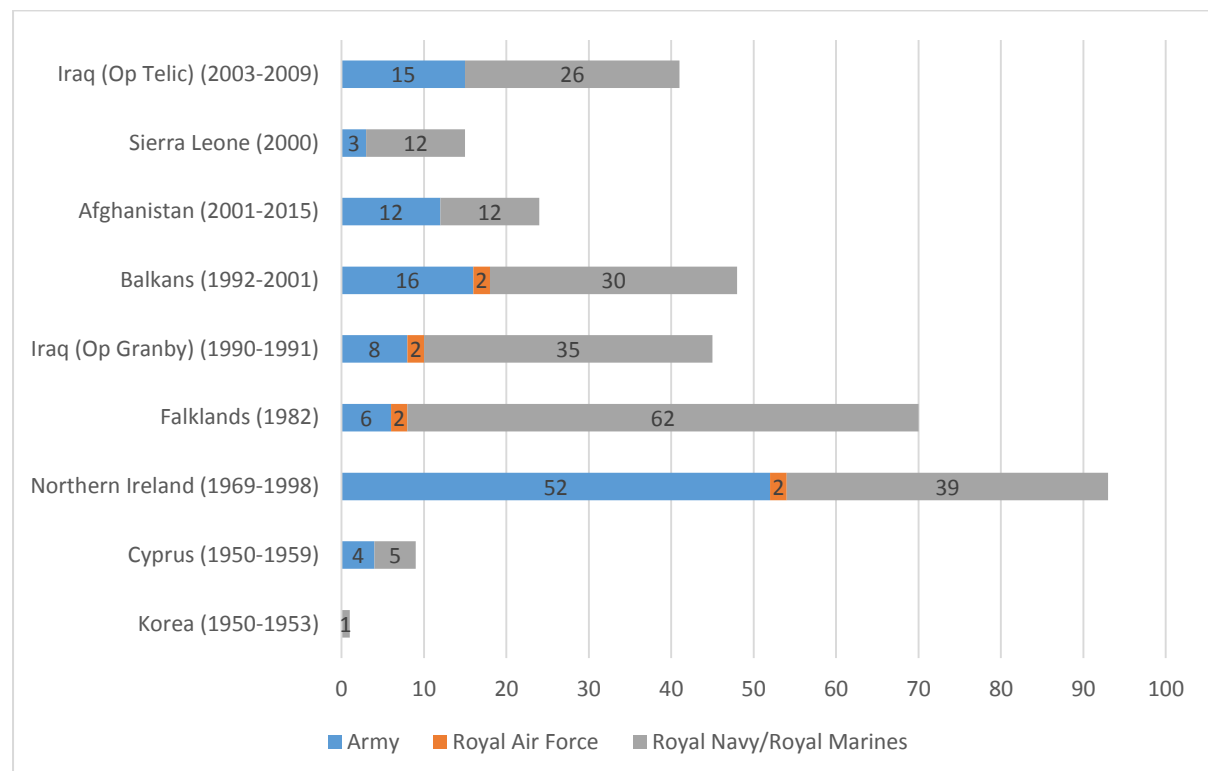


Fig. 1: Deployments by Service for Portsmouth respondents

Deployment	Total deployments	% reporting a disability (Survey Q4)	
		Physical	Mental health
Northern Ireland (1969-1998)	93	27%	15%
Falklands (1982)	70	26%	13%
Iraq (Op Granby) (1990-1991)	45	27%	18%
Balkans (1992-2001)	48	21%	17%
Afghanistan (2001-2015)	24	33%	17%
Iraq (Op Telic) (2003-2009)	41	27%	32%

Fig. 2: Deployments and reported disabilities for Portsmouth respondents

Appendix 4 – About Company of Makers

The inspiration for this project came about as a direct result of Company of Makers (CoM) working with local Veterans. CoM exists to help Veterans and their families who are facing challenges with transitioning from military to civilian life, also working to create a greater understanding between military and civilian communities.

Having strong relationships with local Veterans, CoM learned about their experiences of healthcare, both within the military and after leaving; how they felt that injuries, medical conditions and mental health difficulties were sometimes not spotted or addressed properly and that 'no-one listens or understands'. CoM wanted to listen and to understand and, more importantly, felt the need to help NHS decision-makers to do so too.

In 2014, CoM devised a plan to survey Veterans, analyse the findings and produce a report to be presented to the CCG. CoM applied for, and received, an NHS Portsmouth CCG grant to complete the work within 12 months.