

Subject: ACCESS TO HEALTH SERVICES FOR MILITARY VETERANS

This guidance updates and extends existing guidance on priority treatment for war pensioners – [HSG\(97\)31](#). From 1 January 2008, all veterans should receive priority access to NHS secondary care for any conditions which are likely to be related to their service, subject to the clinical needs of all patients.

Action

Primary Care Trusts – to ensure that GPs, in making referrals for diagnosis or treatment, are aware of the current priority treatment provisions and of their extension to all veterans who have a condition that is likely to be related to their service. Acute and mental health trusts, NHS Foundation Trusts – to ensure that clinical staff are aware of HSG(97)31 and its extension to all veterans, for conditions which are likely to be related to their service, subject to clinical need.

Background

Under long-standing arrangements, war pensioners are given priority NHS treatment for the conditions for which they receive a war pension, subject to clinical need. Current guidance on this is HSG(97)31. This guidance states that NHS hospitals should give priority to war pensioners, both as out-patients and in-patients, for examination or treatment which relates to the condition or conditions for which they receive a pension or received a gratuity, unless there is an emergency case or another case demands clinical priority.

There are about 5 million veterans in England (a veteran is defined as someone who has served at least one day in the UK armed forces). Research shows that for most members of the armed forces, service is a positive experience, allowing them to enjoy a more favourable life trajectory.

Some veterans do, however, have service-related health conditions. There are about 170,000 veterans who receive war pensions (or another form of compensation) as a result of a service-related condition, and who therefore have eligibility for priority treatment under the NHS for their service-related condition. Other veterans will have received a lump sum gratuity rather than a pension because the degree of disablement caused by service is relatively minor: they too are eligible for priority treatment for service-related conditions, as are veterans who have an assessed degree of disablement caused by service but to whom no award is paid.

Some service-related health problems do not manifest themselves until after a person has left the armed services. Claims may be made for a war pension at any time after service termination. Hull Teaching PCT has recently extended priority access to the NHS to all military veterans, for service-related conditions, where a healthcare professional suspects that a veteran's condition may be associated with their military service.

Extension of current guidance

The Hull approach represents good practice and should be followed nationally. Where a person has a health problem as result of their service to their country, it is right that they should get priority access to NHS treatment, based on clinical need. They should not need first to have applied and become eligible for a war pension.

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

- audiology services - the guidance on priority treatment for war pensioners applied also to service-related noise-induced hearing loss which is accepted as caused by service but for which no award was paid because the level of disablement fell below the threshold for compensation. Lack of clarity about this group's entitlement to priority treatment in the past may mean that there will be some backlog coming forward now. In addition, there will be future groups of veterans for whom hearing loss may be an issue.

- mental health services – veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge. It can be particularly difficult establishing whether a condition is due to service and its implication for treatment. Clinicians may be interested in the recently launched veterans' mental health pilots and the Ministry of

Defence Medical Assessment Programme at St Thomas' Hospital in London which provides a free assessment for veterans with operational experience since 1982: information about both can be found at

www.veterans-uk.info.

- orthopaedic services – because of injuries during a person's time in the armed forces which begin to present problems some time after discharge.

Next steps

GPs are therefore asked, when referring a patient that they know to be a veteran to secondary care for a condition that in their clinical opinion may be related to their military service, to make this clear in the referral (as long as the patient wishes the referral to mention they are a veteran). Where secondary care clinicians agree that a veteran's condition is likely to be service-related, they are asked to prioritise veterans over other patients with the same level of clinical need. But veterans should not be given priority over other patients with more urgent clinical needs.

It is for clinicians to determine whether it is likely that a condition is related to service.

The extension of priority treatment to veterans should apply to new GP referrals from 1 January 2008. Except in exceptional circumstances, the change should not apply to anyone who has already been referred to treatment or who is already undergoing treatment, as to prioritise them at this stage could affect other people who have already received dates for appointments. In addition, it would not be appropriate for secondary care staff systematically to ask patients whether they are veterans suffering from a condition that they believe is related to their military service. It may however be that veterans will raise with clinicians the fact that they believe that their condition is related to service, and then it will be for the clinician to decide whether priority should be given to their case.

It is important to note and make clear to patients that a veteran who has a disorder recognised as qualifying for priority treatment does not necessarily fulfil the criteria for award of war pension. Where a GP considers that a condition is likely to be due to service and it is significantly disabling, then they could suggest to the individual to apply for a war pension since there may be entitlement to a pension or gratuity and to other benefits such as free prescriptions.

Veterans who are not war pensioners will not have the same access to free prescriptions etc that war pensioners receive. Veterans are able to use the NHS complaints system in the same way as war pensioners to resolve any breakdowns in the arrangements for priority treatment.