

WELSH HEALTH CIRCULAR



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For Action by:

NHS Health Board and NHS Trust Chairs and
Vice Chairs
NHS Health Board and NHS Trust Chief
Executive
Health Board Armed Forces and Veterans Lead
Executives
General Practitioners
GP Practice Managers

Action required by: Immediately

See Section 1 Guidance

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Enclosure(s): can be accessed through hyperlinks

Armed Forces Covenant - Healthcare Priority Special Consideration for Veterans / Ex-Armed Forces Personnel

1 Guidance

- 1.1 All Armed Forces veterans are entitled to receive priority access to NHS care and treatment for any conditions (mental and physical) which are considered to be related to, or resulting, from their military service. Refer to section 2 for the definition of an Armed Forces veteran.
- 1.2 Many conditions do not become obvious until after a veteran has left military service, therefore all GPs should be aware of the Welsh Government wish to prioritise care of this nature and consider the military aspects of a condition when diagnosing and referring to secondary care.
- 1.3 This priority access applies **ONLY** to conditions which are related to previous military service.
- 1.4 GPs often have an important role in making initial referrals for patients who require specialist assessment, investigation or treatments. In recognition of this, the recording of veteran status within GP clinical systems is a critical first step. Refer to section 3 for further information.
- 1.5 When referring a patient identified as a veteran, GPs are asked to consider if, in their clinical opinion, the condition may be related to the patient's previous military service.
- 1.6 Where consultants or allied health professionals agree that, on the balance of probabilities, the veteran's condition is related to the patients' service, they have been asked to prioritise veterans over other patients with the same level of clinical need.
- 1.7 "Priority treatment" should not be interpreted as "preferential treatment". The level of priority is based on the veteran's clinical need for treatment. Veterans will not be given priority over other patients with more urgent clinical needs.
- 1.8 Where consent is given by the patient the following wording may be used in the referral to request priority treatment.

"Veteran Priority Referral

This patient is an Armed Forces veteran.

I consider that his/her current condition is probably related to military service.

This referral should be considered for priority treatment under Welsh Health Circular WHC (2023) 022."

- 1.9 The wording above can also be used for onward referrals between consultants or allied health professionals.

- 1.10 If a veteran does not want the GP to record their veteran status, the information should not be included in the referral letter. However, the GP should remind the patient that if their veteran status is not recorded the hospital will not be aware of their status or entitlement for priority treatment consideration.
- 1.11 Veterans with health conditions that are not a direct result of previous military service in the Armed Forces will still be referred for specialist assessment but are not entitled to priority treatment. However, they may still be able to access some veteran specific services (see Sections 10 and 11).
- 1.12 This guidance does not apply to GP appointments.

2 Definition - Who is a “veteran” in the UK

- 2.1 Veterans are defined as anyone who has served for at least one day in His Majesty’s Armed Forces. The reigning monarch assumes the role of commander-in-chief of the UK Armed Forces on accession. This guidance also applies to those veterans whose time in service was under previous monarchs.
- 2.2 They would have served as either:
- A Regular in the Naval Service / Royal Marines, Army or Royal Air Force, or
 - A Volunteer or Ex-Regular Reservist in the Royal Naval Reserve, Royal Marine Reserve, Territorial Army, Royal Auxiliary Air Force, Royal Fleet Reserve, Army Reserve, Air Force Reserve or Royal Fleet Auxiliary; or in the Merchant Navy (where they served on a civilian vessel whilst supporting the armed forces).
- 2.3 Reservists who are not currently actively serving are given the status of veteran and receive their healthcare through the NHS until they return to active service. The Ministry of Defence is responsible for providing the healthcare need to all serving personnel and mobilised reservists through Defence Medical Services.
- 2.4 Veterans may have served for one day or more than 40 years. They could have been any of a wide range of trades or professions and served almost anywhere in the world.
- 2.5 Many veterans have never been in combat, and some leave before completing training. However, military life and culture presents the possibility of involvement in intense, hazardous and highly stressful (moral and physical) situations.
- 2.6 “Service Leaver” or “Ex-Service Personnel” are also terms for someone who is in transition from or has ceased to be a member of the Armed Forces. These are typically used in legal documents, as understanding and use of the term “veteran” does vary, not least amongst those who have served. Many

former Armed Forces personnel in the UK do not define themselves as veterans.

- 2.7 For the purposes of this document, the term “veteran” will be used to represent all former Armed Forces personnel.
- 2.8 The 2021 Census in England and Wales was the first to ask people if they had previously served in the UK armed forces.
- Around 115,000 people in Wales reported that they had previously served in the UK Armed Forces.
 - This is around 4.5% of usual residents aged 16 years or older.
 - The percentage of UK armed forces veterans was higher in Wales than it was in England (3.8%).
 - In Wales, of the total reported, 76.3% served as Regulars, 19.3% as Reservists and 4.5% as both Regulars and Reservists.
 - Across the UK, the areas with the highest proportion of UK Armed Forces veterans tended to be near existing Armed Forces bases. However, this is not always the case. For example, in Wales the local authorities with the highest proportions of veterans are Conwy (5.9%, 6,000 people), Pembrokeshire (5.7%, 6,000 people) and the Isle of Anglesey (5.6%, 3,000 people).

Office for National Statistics (ONS), released 10 November 2022, ONS website, statistical bulletin, [UK armed forces veterans, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/armedforces/bulletins/ukarmedforcesveteransenglandandwales)

3 Identifying veterans / Asking the question

- 3.1 Based on the most recent Census data 4.5% of the Welsh population reported that they had previously served in the Armed Forces. This suggests that an average GP practice could have around 330 veterans in its catchment area although there will be regional and local variations. For example, concentration in places with large barracks, where family members will also access GP services.
- 3.2 As some ex-service personnel may not consider it relevant to disclose or consider themselves as veterans, where appropriate, GPs should ask “**have you ever served in the Armed Forces?**”
- 3.3 The GMS1W registration form includes the question to identify new registrations with the practice. However, it may still be prudent to ask the question. Further questioning of identified veterans may help GPs to better understand the health needs of veteran patients and also identify opportunities to signpost them to other sources of support.
- 3.4 Questions could include:
- Did you serve as a Regular or Reservist?
 - Which service were you in?
 - For how long did you serve?

- How long ago did you leave?
 - What was your job?
 - Where in the world did you serve?
 - Did you have any health problems whilst you were serving, or after you left?
- 3.5 With the patient's agreement, their veteran status should be recorded on the clinical system using a relevant, clinical code or clinical phrase. There are a number of clinical codes available, but for consistency, the Welsh Government recommends using:
- 13q3 'Served in Armed Forces'
 - Ua0T3 'Served in Armed Forces' (the 0 is a zero)
 - or 224355006 which is the SNOMED-CT ID equivalent.
- 3.6 Many conditions do not become obvious until after a veteran has left military service. The most frequent conditions are mental health difficulties, orthopaedic and audiology (noise induced hearing loss) but the list is not exhaustive.
- 3.7 When they leave the Services, veterans are given a form (FMed133A) that includes details for their GP surgery, including a summary of medical treatments, vaccinations and specialist care received. They are also given a paper copy of their summary medical records, which contains more detailed information about the medical treatment they received while in the armed forces.
- 3.8 If this information has been lost, with the veteran's written permission, the GP can contact the relevant department below to arrange transfer of these medical records to the practice.

Royal Navy / Royal Marines:

The Medical Director General, Medical Records Release Section, Institute of Naval Medicine, Alverstoke, Hampshire, PO12 2DL

Tel: 023 9276 8063

RNServiceLeavers@mod.gov.uk

Army:

Army Personnel Centre, Disclosure 3, Mailpoint 525, Kentigern House, 65 Brown Street, Glasgow, G2 8EX

Tel: 0845 600 9663

APC-sp-disclosures3@mod.gov.uk

Royal Air Force:

Medical Casework 6, Air Manning Medical Casework, Headquarters Air Command, Room 1, Building 22, Royal Air Force High Wycombe, Walters Ash, Buckinghamshire, HP14 4UE

Air-COSPers-Disclosures@mod.gov.uk

- 3.8 Alternatively, veterans can obtain their own records (service or medical) from the requests for personal data and service records on GOV.UK.

4 Background

- 4.1 This circular is to update and clarify guidance on **Armed Forces Covenant - Healthcare Priority for Veterans (WHC (2017) 41)**. It reaffirms the Armed Forces Covenant commitment to provide priority treatment for veterans suffering from health conditions considered to be directly related to their Service.
- 4.2 Welsh Government, NHS Wales and all health boards and all local authorities in Wales have signed the Armed Forces Covenant.
- 4.3 The Covenant sets out the relationship between the Nation, the State and the Armed Forces. It recognises that the whole nation has a moral obligation to members of the Armed Forces and their families, and it establishes how they should expect to be treated.
- 4.4 It says that:
- veterans should face no disadvantage compared to other citizens in using or accessing public and commercial services,
 - special consideration is appropriate in some cases, especially for the injured and the bereaved.
- 4.5 The Armed Forces Act 2021 aims to increase awareness among public bodies of the unique nature of military service and improve the level of service for members of the Armed Forces community. It has further enshrined the principle of the Armed Forces Covenant in law via the introduction of a duty to have due regard. The Act introduced a new requirement for some public bodies, including the NHS and local authorities, to pay due regard to the principles of the Covenant when carrying out specific public functions in the areas of housing, healthcare and education. The Act applies in Wales in devolved functions as stated in the statutory guidance.
- 4.6 Statutory Guidance on the Armed Forces Covenant, can be found here: [Armed Forces Covenant Duty Statutory Guidance.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

5 Armed Forces and Veterans' Champions

- 5.1 Champions for Armed Forces and Veterans have been established in every health board and NHS Trust in Wales. They advocate for veterans and Service personnel to ensure their needs are reflected in local service plans. Champions are health board Independent Board Members and are supported in this role by a Lead Executive Director board member.

6 Veterans Commissioner for Wales

- 6.1 An independent Veterans' Commissioner for Wales has been appointed by the UK Government's Office for Veterans' Affairs and the Office of the Secretary of State for Wales. The Commissioner works in close partnership with Welsh Government.
- 6.2 The Commissioner's role is to ensure that veterans in Wales and their families are not disadvantaged by their service, as well as scrutinising and advising on government policy for veterans. The Commissioner also helps direct veterans and their families to support available in areas such as healthcare and mental health provision, housing and employment, as well as assisting charities and advocating for the veteran community in Wales.

7 Veteran specific NHS services

7.1 Veterans NHS Wales

- 7.1.1 Veterans' NHS Wales is the first point of contact, 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.
- 7.1.2 Veterans NHS Wales is based in Primary Care Mental Health Services providing assessment and evidence based psychological treatment for common mental health problems such as anxiety, depression, and post-traumatic stress disorder.
- 7.1.3 Health boards in Wales have appointed an experienced clinician as a Veterans' Therapist with an interest in or experience of military mental health problems. The appropriate Veterans' Therapist can be contacted by going to the health board page on the Veterans NHS Wales website.
[Health Boards - Veterans Wales](#)
- 7.1.4 In Powys the Veterans' NHS Wales service is delivered by neighbouring Health Boards:
- Aneurin Bevan UHB for those who live in Brecon or Radnorshire,
 - Betsi Cadwaladr UHB for those who live in Montgomeryshire,
 - Swansea Bay for those who live in Ystradgynlais.
- 7.1.5 The Veteran Therapist will accept referrals from health care staff, GPs, veteran charities and self-referrals or by someone on behalf of the veteran, such as a family member. Advice on referrals and the form for self-referral and referral on behalf of the veteran can be found on the Veterans NHS Wales website.
[Referrals - Veterans Wales](#)

- 7.1.6 New referrals will be screened, and the veteran will be contacted by telephone for further information if required. If appropriate, the veteran will be sent an 'opt-in' form and consent form to be completed and returned to the service so that an initial face to face assessment with the Veterans' Therapist can be arranged.
- 7.1.7 Assessment may lead to signposting to other relevant services and/or outpatient psychological therapy with the Veterans' Therapist.
- 7.1.8 Psychological therapy may be offered by the Veterans' Therapist comprising of brief evidence based psychological therapy in line with NICE guidelines.
- 7.1.9 The Veterans' Therapist can also refer to veteran charities for help with debt management, benefits and war pension or armed forces compensation claims as indicated.

7.2 Veterans Trauma Network

- 7.2.1 Veterans Trauma Network Wales (VTN Wales) has been established to ensure that veterans who suffered physical injury as a result of their service, can access the timeliest and most appropriate care for their injuries. The network consists of a collaboration of specialist clinicians with relevant expertise who have an interest in providing veterans' care.
- 7.2.2 Most veterans' injuries can be dealt with using routine NHS referral pathways. However, the severity or unusual nature of some combat injuries means that veterans sometimes need specialist input that may not be available in their health board.
- 7.2.3 VTN Wales provides a central service to assist individuals, healthcare professionals & the third sector with relevant advice on appropriate referral pathways if ongoing support is required. They can assist with securing appropriate funding where cross-border referral is necessary.
- 7.2.4 Referrals to the network can be made by GPs, other clinicians, and third sector organisations when there is an unmet need for specialist assessment or treatment for physical conditions relating to service in the Armed Forces.
- 7.2.5 VTN Wales is part of the South Wales Trauma Network's (SWTN) Operational Delivery Network (ODN), hosted by Swansea Bay University Health Board. The SWTN covers South Wales, West Wales and South Powys and can provide direct referrals for VTN Wales services within the Welsh tertiary centres.
- 7.2.6 For patients in North and Mid-Wales, VTN Wales is closely linked with equivalent colleagues in VTN England working across Liverpool, Birmingham and Stoke-on-Trent and can arrange any necessary referrals appropriately.
- 7.2.7 Referrals can be made via Veteranstraumanetwork@wales.nhs.uk

7.3 Enhanced Prosthetics Provision

- 7.3.1 In Wales, Welsh Health Specialised Services Committee (WHSSC) commission enhanced prosthetic limbs for War Veterans'. This is outlined in the *Specialised Services Commissioning Policy: CP49 - War Veterans - Enhanced Prosthetic Provision*.
- 7.3.2 The Command Paper 'The Nation's Commitment: Cross Government Support to our Armed Forces, their Families and Veterans'¹ made clear that all veterans who have lost a limb whilst serving in the Armed Forces should, where clinically appropriate, have access to a modern high-end prosthesis.
<https://whssc.nhs.wales/commissioning/whssc-policies/all-policy-documents/war-veterans-enhanced-prosthetic-provision-commissioning-policy-cp49-october-2020/>

8. Other considerations

8.1 Armed Forces Families

- 8.1.1 Whilst family members are not entitled to priority treatment it is recognised that their own health and wellbeing can be impacted as a result of service life, for example, the regular need to re-locate. The Armed Forces Covenant Duty makes clear that families should not be disadvantaged by service, for example, the NHS has a duty to ensure waiting list parity for family members.
- 8.1.2 This means that when moving into a new area a family member may need to transfer an existing referral for out-patient assessment or a day case or in-patient procedure. If the GP identifies a patient who is a family member of a currently serving Armed Forces personnel, veteran or ex-Service leaver who requires a new referral / transfer of care as a result of moving into the area, they should flag in the referral letter that the patient is eligible for waiting list parity and provide relevant evidence of the previous length of wait to support this.
- 8.1.3 Links to the Armed Forces Families Federations can be accessed below:
- Naval Families Federation:
[Naval Families Federation - Championing Royal Navy & Royal Marines families \(nff.org.uk\)](http://NavalFamiliesFederation.org.uk)
 - Army Families Federation:
[Army Families Federation - Supporting Army families worldwide \(aff.org.uk\)](http://ArmyFamiliesFederation.org.uk)
 - Royal Air Force Families Federation:
[RAF Families Federation > RAF Families Federation \(raf-ff.org.uk\)](http://RAF Families Federation > RAF Families Federation (raf-ff.org.uk))

8.2 Pre 2000 Homosexuality ban in the Armed Forces

- 8.2.1 Until 12 January 2000, there was a blanket ban on the presence of Homosexuals in the Armed Forces. Prior to the ban being lifted, Armed Forces personnel who were thought to be gay, lesbian, bisexual or transgender were arrested, and questioned by the Special Investigation

Branch of the Military Police. Many were taken to military hospitals and subjected to medical inspections. At Court Martial, service medals were rescinded, and many were 'dismissed in disgrace'. Many served months in prison, for the military criminal offence of being 'homosexual'. Evidence suggests they suffered blighted careers, homelessness, estrangement, financial instability, unemployment and mental health issues. It is important to be aware of what veterans affected by the ban may be experiencing and that support is available.

- 8.2.2 More information can be found on the Fighting With Pride website [Fighting With Pride: The LGBT+ Military Charity](#)

8.3 Female veterans

- 8.3.1 There is a developing evidence base looking at the experiences of female veterans in the UK. It is important to recognise that female veterans may have faced unique challenges in their service. The Office for Veterans Affairs is developing a Female Veterans' strategy to examine such challenges such as how females access services.

9 Resources

- 9.1 Health Education and Improvement Wales (HEIW) manages a certification scheme for Veteran Friendly GP practices across Wales. This scheme requires GP practices to identify a clinical lead for veterans. The clinical lead will have undertaken designated learning on the issues relating to veterans' health and will keep up to date with the latest guidance and legislation relating to the Military Covenant. The lead will be available to give advice and support to colleagues in the practice in addition to direct clinical support for veterans. The scheme also requires the identification of veterans on registration and clinical coding of their status.

10 Veterans Support

10.1 Veterans Gateway

- 10.1.1 Veterans' Gateway provides a single point of contact for veterans seeking advice and support. This includes advice from a range of organisations, covering issues from employment, finances and housing to independent living, mental wellbeing, physical health, and families and communities. The Veterans Gateway can also provide details of veterans' hubs, drop-ins and support services to which GPs can signpost.
- 10.1.2 Veterans can telephone the service 24 hours a day, 7 days a week on 0808 802 1212 or text their details to 81212 and an advisor will be in touch as soon as possible. Veterans can also talk to an advisor by e-mail or Live Chat via Veterans Gateway web site:

[Advice and support for veterans & ex-forces | Veterans' Gateway \(veteransgateway.org.uk\)](https://veteransgateway.org.uk)

10.2 Veterans UK

10.2.1 The Ministry of Defence's Veterans UK helpline provides assistance on many issues including benefits, housing and welfare.

Email: veterans-uk@mod.gov.uk

Freephone (UK only): 0808 1914 2 18

Telephone (overseas): +44 1253 866 043

Normal Service 8.00 am to 4.00 pm Monday to Friday

10.2.2 Veterans UK runs the Veterans Welfare service. The service provides free one-to-one support to veterans or anyone supporting a veteran, their families and dependants. War pensioners in need of medical treatment or care because they were disabled while serving in the armed forces can seek advice and help from the Veterans Welfare Service. The service can help veterans apply for household adaptations from their local social services.

11 Charity support

11.1 There are many charities dedicated to providing support, advice and aid for veterans and their families. Many of these charities cover a range of topics, including disability support, rehabilitation, self-help programmes, accessing services and further financial support. Some key charities are outlined below, but there may be others in different parts of Wales who can support.

11.1.1 Blesma

Blesma, The Limbless Veterans, is dedicated to assisting serving and ex-Service men and women who have suffered the loss of limbs, including an eye(s), or the loss of use of a limb(s), loss of sight, speech or hearing during their service, or loss of use of limbs after their service as a result of traumatic injury. Blesma support these men and women in their communities throughout the UK, for life, including immediate family members.

[How we help | Blesma, The Limbless Veterans Charity](#)

11.1.2 Blind Veterans UK

Veterans with sight loss can get help and support from Blind Veterans UK. They offer a range of support, including rehabilitation services, practical advice and emotional support to help veterans adjust to sight loss and overcome the challenges of blindness.

[Home - Blind Veterans UK - Blind Veterans UK](#)

11.1.6 Combat Stress

Combat Stress delivers dedicated treatment and support to ex-Service men and women with conditions such as Post Traumatic Stress Disorder (PTSD), depression and anxiety disorders. Combat Stress services are free of charge to the Veteran.

[Mental health services for veterans | Combat Stress](#)

11.1.5 Help for Heroes

Help for Heroes support veterans and their families in their homes and communities to improve their physical and mental health. Support is tailored to the individual and may include counselling, funding equipment, helping people manage their health conditions and navigating support systems, welfare support, joining physical activities, wellbeing support, joining social activities, self-guided help or signposting.

[UK Armed Forces and military veterans charity | Help For Heroes](#)

11.1.3 Royal British Legion (RBL)

The Royal British Legion provides practical care, advice and support to serving members of the Armed Forces, veterans of all ages and their families.

[The Royal British Legion | Armed Forces Charity](#)

11.1.4 SSAFA

SSAFA provides advice and support to veterans on addiction, relationship breakdown, debt, homelessness, post-traumatic stress, depression and disability. Veterans in need of advice or support can call 0800 260 6767.

[How we help | SSAFA](#)