



Healthcare for Veterans

The Military Covenant

A career in the Armed Forces differs from all others. Service personnel agree to sacrifice certain civil liberties and to follow orders; including orders to place themselves in harm's way in the defence of others. In return, the Nation promises to help and support people in the Armed Forces and their families when they need it most. This mutual promise is enshrined in the Military Covenant, which is acknowledged by all Services.

The Military Covenant does not have the force of law, but has been enshrined through convention, custom, and contemporary application, and it represents the Nation's moral commitment to its Armed Forces.

While we acknowledge that significant efforts have been made in recent years, we believe that certain aspects of the Military Covenant are not being delivered and that the Nation must now bring about change to ensure that our Service people and their families get the support they deserve.

Introduction

The responsibilities detailed in the Military Covenant include a duty of care that extends to the medical and continuing healthcare of personnel injured as a result of Service. Personnel are given an assurance that, in the case of injury, they will receive additional support in return for giving up certain civil liberties and their willingness to place themselves in harms way on behalf of the nation.

Specifically, the Military Covenant states: "Only on the basis of absolute confidence in the justice and morality of the cause, can British soldiers be expected to be prepared to give their lives for others. This unlimited liability on the part of the individual in turn demands collective responsibility of the nation for the welfare of all servicemen and women, serving and retired, and their dependants."

More recently, the Chief of the General Staff (CGS), General Sir Richard Dannatt, at the Tri-Service Welfare Conference in April 2007 confirmed that this "means a continuous duty of care. Once a soldier, always a soldier (or sailor, or airman)" (MoD, 2007).

This duty of care extends to providing priority medical treatment to War Pensioners for injuries received in Service. The Legion is becoming increasingly concerned that priority treatment and areas of healthcare for veterans are no longer being effectively provided by the NHS.

This paper examines in more detail the system of priority treatment for War Pensioners and the problems that are threatening the delivery of veterans' healthcare.

Who are War Pensioners?

A War Pensioner is anyone who has been found to have a condition (illness or injury) attributed to their Service in the military – either under the War Pension Scheme (WPS) or the Armed Forces Compensation Scheme (AFCS) (introduced in April 2005). Both schemes run concurrently – those who were injured on or before 5 April 2005 can claim post-discharge under the WPS, while those who were injured on or after 6 April 2005 can claim at any time under the AFCS.

War Pensioners include veterans who receive a War Disablement Pension, or under the AFCS, a Guaranteed Income Payment (GIP); those who have received a one-off gratuity or lump sum; and those whose condition has been found to be caused by service but has not attracted an award (normally related to hearing loss).

Currently all veterans who have a disablement attributable to service are entitled to priority treatment from the NHS for their Service-related condition.

What is NHS priority treatment?

In 1953, veterans ceased to benefit from treatment in hospitals run by the Ministry of Pensions, which had provided dedicated services for ex-Service personnel and War Pensioners. This was mainly due to the introduction of the NHS and a reduction in the number of veterans requiring treatment. At this time, treatment for War Pensioners was transferred to the NHS, including the financial responsibility for treatment. As a concession, and in recognition of their Service and sacrifice, War Pensioners were awarded priority treatment.

Priority treatment applies to both in- and out- patient care and to equipment such as hearing aids; it also includes free prescriptions and other equipment for the related condition. The decision to grant priority treatment rests with the patient's clinician and is always second to clinical need, to ensure care is delivered where it is most urgently needed.

Regular reminders of the responsibility to deliver priority treatment are sent out by the NHS Executive to Primary Care Trusts (PCTs) and clinicians. War pensioners are informed of their eligibility for priority treatment in a leaflet sent to them when they are notified that their War Pension has been accepted.

It should be noted that priority treatment does not mean preferential treatment. For example, it does not allow War Pensioners to access new drugs or treatments ahead of other patients unless there is a clinical reason to do so.

The Legion is aware, through our direct welfare work with veterans, and through our relationships with other Service and ex-Service organisations in the field, that priority treatment is not consistently being delivered across the UK. War Pensioners we work with report that they have not been offered priority treatment and when they have requested priority treatment they have not been able to access it. This is a particular problem for veterans with mental health problems, as the well-documented shortage of resources, and the scarcity of appropriate services for veterans, make priority treatment even more difficult to access. The Legion is concerned over this failure to deliver priority treatment and believes the government should introduce a system that actually succeeds in providing the immediate access to healthcare promised to War Pensioners.

How many people are entitled to priority treatment?

Figures for March 2007 show that there are 174,000 people receiving a War Disablement Pension who are therefore eligible for priority treatment, a drop of 9,000 on the figure for the previous year (DASA, 2007). The numbers of one-off gratuity payments and people who have had their condition accepted as caused by service but have not attracted an award are not reported, so it is impossible to say exactly how many people are eligible for priority treatment.

However, the number of War Pensioners will continue to decrease over the coming years, given the age of the group: the vast majority of War Pensioners are over 70 with the largest age group being 80-89 years (DASA, 2007).

Although the number of people eligible for priority treatment will decrease, there are a growing number of ex-Service personnel who will need high levels of on-going support from the NHS, due to the severity of their injuries. Advances in medical treatments and technology mean personnel are surviving injuries that in the past would have proved fatal. Once they have left the Services, these personnel will be the responsibility of the NHS and will have a right to receive priority treatment relating to any injuries for which they have been awarded a War Pension. The NHS needs to ensure that the priority treatment system can meet the complex and on-going needs of these people.

A recent Ministry of Defence (MoD) consultation document has also suggested that the entitlement to priority treatment should be further limited. "Under present rules [the War Pension Scheme], a pensioner with such an entitlement will have access to priority on exactly the same terms as someone suffering the direct results of injury in combat. Is that appropriate?" The answer to this question must be – yes. Regardless of the circumstances of an injury or illness, in training or combat, to receive a War Pension means that a causal link has been made to Service. It also means that the individual has volunteered to Serve their country – creating a two-tiered system must be out of the question.

The Legion believes that the government needs to quantify the number of people currently eligible for priority treatment for conditions related to Service. At the moment there is no way to accurately assess the demand for priority treatment or the impact it has on the NHS. While the number of people in receipt of a War Pension is currently recorded, there is no data for those who have received a gratuity or lump sum payment or any assessment as to whether or not they require ongoing medical treatment. Additionally, there are no figures to account for those whose conditions have been found to be caused by Service, but have not attracted an award.

Survey of war pensioners

An Ipsos MORI survey (see notes) of 498 people who had been helped by the Legion successfully to claim a War Disablement Pension was conducted between 6 and 12 September 2007. The findings confirm that priority treatment is not being successfully delivered across the UK.

The survey revealed that of the 211 War Pensioners who had sought NHS treatment for the condition for which they received a War Pension, over three-quarters (78%) said they were not treated ahead of other non-emergency patients. Only 3% of these people remembered being asked by an NHS health professional if they were a War Pensioner.

The survey also found that 76% of those taking part were not aware that they are entitled to priority treatment.

These findings clearly show the failure to deliver priority treatment for War Pensioners. The figures reveal that there is no systematic approach to the delivery of priority treatment for War Pensioners and a lack of awareness among War Pensioners of their eligibility to be seen by the NHS ahead of non-emergency patients.

Mental health care for veterans

On 31 March 2007 there were approximately 11,500 people in receipt of a War Pension that related entirely or partially to a mental health condition. There were 2,200 people receiving a War Pension solely for a mental health condition which equated to a 20% or higher level of disability. Of the total number of people receiving a War Pension (174,000), around 6.6% of them have a mental health condition (MoD, 2007).

In financial year 2006/7 there were approximately 6,800 new War Pension claims. Of these, around 800 were claims for a mental health condition, 50% of which were accepted by the Service Personnel and Veterans Agency (SPVA), and 300 of them were accepted as related to a 20% or higher level of disability. The specialist mental health charity, Combat Stress, is currently assisting around 8,000 veterans with mental health difficulties.

This group of veterans often has the most difficulty accessing the health services they need. Serious shortages of mental health care resources makes specialist services rare and means that veterans are very unlikely to be offered priority treatment.

When Service personnel with mental health problems leave the forces they lose access to the mental health services provided by the MoD and become the responsibility of the NHS. Mental health problems may be exacerbated, or caused, by post-service factors, such as trouble with transferring to civilian life or marital problems (Richardson, 2007).

To help ease the burden on the NHS, the MoD meets the individual costs of treating War Pensioners for conditions related to Service at three centres run by Combat Stress (Twigg, 2007). This is a welcome investment. However, veterans who are not assisted by Combat Stress, or another specialist organisation, need to be able to access mental health care from the NHS and receive priority treatment if eligible.

Mental health charities consistently point to the fact that NHS services are overstretched and few offer the kind of treatment that is most effective for veterans. A recent Healthcare Commission review showed provision of community mental health care services to be patchy across the country and access to treatments such as cognitive behavioural therapy to be limited (Healthcare Commission, 2007).

Evidence from Combat Stress suggests that only the very seriously mentally ill receive treatment from the NHS. Priority treatment for War Pensioners is rarely achieved.

This is reinforced by a Royal College of Nursing survey which revealed that staff shortages are impacting on the level of care that can be offered by some mental health practitioners, who have to put all but the most seriously ill patients onto waiting lists for treatment (RCN, 2007).

To help veterans access the care they need, the MoD set up the Medical Assessment Programme (MAP), recently extended to all veterans who have been actively deployed since 1982. It provides mental health assessments and signposts veterans to treatment services within the NHS. However, it does not provide treatment, referrals to mental health services or help War Pensioners access their entitlement to priority treatment.

Since 2006, the MoD, four UK Health Departments, Combat Stress and the Health and Social Care Advisory Service have been working to develop a new model of evidence based mental health services for veterans. The model aims to create regional centres of excellence to provide veterans with clear pathways to treatment and NHS clinicians with the expertise and training they need to better understand and treat those who come into the system with mental illness as a result of service. Several pilot schemes, which will run for two years in locations across the UK, are currently being developed.

This is a welcome initiative that could prove valuable for veterans in the long-term. However, it will not help veterans who are currently experiencing mental health problems and difficulties accessing the services they need, when they need them. Even with clear intentions to roll out such a scheme, it is unlikely that this would be achieved within five years.

Delivering priority treatment in the future

War Pensioners injured during Service have a right to expect and receive excellent and timely healthcare for their Service-related injury under the continuing duty of care the government has promised them.

The government must now ensure immediate access to healthcare for veterans with conditions related to their Service through a system of priority treatment that actually works.

Summary of recommendations

- The government must ensure there is immediate access to health care for War Pensioners, making priority treatment work not just in theory but in reality.
- The government needs to pay particular attention to the provision of mental health services for veterans, and priority treatment in this area. Much greater investment is needed if veterans are to receive the care they deserve.
- The MoD should identify the exact number of people who are eligible to receive priority treatment and ensure that sufficient resources are in place to deliver it.

References

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Notes

1. Data are weighted to reflect the profile of people in terms of age and region, who had been helped by the Legion between 1997 and 2007 successfully to claim a War Disablement Pension and had left telephone contact details.
2. All respondents are Royal British Legion members and War Pensioners.
3. The survey was carried out by telephone.
4. Results are based on all respondents unless otherwise stated.
5. The sample profile was as follows:
 - a) Gender of respondents – male 95%; female 5%
 - b) Age at last birthday – under 45 37%; 45-64 42%; 65+ 20%
 - c) Region – North 25%; Midlands 29%; South 46%