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South Glamorgan Community Health Council

# Experiences of accessing NHS Services as a Veteran and Service Leaver of the Armed Forces.

July 2022



# Accessible formats

This report is also available in Welsh.

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# About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing, and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

# Introduction & Background

Community Health Councils strive to hear from patients and the public across all demographics, communities, and groups within Wales. As well as requesting general feedback from the public on matters concerning their healthcare, the CHC also run specific, targeted campaigns for information and feedback from patients, in order to ensure we hear from all groups of society in regard to their healthcare provision. In this instance, the CHC wanted to hear directly from Veterans & Service Leavers of the Armed Forces, about their experiences when accessing NHS Services.

Since 2018, the South Glamorgan CHC have been working on raising the awareness of the Armed Forces Covenant and hearing from Veterans and Service Leavers about their experiences of reintegrating following leaving the Armed Forces or being a Veteran. In 2018 the South Glamorgan CHC produced a Report, *Boots on the Ground*, which highlighted the lack of awareness of the Armed Forces Covenant both within the veteran's community and within GP Practices.

Through our work we have been asked by Veterans and Service Leavers to have their voices heard. Recently, we have established a Veterans and Service Leavers Voice Group, which is made up of CHC Members either from a Military background or with an interest in the Armed Forces. The Group was formed to look at how veterans and service leavers access healthcare services and to understand the level of knowledge they have about the Armed Forces Covenant and meeting their health needs.

Most recently, the Cwm Taf Morgannwg CHC have joined the Veterans & Service Leavers Voice Group to take forward this piece of work as a joint project

# What we did

The CHC Veterans & Service Leavers Voice Group was set up to take the Veterans & Service Leavers work forward and to see whether the CHC can help to improve access to services for this community. However, to make recommendations to the Health Boards, the CHC need to hear from individuals directly about their experiences so far.

It was agreed that a survey would be undertaken to gather the experiences and feedback of accessing healthcare services once a person has left the Armed Forces and/or as a Veteran. As the Cwm Taf Morgannwg CHC were also involved in this work, it was agreed a survey would be created for both areas.

The survey was listed on our website, and publicised through our Facebook and Twitter social media channels. Details of the survey were also included within our regular stakeholder briefings and shared directly with an armed forces contact database that has been created. The survey was available for completion in both English and Welsh.

The survey was available online for completion from 17<sup>th</sup> January 2022 to 30<sup>th</sup> June 2022 and asked respondents to provide information around the following.

- Reintegration into civilian life and accessing NHS healthcare
- Information on the Armed Forces Covenant
- Views of accessing different types of services



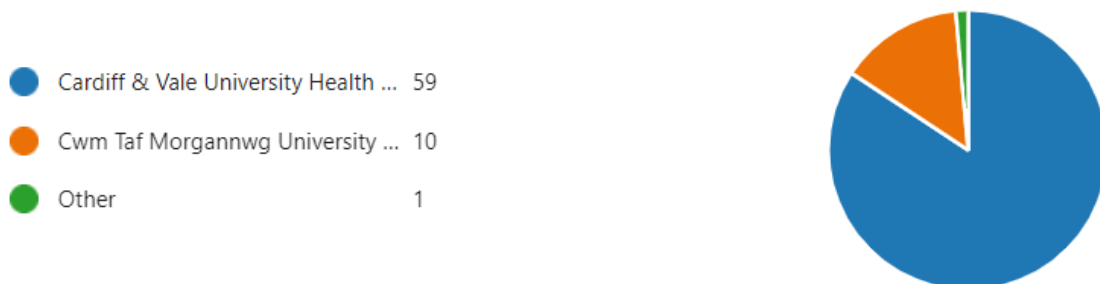
# Who we are hearing from

The Survey was open to anyone who was a Veteran and service leaver of the Armed Forces. It was also open to anyone related to a Veteran or supported them.

The CHC received a total of 70 completed English online surveys, although not all respondents answered all questions.

- 59 responses were received by respondents in the Cardiff & the Vale of Glamorgan area.
- 11 responses were received by respondents in the Cwm Taf Morgannwg area. *The one respondent who selected 'other' stated they lived in the Cwm Taf Morgannwg area*

1. Please select your Local Health Board from the options below:



Of the 70 responses received, 67 (96%) responses were completed by a Veteran or Service Leaver, with 2 (3%) responses completed by a relative and 1 (1%) response by a friend of a Veteran or Service Leaver.

As there are many different areas of the Armed Forces, we asked respondents where they served. The majority of the responses stated that they served in the British Army or the Air Forces. The three respondents who selected 'other' stated they were in the Territorial Army or the Army Reserves.

3. Which branch of the Armed Forces did you serve with?

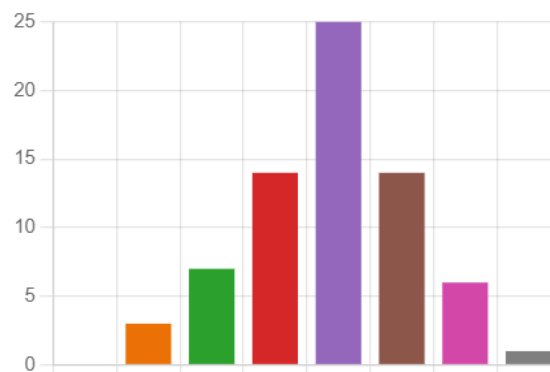
<span style="color: blue;">●</span> Royal Navy	6
<span style="color: orange;">●</span> British Army	37
<span style="color: green;">●</span> Air Forces	22
<span style="color: red;">●</span> Territorial Army	2
<span style="color: purple;">●</span> Other	3



In order to get a better insight into who is completing the survey, the CHC asked respondents to give an indication of their age. As shown in the graph below, the CHC heard from a wide range of people of different ages, particularly those from the age of 46 – 74yrs; an age where people are typically more likely to start accessing healthcare service more.

4. How old are you?

<span style="color: blue;">●</span> 18 - 25	0
<span style="color: orange;">●</span> 26 - 35	3
<span style="color: green;">●</span> 36 - 45	7
<span style="color: red;">●</span> 46 - 54	14
<span style="color: purple;">●</span> 55 - 64	25
<span style="color: brown;">●</span> 65 - 74	14
<span style="color: pink;">●</span> 75 - 84	6
<span style="color: grey;">●</span> 85+	1





It was disappointing to report that no surveys were completed by anyone in the 18-25 category, however at this age individuals may still be in the Armed Forces and may not be (or consider to be) a Veteran or Service Leaver. Going forward, the CHC should look at reaching out to individuals from this age demographic to ensure their voices are also being heard.

When asked about when they left or discharged from the Services, over 61 (87%) respondents said they left longer than five years ago.

5. When were you discharged / leave the armed services?

● Within the last year	1
● Within the last two or three years	2
● Between three and five years	6
● Longer than 5 years	61



# What we heard

## Reintegration into civilian life and accessing NHS healthcare

When asked about accessing healthcare upon discharge, the majority of responses said they had no issues accessing services. One respondent in particular said that *'as I returned to my home area and was still registered at my local surgery.'*

In some cases, respondents felt the care they received from the NHS was better than the healthcare received when they were serving;

"No – in fact I was treated better by the NHS than I was in the RAF"

"Took a long time to get anywhere but made it in the end it was the health[care] whilst serving that was the problem."

Of those respondents who did report difficulties some explained this was due to the struggles to get an appointment and waiting times that are experienced.

Of particular interest was that a lot of respondents said they had more difficulty trying to get an NHS Dentist compared to a GP. It was later reported that only 2 respondents had difficulty finding a GP/Family Doctor.

"Dentist was difficult; had to go private. Doctors straight forward."

"Yes unable to register for NHS dental services"

"Yes, especially dental care"

"Yes- there are too few NHS dentist and following leaving the service having had a dental check with no issues, I was immediately informed by my new NHS dentist that I required some work. This was merely months later.

A question was asked about what the MOD could have done differently to make adjustment to civilian life better. There were various different answers to this, but the main themes included.

➤ Better resettlement courses & training opportunities

"Start transitioning discussions earlier and integrate with civilian employees"

"Maybe a course on how civilian life will be different from service life."

"Better resettlement courses instead of being used as cheap labour by civilian companies"

"To have a taster of civilian life to ease back into the community"

"Earlier interview about integration into civilian life discussing what opportunities are available."

"Transition could have started earlier"

➤ Better information, communication and support



"Provide some form of aftercare or check in service"

"Better information re support services"

"Assistance in gaining ongoing support with civilian NHS healthcare"

"Contact me. Not once did I receive ANY communication"

"The MOD didn't actually do anything"

"More transition and info of local support"

"Not much to be honest, just a general lack of resources"

"Recommend places to sign up – they just handed me my document with no advice as to what to do next"

- Better joined up approach to healthcare, between Armed Forces Services and the NHS

"A resettlement package which included a period of some counselling to talk through any worries or anxieties I had about moving back into civilian life. Also, a medical would have been helpful, I just had to photocopy a form for the medical officer"



"Giving my GP my Medical History"

"Ensuring our records were annotated as being ex-forces. I'm quite sure that my surgery never even received my medical history"

"Don't know if it happens, but the full medical records of the veterans should be transferred to the new GP Surgery"

"Made my medical notes available and also to have recorded injuries"

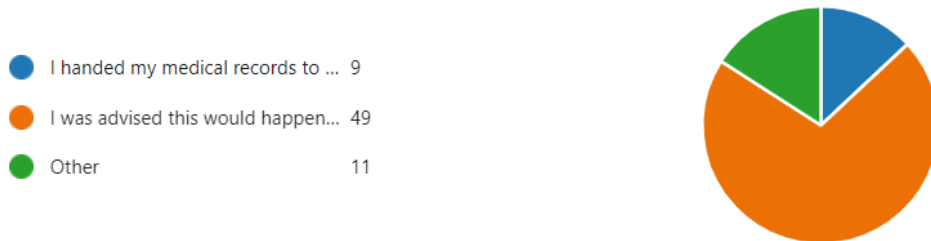
"Liaise with my chosen GP so they are made aware I'm a veteran and that they actually receive all my medical records"

"Link to healthcare databases. Find military/reservist/retired doctors and consultants in local area"

"More time spent on health checks as I had severe PTSD and depression"

A question was asked about whether the veteran and service leavers were told to hand over medical records to the GP or advised this would happen automatically. 49 (70%) respondents stated they were advised this would be done automatically.

10. Did you hand over your medical records to your GP, or were you advised this would automatically happen?



Of the 11 respondents who selected 'other' it was explained this was because they either didn't know or couldn't remember.



## Information on the Armed Forces Covenant

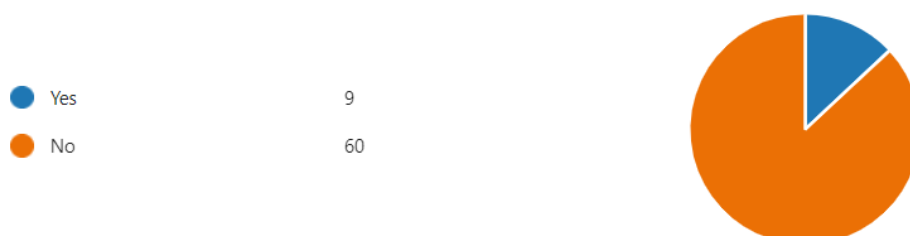
As a CHC movement, we are co-signatories for the implementation of the Armed Forces Covenant (the Covenant). We reviewed the Covenant and the requirements on the NHS to deliver against it. This was detailed in Welsh Health Circular 2017 (41) which reaffirmed that all Armed Forces veterans are entitled to receive priority access to NHS care (hospital, primary or community care) for conditions related to their military service.



The CHC wanted to ask for feedback on the Armed Forces Covenant to ensure that the NHS Services are meeting these requirements.

The CHC asked respondents to answer whether anything was mentioned about the Armed Forces Covenant when they were leaving the service. As shown below the majority of respondents (87%) said they had not received anything.

11. In the information you were given when leaving the service, did anything mention the Armed Forces Covenant?



The CHC can further report that all respondents said that the GP did not explain the Armed Forces Covenant and what this meant in relation to their healthcare requirements. Some respondents



even mentioned throughout the survey they didn't know about the covenant.

The lack of awareness from the GP and NHS Services is raised throughout the survey and feedback received, which would indicate there is a strong feeling amongst Veterans and service leavers that the healthcare services lack understanding of Veterans, and their needs under the Armed Forces Covenant.

"I was shocked that my GP surgery that I've been registered with since my discharge had no knowledge that I was a Veteran even though I informed them when I became a patient in 1993"

"No difficulty, but no priority for injuries sustained in service!"

"On initial registration, my GP practice didn't care that I was ex-Services"

"Needed a meniscectomy for a buckle handle tear. Ended up waiting over a year, as my GP letter got 'mislaid'. Good experience when done though"

"My GP had no clue about veterans"

"GP surgery more aware of process" My GP had never heard of the covenant and nor had any of the staff. Their view was get in the queue.

"I do not think local GP's have any idea regarding the armed forces covenant"

Some respondents even went on to say that they informed the GP of the Armed Forces Covenant themselves.

"I found out about the Covenant myself and showed it to my GP. He was impressed and utilised it immediately to expedite an appointment which I had been waiting 3 months for"

"I heard about the armed forces covenant off a military comrade. I informed my doctor and she said she did not know about it."

Due to a lack of awareness of the armed forces covenant amongst healthcare professionals, this may have an impact on patient care. For example, when the CHC asked patients whether they had ever received priority treatment for their health condition, 61 (94%) respondents said they had not been prioritised.

- *Extremely long waiting lists for multiple spinal operations and counselling relating to my service*
- *I am waiting for an operation on my legs and was told it will be a very long waiting list*
- *I had been under mental health practitioners in the military for some time but on leaving the military this support was not prioritised one single bit and I am still waiting now for trauma informed support being placed on a minimum of 8 month waiting list is not prioritising in my opinion.*
- *I was medically discharged following a knee injury; I still suffer from this, and I was treated within the normal timescales of non-veterans.*
- *I experienced services related hearing loss but am not sure if any treatment was accelerated as a result*
- *Hearing problem was not prioritised.*
- *Just left in line with everyone else*

- *I've had hearing problems ever since I left the RAF. No help, no compensation. The GP gave up trying to diagnose and told me it was "just one of those things "*
- *My treatment for my back, hip and knee problems have never been prioritised, neither have I received any priority treatment for Asthma or COPD.*
- *My brain injury wasn't at all prioritised for treatment although it was sustained in service, also sexual assault.*
- *Very little understanding of PTSD. Very poor support for this condition*
- *I was receiving Mental Health support on discharge, it took over 6 months until I started to get support*

And as a result, some patients had to go private to receive their treatment.

- *suffer PTSD from my military service. GP had very little understanding of military related PTSD. I was prescribed medication and given a sicknote. No actual treatment was offered. Eventually after a number of relapses my employer payed privately for some treatment. I was never offered treatment or given contacts for military support groups or charities.*
- *I have breathing and mobility problems, neither of which were prioritised. In fact, one of my main problems (my back) I have only just got this sorted at my own expense.*
- *I had hearing problems and still do, but was not aware of any priority available and actually went private in the end due to the time it took to see a consultant*
- *I have a service-related injury that required and requires further assistance. I have had to pay for an MRI scan privately and need a new knee I have been told the forces NHS list is not in place and I will be many years on the waiting list.*

## Views of accessing different types of services

As part of the CHC's scrutiny of NHS Services we ask respondents to rate the services they have received to identify areas that are good and areas that could be improved.

### 15. GP Services

● Excellent	4
● Good	25
● Fair	29
● Poor	11
● No recent experience	1



### 16. Hospital Services

● Excellent	8
● Good	23
● Fair	19
● Poor	14
● No recent experience	6



### 17. Service Veterans Health and Wellbeing Services

● Excellent	2
● Good	3
● Fair	7
● Poor	10
● No recent experience	48



Although not many people have accessed any Health & Wellbeing Services, the majority of those who have accessed it have rated the service as fair, good or excellent.

Whilst it is reassuring to see that majority of respondents rate their healthcare services as fair or good, it is disappointing to see that there are a number of respondents who feel services are poor.



We also asked whether respondents had anything else to comment, and the following responses were provided.

- *When I grew up, I was used to seeing the same doctors. My parents in Birmingham still had this but in my local surgery it's a different doctor almost every time. Yes, they read our notes, but they have no idea of a patient's situation or personality until you turn up. Also, instead of me having to ask for one, surely everyone who reaches 60yo should be invited in for a health check. And repeat checks after this depending on their state of health. Far too many people feel that they are being a nuisance if they feel well and don't ever see a GP to ensure there's nothing untoward going on that they're not aware of, such as high blood pressure or cholesterol, obesity, etc*
- *My experience in supporting veterans as well as my personal experience shows that whilst things may have improved a bit, there are still huge improvements required. The military resettlement system is wholly inadequate for the most needy of veterans. Particularly the poorly educated, disabled and mental health sufferers. Delayed PTSD is a particular bone of contention*
- *Support for younger veterans is not there - it's focused on the old and bold!*
- *Local veterans' hubs should be given access to veterans details so that they may integrate them with likeminded ex forces personnel. Maybe there could be a website where veterans could register their details, particularly what branch of the services they served in and what they expect from a veteran's hub. Veterans' hubs could then be granted access to these websites where they could contact veterans and invite them to attend events. Many veterans tend to look for a hub that they can mix with their own service colleagues. My local hub is mainly army and although there is a service bond, I feel that there is no incentive for me to join. There are many breakfast clubs around but a lot of them are quite a distance for veterans to travel.*

- *Veterans NHS Wales meds a complete retail, they haven't got a clue what they are dealing with and are absolutely no good at point of crisis*
- *None - I have obviously been fortunate to have had a settled background.*
- *End Service, walk out the gate and forgotten!*
- *I am very angry that we served in HM Forces and defended and served in all corners of the UK. But when ex-servicemen in Wales try to get a referral to the Orthopaedic clinic [Name removed], the Welsh NHS won't allow the GP to refer us. Why?? We defended the whole UK, not just Wales, we deserve the right to be treated the same as our colleagues in England. There is a specific Veterans Clinic run by [name removed], an Army Reserve consultant surgeon who also works with 202 Field Ambulance and Reserve Hospital.*
- *I think I suffer from PTSD; I have not been officially diagnosed and struggle to get an appointment.*
- *Veterans are not getting any preferential treatment set out in Covenant guidelines*
- *The NHS, together with its constituent Health Boards etc, provide a fantastic service to everyone of all ages.*
- *I think it's shocking considering the history of RAF St Athan and the many thousands of servicemen that have served there and there is no British Legion or RAFA Club or Ex-servicemen's Club in the town*
- *When I completed 12 years' service, I was given nothing. I also think that classifying someone who served one day as a veteran complete travesty.*
- *Civilian GP are clueless. And the Welsh NHS is useless*
- *Not being made aware of the Armed forces covenant and never being told about any priority services or having proper back up appointment for medical issues sustained in service*
- *The military should except injuries from negligence and compensate. It has affected my health, work and family. I had little to no after care. How they deal with Bullying and serial harassment is a joke.*
- *GPS need to be made aware of priority*

Finally, the CHC asked whether respondents were a part of any support groups. The following groups were noted within the survey.

- Royal British Legion
- Woody's Lodge Charity
- Newport Vets
- Barry Veterans Group
- Breakfast Club
- SSAFA
- Old Regimental Comrades online
- Group 617
- Qaranc local Association
- RAFA
- Association of WRNS
- Cardiff City FC Foundation



# Learning from what we heard

The CHC felt there were some very mixed findings around the quality of healthcare services received. But the main thing that the CHC has learnt is the fact that not much has changed since the last Report in 2018, as similar concerns raised previously are still noted in this report.

The CHC were glad to see that the majority of Veterans and Service Leavers do not have any difficulty in getting a GP once they have left the forces. However, what is of concern is the difficulty many people raised in relation to getting an NHS Dentist. Whilst the CHC are already aware of the struggles to get a NHS Dentist, following a previous survey and secret shopper exercise undertaken on Dental Services, it is useful to know how it has affected certain groups in the community.

Although there are no difficulties in getting a GP after leaving service, what's worrying for the CHC is the lack of understanding and knowledge of Veterans and the Armed Forces Covenant amongst GP's and other areas of the NHS. As highlighted within the main report, some Veterans felt that they were not prioritised under the Covenant and had to continue to be on the main waiting list for the specific treatment or procedure they require. In some circumstances Veterans themselves had to educate the healthcare professional of the Covenant requirements in order to be given the priority they need. As a result of not knowing about the Covenant, from both the healthcare professionals and Veterans and service leavers themselves, this has left some patients having to go to a private service in order to be treated in a timely manner. The ironic part about this is that had they known about the Armed Forces Covenant they could have had their treatment quicker on the NHS.

Whilst we are unable to make recommendations to the MOD of areas of improvement mentioned in the Report, eg better re-settlement opportunities, and better information, communication and support available to veterans, there is a need for the NHS to have a better joined up approach with healthcare services in the Armed Forces so that Veterans and service leavers are able to transfer all their medical history to NHS Services more efficiently.

# Actions to be taken forward

1. The CHC to circulate the Report to the following individuals/Organisations.
  - First Minister for Wales
  - Veterans Commissioner for Wales
  - Local University Health Boards
  - Other CHC Offices
  - CHC Veterans Contact Groups
  
2. The CHC to write to the Veterans Commissioner for Wales to raise the concerns noted within the Report. Letter to be CC'd to Director General of NHS Wales
  
3. The CHC to write to Welsh Government to raise concerns noted within the Report. To recommend to Welsh Government to undertake a similar exercise at National Level
  
4. The CHC to write to local UHB's regarding concerns raised in the Report. To ask how they are making people aware of Wellbeing Services available to Veterans and Service Leavers
  
5. Action for CHC Senior Management Team – CHC's to update relevant forms to include question around being a Veteran or Service Leaver.

# Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

Please note, where we have not identified a particular service within the Report, we have informed the NHS of the details to enable improvements to be considered.

# Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

This report is available in Welsh and English.



## Contact details



CIC De Morgannwg / South Glamorgan CHC  
Canolfan Fusnes Pro Copy (Cefn)/ Pro Copy  
Business Centre (Rear)  
Parc Ty Glas  
Llanishen  
Caerdydd / Cardiff  
CF14 5DU



02920 750112



[SouthGlam.chiefficer@waleschc.org.uk](mailto:SouthGlam.chiefficer@waleschc.org.uk)



[www.southglamorganchc.wales](http://www.southglamorganchc.wales)



[www.facebook.com/SouthGlamCHC](http://www.facebook.com/SouthGlamCHC)



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If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

We welcome telephone calls in Welsh.

**South Glamorgan Community Health Council**