



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	05 December 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	The Health of Veterans and the Armed Forces Community
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling – Director of Workforce and OD/ Deputy Chief Executive Ardiana Gjini – Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird – Assistant Director for Business, Partnerships and Inclusion

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The People, Organisational Development and Culture Committee (PODCC) received a report at their meeting in June which provided an overview of the broad range of work which is ongoing to implement the Armed Forces Covenant and the Armed Forces Covenant Duty.

PODCC recommended that a report on the health outcomes for veterans was considered by the Quality, Safety and Experience Committee. This paper therefore provides an update on some of the activities being led by the Health Board, which are specifically focused on improving the health and wellbeing of Veterans and the Armed Forces community.

Cefndir / Background

The [Armed Forces Covenant](#) is a promise by the nation ensuring that those who serve or who have served in the UK Armed Forces, and their families, are treated fairly.

The Covenant¹ states that ‘*those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.*’

The Health Board reinforced its commitment to the Armed Forces by re-signing the Armed Forces Covenant in March 2021 and by gaining the Defence Employer Recognition Scheme Gold award in July 2021.

In November 2022, the [Armed Forces Covenant Duty](#) came into force. The Duty places a legal obligation to specified bodies including health to have due regard to the unique obligations of,

¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/578212/20161215-The-Armed-Forces-Covenant.pdf

and sacrifices made by, the Armed Forces and to apply special provisions or remove disadvantages arising for Service people.

Asesiad / Assessment

The attached report provides an overview of the work that has been carried out by the Health Board and provides evidence of how we are working to improve the health outcomes and experiences for veterans and members of the Armed Forces community. The report has been written by the Business, Partnerships and Inclusion (BPI) Team who co-ordinate the Health Board's response to the Armed Forces Covenant and chair the Health Board's Armed Forces Covenant Steering Group.

The report highlights action taken in relation to a broad range of activities across three key areas:

- Understanding the health care needs of our veterans and the Armed Forces community.
- Understanding patient experience.
- Working collaboratively to reduce disadvantage for veterans and the Armed Forces community.

Veterans are an important population group in relation to population health and some of these wider determinant influences are being weaved into the Health Board's work with Public Service Boards. Finding and maintaining employment, especially for those who have service-related disabilities or mental health challenges creates at higher risk of living in poverty. Additionally, lower income contributes to economic instability, impacting on housing, access to healthcare, and access to nutritious food, all of which are crucial for maintaining good health.

Veterans are at a higher risk of homelessness than the general population. This can exacerbate mental and physical health issues, and is strongly linked to co-occurring and complex needs, making it harder for veterans to access housing support and vital health services. The Homeless and Vulnerable Groups Health Action Plan (HaVGHAP), and housing work led by the Public Health Directorate are addressing these issues.

The report, which includes electronic links to additional supporting information, is offered to provide assurance to the Committee that the health needs of the Armed Forces community is a key focus, in line with our duty to implement the Armed Forces Covenant.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee are asked to:

- Note the update report
- Take **ASSURANCE** from the work being undertaken demonstrates that the Health Board is proactively implementing the Armed Forces Covenant.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Armed Forces Bill Armed Forces Covenant Duty 2022
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Armed Forces Steering Group GP Clinical Lead Armed Forces Champion

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable.

Ansawdd / Gofal Claf: Quality / Patient Care:	The effective implementation of the Priority Treatment guidance for veterans and parity of waiting times for Armed Forces family members will impact on the quality of patient care and experience.
Gweithlu: Workforce:	All staff have a role to play in implementing the Armed Forces Covenant Duty.
Risg: Risk:	Not applicable.
Cyfreithiol: Legal:	Armed Forces Covenant Duty 2022
Enw Da: Reputational:	Implementation of the Armed Forces Covenant and compliance with the Armed Forces Duty is reviewed by Welsh Government and Veterans Commissioner for Wales. The Health Board also works in partnership with the local authorities, third sector providers and community champions who informally hold the Health Board to account for our progress and work to improve outcomes for veterans and the Armed Forces community.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	An Equality Impact Assessment has not been undertaken as this is an update report.

The Health of Veterans and the Armed Forces Community

Quality, Safety and Experience Committee



Date: 15th November 2024

Email address: StrategicPartnerships.HDD@wales.nhs.uk

Website: <https://hduhb.nhs.wales/healthcare/services-and-teams/armed-forces-covenant/>

Introduction

The [Business, Partnerships and Inclusion \(BPI\)](#) team co-ordinates the Health Board's response to the Armed Forces Covenant, and through the Hywel Dda Armed Forces Covenant Steering Group (which includes membership drawn from across a broad range of directorates and teams) encourages collaborative working to improve the outcomes and experiences of veterans and the Armed Forces community.

This paper provides an update on some of the key areas of work which demonstrate our commitment to improving the health of veterans in line with our responsibilities under the Armed Forces Covenant. For more information about the Health Board's work, visit <https://hduhb.nhs.wales/healthcare/services-and-teams/armed-forces-covenant/>

The Armed Forces Covenant Health Action Plan 2024 - 2026

The Armed Forces Covenant Steering Group has put in place an Armed Forces Covenant Health Action Plan which outlines the Health Board's priorities for the next two years. The Action Plan is a dynamic document and is coordinated by the BPI team in partnership with our [Armed Forces champions](#) and is continually shaped and informed by discussions within the Armed Forces Covenant Steering Group, Armed Forces Staff Network, and various local, regional and national partnership forums. It sets out the Health Board objectives and actions in line with the Armed Forces Covenant and relevant accreditation schemes. Actions are delivered by working collaboratively with colleagues within the Health Board as well as with the public and the third sector partners. The Health Board priorities for this reporting year are:

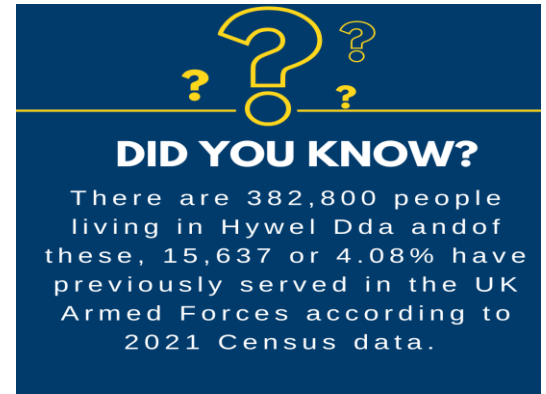
- Understanding the health care needs of our veterans and the Armed Forces community;
- Working collaboratively to reduce disadvantage for veterans and the Armed Forces community;
- Actively supporting veterans and the Armed Forces community through awareness raising events, staff training, and partnership working; and
- Promoting Hywel Dda as an employer of choice for veterans and the Armed Forces community.

These priorities demonstrate our continuing commitment to veterans and the Armed Forces community and we aim to strengthen the mechanisms for gathering information and reporting the Health Board's actions and progress against the Armed Forces Covenant and ensure that the strategic actions and outcomes are shared widely and visibly across all relevant forums.

Understanding the health care needs of our veterans and the Armed Forces community

Population data

The Health Board is the provider of NHS healthcare services for around 382,800 people in Carmarthenshire, Ceredigion, Pembrokeshire (West Wales) and its bordering counties. Of these, we know that around **15,637 or 4.08%** of its total population declared in the 2021 Census that they have previously served in the UK Armed Forces. The proportion of veterans living in Pembrokeshire is slightly higher with 5.7% of its total population.



Through the Health Board [Enabling Quality Improvement in Practice \(EQliP\)](#) programme, we know that:

- As of 30 September 2023, a total of **7,022** people living in Hywel Dda have registered in GP practices with veteran status. This is approximately **45%** of the veteran population identified by the Census. As a result of ongoing awareness raising work, the number of veterans recorded in GP practices increased to **8,754** on 30 September 2024. An increase by 1,732 or 24.7% in the last year, and equivalent to 56% of the Census population.

Health Needs Assessment

The [Armed Forces Covenant Duty Statutory Guidance \(2022\)](#) highlights the issues veterans of the UK Armed Forces face as a result of Service life and explains the provision of healthcare to both full-time Service personnel and veterans and members of the Armed Forces Community. Reservists, veterans, and Service families normally receive healthcare via the NHS and the responsibility for the health of full-time Service personnel is split between the Ministry of Defence and the NHS. Ministry of Defence's Medical Services provides a range of healthcare services for Service personnel in the UK and overseas, including primary care and mental health care. Secondary care, such as specialist referrals, hospital admissions and emergency care, is normally provided by the NHS.



According to the Armed Forces Covenant Duty Guidance (2022), members of the Armed Forces Community mostly have similar levels of health to the general population, though some veterans have particular healthcare needs arising from Service. Hywel Dda Public Health Directorate, working with the Hywel Dda Armed Forces Covenant Steering Group, produced a Veterans Needs Assessment which was subsequently created into an all-Wales document in conjunction with Public Health Wales. The [Health & Wellbeing Needs of Armed Forces Veterans assessment report \(2020\)](#) highlighted research which shows that overall, the health of the military population is good when compared to the general population. This is largely due to the expected level of fitness required to join the Armed Forces, social support networks and good access to healthcare when in Service. Some veterans, however, have unique healthcare needs and disadvantages arising from their obligations and sacrifices of Service life. These include:

- **Challenges in accessing healthcare or the right kind of healthcare**

Veterans and Service families may find it more difficult than non-Service patients to use or gain access healthcare services for example due to relocation for Service reasons and therefore losing access to health professionals with whom they have an established relationship.

- **Delays in receiving treatment**

Veterans and Service families might have to wait significantly longer for treatment if they are required to re-locate for Service reasons, in particular, if they have already

spent time on a waiting list in their previous location and placed at the back of the waiting list in their new location. In some cases, delays may be caused by a decision by health professionals in the new location to conduct a reassessment, or lack of clarity as to which funding arrangements apply after a re-location, or lack of information or delay in sharing patient information between health systems and healthcare staff. The Armed Forces Covenant Duty and Welsh Health Circular (2023) 022 encourages NHS organisations to take into account previous waiting times when moving between NHS organisations to reduce the disadvantage this may cause. In Hywel Dda a process has been implemented to improve the recording of veteran status within the Welsh Patient Administration System to make it easier for clinicians and waiting list management teams to take action to apply these principles.

- **Self-identifying as veterans**

Many veterans may not regard themselves as a veteran, for example if they served a very short amount of time, or they view their time in Service as a job that was in the past, and not something that affects their current life. In addition, some veterans may be less likely to seek out support and can be hesitant to disclose their prior life in Service and the nature of their injuries and this can be due to lack of awareness of the support available to them.

The obligations and sacrifices of danger and stress experienced by veterans and members of the Armed Forces community can result in health conditions requiring treatment for physical or mental injuries arising from Service, or for pre-existing issues exacerbated by Service. Such conditions include:

- Sensory disorders (such as hearing loss).
- Musculoskeletal injuries such as fractures, dislocations, and other conditions.
- Amputations, wounds, scarring and non-freezing cold injury.
- Mental disorders (such as stress, anxiety and depression, post-traumatic stress disorder (PTSD), or moral injury. Some veterans might suffer from Dual Diagnosis, consisting of mental disorder related to Service caused by trauma experienced during active Service, and substance self-medication to manage this.

Mental Health needs

Whilst the majority of Service leavers make the transition to civilian life without a problem, for some this can be extremely challenging and poses the risk of developing a mental health disorder that may not only be linked to experiences during an individual's period of

Service with the Armed Forces but also to the transition period from military to civilian life. Similar to the Armed Forces Covenant Duty Guidance report in 2022, the Health & Wellbeing Needs of Armed Forces Veterans assessment in 2020 found that the most common mental health problems for veterans are alcohol issues, depression and anxiety disorders. Whilst the overall prevalence of mental health problems among veterans are broadly similar to those who are still in Service and to the general population, those minority who leave the military with mental health problems are at increased risk of social exclusion and ongoing ill-health, which combined with other wider determinant influences such as housing, access to healthcare and suitable employment opportunities, put veterans at an increased risk of living in poverty.

Veterans are at a higher risk of homelessness than the general population. This can exacerbate mental and physical health issues, and is strongly linked to co-occurring and complex needs, making it harder for veterans to access housing support and vital health services. In addition, those who leave the Service early with mental health problems are likely to have adverse outcomes such as suicide and exhibit risk taking behaviours such as heavy alcohol consumption than those veterans who serve for longer period.

Improving mental health services in Wales has been reported in the [Veterans' Commissioner Annual Report \(2024\)](#) as an area needing priority work. It highlights that whilst Veterans NHS Wales (VNHSW) provides a bespoke mental health referral and treatment pathway for veterans in Wales, it deals predominantly with PTSD and other service-related mental health problems. Veterans NHS Wales does not treat pre or post service trauma, which means referring veterans back to non-veteran specific mental health services, and does not provide the full range of substance misuse, addiction and complex PTSD therapies that are available in NHS England. More details about the Veterans NHS Wales service can be found later in the report.

Focus for future action:

- Review the local health and wellbeing needs assessment of veterans and members of the Armed Forces community to refresh the understanding of local population demographics. This will aid health professionals with planning and/or commissioning through an enhanced awareness of the composition of their local Armed Forces Community and their healthcare needs.
- In conjunction with the Mental Health Directorate, review services and referral pathways for veterans with mental health and/or complex needs (mental health and substance misuse).

Equality Impact Assessments

Equality Impact Assessment is a process used by staff when planning service changes, developing new services, or reviewing and developing policies to ensure that we are not putting specific population at a disadvantage. Whilst veterans are not a named protected characteristic group within the Equality Act (2010), the Armed Forces Covenant Duty established a legal duty to give “due regard” to the needs of veterans. As a result, the Health Board adapted its EqIA paperwork and does include veteran population data as well as questions to prompt the consideration of the needs of veterans and the wider Armed Forces community. This ensures that staff responsible for planning and implementing changes in the Health Board think of the Armed Forces community, their needs and unique disadvantages, and the potential impacts of changes, positive or negative, to veterans and where they are identified that mitigations are considered.

Improving support in managing planned care for veterans

The “[*Improving support for clinical teams in managing planned care for veterans*](#)” EQiIP project concluded in July 2024. EQiIP is an 8-month programme that gives members of staff the opportunity to work collaboratively and develop their quality improvement skills using evidence-based methodology and various tools and techniques and to help us, as an organisation, continuously improve the way we do things.

In line with the Armed Forces Covenant and [Welsh Health Circular \(2023\) 022](#), also known as Healthcare Priority / Special Consideration for Veterans / Ex-Armed Forces Personnel, an EQliP project was launched in the autumn of 2023 to understand, develop and implement a mechanism that will enable our staff to confidently identify veterans who may be eligible for priority treatment in a timely manner. The [project team](#) worked collaboratively and within the scope and the principles of the EQliP programme has specifically sought to improve the use of WPAS (Wales Patient Access System), the Health Board's clinical system, to record and manage veteran status and support clinical teams in managing planned care waiting lists. The EQliP Programme concluded in July 2024 but the project team is continuing to meet and work together to progress key actions and see continuous quality improvement in the implementation of the WHC (2023) 022 or priority treatment for veterans.



A number of change ideas or improvements have been carried out within this programme. They are highlighted with more details under relevant priority sections below but in summary, this project has:

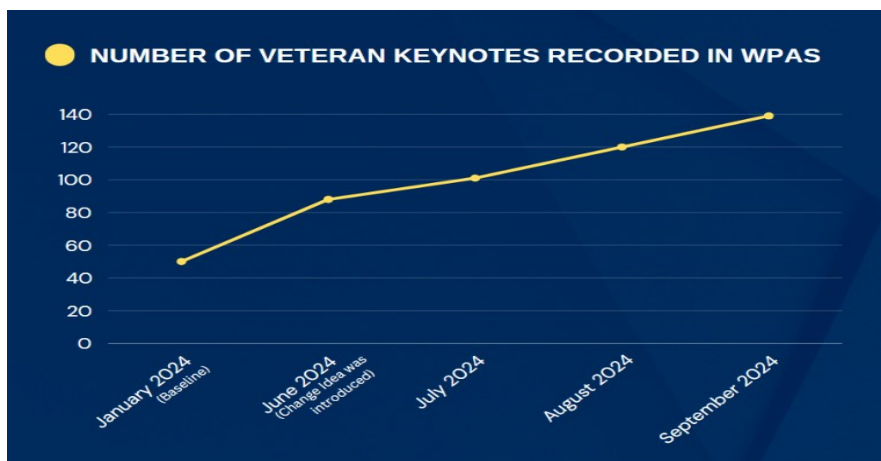
- Seen an increase in the number of patients who have self-identified as veterans;
- Developed a guidance document for staff: WPAS Recording of Armed Forces Keynote: A Staff Guide;
- Enhanced the awareness and action taken by the Waiting List Support Service as a result of changes to the Call Handler's script;
- Developed a Patients' Journey Map as a visual representation for staff; and
- Identified potential systems changes for the All-Wales WPAS to help simplify the identification and recording of veterans in our care including those who are eligible for priority treatment.

The Assistant Director of BPI Team presented the EQliP project and the proposed All-Wales WPAS systems changes to the All-Wales Veterans and Armed Forces Champions meeting in June. You can view the presentation [here](#).

Outcomes of improved recording veteran keynotes on WPAS

The EQliP project team continues to progress work to improve the recording and reporting of patients with veteran status in WPAS and other data systems. There is a continuing discussion to ensure timely identification and recording of veteran status within our clinical systems and that any entitlement to priority treatment consideration for veterans are actioned promptly.

At the start of the EQliP Project, 50 patients with veteran keynotes were recorded in WPAS. There were 139 patients with veteran keynotes recorded as of September 2024, an increase by 89 or 278% since changes in the use of WPAS and additional awareness raising and information was provided to staff, which was introduced in June.



Waiting List Support Service

Our [Waiting List Support Service \(WLSS\)](#) has enhanced their Call Handlers script by adding the questions: *“Have you ever served in His Majesty’s Armed Forces?”* and *“Are you happy to be identified as a veteran on your medical notes?”*. Where identified and where needed, the WLSS Team also record veteran status keynotes in WPAS and signpost patients to services that are available within the community which may support them with their broader and more holistic well-being needs.

Priority Treatment Poster

The [Priority Treatment poster](#) and the message to identify, record and share veteran patient information has been shared through various partnership forums, community events, and communication platforms such as the Medical Service Newsletter and Primary Care Directors Briefing to continue to raise awareness as well as encourage veterans to self-identify and record veteran status in our GP data systems. It is therefore encouraging to see the numbers of veterans being recorded on WPAS steadily increasing.

Reflecting on terminology:

Some younger members of this population would perceive the word veteran as applying to the World War II veterans who are so visible at national veteran events. This cohort would be more likely to identify as 'ex-Military' or 'ex-Service' personnel.

This is important as using the question "Have you ever served in the UK Armed Forces?" is more likely to receive a positive response than "Are you a veteran?"

Understanding patient and staff experience

The Health Board continues to contact over 20,000 people who have used our services every year to ask them for feedback on their experience of using our services.

For this reporting period, feedback from six veterans/members of the Armed Forces community were recorded in our Civica system. The Civica system supports the creation of bespoke surveys which are supported by the Patient Experience Team. This will help the Health Board to further understand the needs and experiences of veterans in our care. Discussion within the Health Board Armed Forces Steering Group has started to explore how the Patient Experience team can identify and engage with veterans and the Armed Forces community using the WPAS data system.



The BPI Team also records queries that are received directly from members of staff and partners. This log of queries gives the Team and the Health Board a picture of needs and gaps in training or the implementation of the Armed Forces Covenant. The queries recorded during this reporting year were mainly about the implementation of priority treatment and whether this has been applied, and also related to the need for clarification about the process for referrals to Robert Jones Agnes Hunt Orthopaedic Hospital in Oswestry. It is recognised that there remains a lack of understanding within the veteran community and within some GP practices and secondary care teams about the Health Board's policy in relation to out of area referrals, which are generally only supported when there is clear evidence that a health care need cannot be met locally.

Working collaboratively to reduce disadvantage for veterans and the Armed Forces community

Improving treatment pathways for veterans with a co-occurring mental health and substance misuse issues

The Substance Misuse Area Planning Board has started work to review the Health Board's implementation of the [Welsh Government Service Framework for the Treatment of People with a Co-occurring Mental Health and Substance Misuse Problem](#) and the [Welsh Government Substance Misuse Delivery Plan](#). Section 5.7.7 of the Framework set outs the action for area planning boards to review their existing local care pathways with a view to ensuring that access to substance misuse treatment for veterans is improved. As part of the Area Planning Board Treatment and Recovery Action Plan, the Substance Misuse services team have been working directly with partners such as the local Armed Forces Liaison Officer (AFLO) and the local and regional Armed Forces Covenant Community Forums to understand current practices and identify areas for improvement. The team carried out a number of workshops to gain specific feedback from partners and the following work has been developed over recent months:

- Ensuring that substance misuse and mental health services record veteran status on appropriate systems.
- The development of an Information Sharing Protocol between organisations involved with supporting individuals with co-occurring needs (including veterans).

Future work involves meeting with various Armed Forces partnership forums in order to gain service user feedback into further developing co-occurring substance misuse and mental health pathways.

Outreach work

The [Community Development Outreach Team](#) (CDOT) continues to work very closely with charities that support veterans including Woody's Lodge, Links, and the VC Gallery and proactively identify opportunities for partnership working to ensure joint engagement and outreach events. They have provided support to veterans by signposting them to Veterans NHS Wales and other mental health and relevant support services in the community.

Health information such as the [priority treatment, veteran ID card](#), and the [Armed Forces](#)

[and veterans support services in West Wales](#) are taken to various public/outreach events and shared to people to self-identify as veterans.

Engagements take place at “Drop in” meetings across Hywel Dda and the CDOT team has recorded approximately 300 engagements with veterans since March 2024 by attending local Drop-in meetings.

The team worked with other services such as Smoking Cessation, Mental Health and others, to improve veterans’ wellbeing and expanded its work to reach out to veterans living in rural areas and isolated communities. For example, CDOT have attended “Drop in” coffee mornings in Llandovery, Tumble, Ammanford and Upper Brynamman. Advice, information, and support provided by CDOT to veterans at these events has included but is not limited to:

- Health information relating to cancer screening, smoking cessation, healthy eating, and mental health support,
- Accessing generic health services including GP registration,
- Signposting to services who can provide support to veterans who are socio-economic disadvantaged and with unpaid caring role,
- Signposting to respite and recuperative activities.

The cross-cutting work of CDOT can be highlighted in the following example: Two veterans were signposted to the Carers service in relation to on-going difficulties they were experiencing when caring for family members. CDOT contacted the local Carers service and arranged for the referral forms to be forwarded directly to CDOT who completed the referrals and immediately returned the documents to the Carers service. The referrals were expedited, and the first veteran was contacted several hours later while the second veteran was contacted the following day. Both veterans were delighted with the service they received.

Community Development Outreach Team (CDOT) Case Study

For almost a year, a CDOT officer has been attending the coffee morning meetings organised by LINKS & Help for Heroes in Carmarthen. Veterans attending coffee mornings are aged between 50 and 75 years old and are predominantly male. The CDOT officer is also a veteran and this has helped with connecting with the Armed Forces community. The CDOT officer attends the coffee morning once a month with a different public health information to ensure all topics are covered at least once every six months. Sessions begin with a brief overview of CDOT and public health work followed by information being given out in paper form and as well as using online resources. This generates conversations around their health needs. For example, in the last session, veterans heard a presentation about the importance of attending cancer screening appointments. Information was given in the form of pamphlets and pull-out infographic guides supplied by Macmillan. This initiated conversations around the topic and veterans freely discussed their experience or that of family and friends of cancer treatment.

Without CDOT support, it is unlikely that the attendees would start a conversation around cancer screening. Research has shown that men are less likely to visit their GP for screening until health issues have progressed to a stage that makes life more uncomfortable for themselves and more challenging for their GP to help them with. Veterans have expressed their appreciation and said they enjoy CDOT's, "*Can I just have 5 minutes of your time?*" requests which turn into much longer discussions about how they can improve their health and, most importantly, where they can go for help.

Veterans NHS Wales

[Veterans NHS Wales \(VNHSW\)](#) is a national, specialised, priority service for individuals who have served in the Armed Forces at any time in their lives and who are experiencing mental health difficulties related specifically to their military service. As a result, the service applies due regard to the Covenant principles, including priority treatment as appropriate.

Veterans using the service and those in the community are asked of their feedback at a number of points throughout the care pathway, from triage and assessment to the end of treatment, to continually improve the service. Local feedback is shared nationally and locally through established pathways and used to inform and shape service delivery.

VNHSW service development initiatives are tailored to fit local needs. Hywel Dda works closely with VNHSW spokes and hub across the health boards in Wales to ensure service provision is in line with the national agenda whilst simultaneously being suitable for the local veteran population. VNHSW in Hywel Dda have appointed a volunteer Veterans Representative offering a lived experience perspective to service development.

Veterans using the service are offered a range of delivery formats such as telephone, video conferencing, outdoor appointments ('walk & talk') when provided triage, assessment, psychological therapy and follow up appointment following treatment completion. Given treatment outcomes and service user feedback, 'walk & talk' appointments are completely embedded as routine practice in VNHSW in Hywel Dda. VNHSW in the Health Board continue to collect data specifically relating to this delivery format and to date, client feedback remains overwhelmingly positive.

The Hywel Dda VNHSW Facebook closed group is well subscribed to by a variety of individuals interested in the mental health of military veterans. Membership of this group includes veterans, family members of veterans and organisations who work with veterans. The Clinical Lead, Veterans Therapist and Administrator for VNHSW are responsible for managing this group and have recently spent time planning for and identifying suitable future content to help improve reach and engagement.

The Hywel Dda VNHSW routinely works closely with multiple statutory and non-statutory organisations. Veterans accessing VNHSW in Hywel Dda are frequently signposted to relevant other services available to support the veteran and/or their families. The Hywel Dda VNHSW has also visited a number of charities as a means of outreach, networking and partnership working. Staff have also created pop-up stands in supermarkets and leisure centres, both as individual service endeavour or as a wider awareness raising event.

Primary Care

The [Community Health Pathways website](#) was launched in December 2023 and is available to primary care clinicians whether they are in a clinic, on a hospital ward, or out in the community. The platform will support our clinicians to make decisions, together with patients, at the point of care or during primary care consultation. Information and advice relating to veterans and the Armed Forces community as well prompts to identify patients

who have previously served in the UK Armed Forces have been collaboratively developed for inclusion in the website to ensure that clinicians accessing the platform can find concise guidance for assessing and managing a patient need, i.e. priority treatment and external referrals, or provide information on how to signpost veterans to services within Hywel Dda community.

Health Education and Improvement Wales (HEIW) Veteran-Friendly Practices (VFP) Scheme

The HEIW Veteran-Friendly Practices Scheme was launched in early 2023 to enable GP practices to sign up voluntarily to undertake specialist training on veterans' health and wellbeing and promote fair treatment and respect for people who have served in the UK Armed Forces, and their families in order to be a registered "veteran-friendly practice". By the end of reporting year 2023-24, three GP practices in the Hywel Dda area have completed their VFP accreditation. Work has started with the veterans champion's within the practices to further promote the scheme and agree an approach to support and encourage other practices to register to the scheme.

As part of their HEIW Veteran-Friendly Accreditation, Ystwyth Medical Group in Aberystwyth has been proactive in organising a drop in event for veterans who were known to the practice through records on the clinical system. Each patient received a personal letter inviting them to the session held in early this year, and during the event they had the opportunity to meet with a clinical member of the practice team to review their health needs. The practice also worked in partnership with the Veterans Legal Link service based in Aberystwyth University who were able to provide information about legal support which is available free of charge to veterans.

In conjunction with Ystwyth Medical Group, the SPDI Team developed a patient survey and two awareness raising posters; one about Priority Treatment and a second to promote the recently launched Veteran ID Card. As well as being suitable for display in public spaces and events such as CDOT visits to veterans coffee mornings and Drop-in meetings, these resources are being proactively shared with patients in Ystwyth Medical Group, who during drop-in event, identified that they were unaware of the NHS priority treatment consideration process. The posters have been made available to all practices and shared with community groups and Local Authority partners across Hywel Dda, as well as nationally through the All-Wales Armed Forces Lead Officers group.

Dental Services

The BPI Team continue to receive queries from veteran and members of the Armed Forces community about the implementation of priority treatment in relation to access to dental services. Dental services are aware of the principles of the Armed Forces Covenant and the WHC (2023) 022 and apply priority treatment where appropriate.

The Health Board holds a central waiting list and this information has been updated on the [Dental - Hywel Dda University Health Board](#) website. A Dental Access Portal has been developed and will go live imminently which will allow individuals to apply for a place with an NHS dentist, and patients can add their own details directly on to the waiting list. Information and advice on accessing urgent dental care has been shared with veterans and members of the Armed Forces community.

Health Visiting

Service families, like the general population, can access universal services once they register with a GP. Service children have full access to all Health Visiting services and support groups that are available in Hywel Dda. The Health Visiting team are aware of the Armed Forces Covenant but do not routinely ask parents/guardians of children if they serve in the UK Armed Forces but uses the Family Resilience Assessment Instrument and Tool (FRAIT) in their daily practice. The FRAIT assessment asks questions such as family employment, and this would help to identify Military Service or employment or ex-employment in the Armed Forces when meeting new families.

Chaplaincy and Spiritual Care

In partnership with the Chaplaincy Team the Health Board have started holding services during Remembrance Day across all four acute hospitals where veteran patients and their carers are also invited to attend the services as a way of recognising their military service. Work has also started to identify patients and improve services for veterans dying in our care who have no next of kin.