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Joint Group: Strategic Oversight Group

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Dear Gregor

**ARMED FORCES PERSONNEL AND VETERANS HEALTH JOINT GROUP: IMPLEMENTATION GROUP ANNUAL REPORT 2020**

As Chair of the Implementation Group (IG), I am pleased to provide an annual report on the progress made by the IG on priority work delegated to us by the Strategic Oversight Group (SOG) in May 2019. This is in addition to the six-month update I provided in November 2019 (attached) and will, I hope, be helpful in advance of the SOG meeting on 1 October 2020.

The information below establishes achievements and next steps, as agreed by IG members at a meeting on 1 September. You'll see that we propose some issues which might be taken into account by the SOG when setting 2020-21 priorities.

In taking forward the priorities of the SOG, the IG has met four times, with full attendance and engagement. This has enabled valuable discussions and progress on issues relating to the health of the armed forces community in Scotland. The membership has evolved over this time to ensure the group has a broad demographic.

The IG has had close engagement with Charlie Wallace, the Scottish Veterans Commissioner in the past year – you'll be aware of his most recent [report from June 2021](#). In order to cross reference and provide extra assurance to our comments in this letter, I have provided the Commissioner's most recent RAG rating against headings.

Much of the progress set out here has been made prior to March 2020. Thereafter, work has paused due to group members' time being committed to the Covid-19 response. Given the uncertainty about the future ongoing impact of the pandemic, there should be a caveat on 2020-21 priorities that the pace of delivery may not be what it had previously been.

I look forward to our discussion on 1 October, and continuing to improve the health of Scotland's armed forces and veterans community.

**JASON LEITCH, NATIONAL CLINICAL DIRECTOR**

## **PRIORITY WORK SET BY THE SOG FOR 2019-20**

### **Wheelchairs (SVC Rated Amber)**

**Achieved:** We aim to widen the Scottish Prosthetics Service to cover wheelchair users with or without prosthetic limbs, thereby ensuring equity of access to funding based on clinical and mobility needs, and not on the nature of the impairment. In order to fully understand this issue, we have engaged with Dr Mike Dolan, Head of Assistive Technology within NHS Lothian who has, in turn, enabled two way dialogue with his counterparts across Scotland.

**Next Steps:** In order to effect change quickly for veterans with MOD-issued wheelchairs, we propose to i) write to all territorial boards to ask them for Assistive Technology services to provide a like-for-like service and to establish autonomy for them to maintain MOD-issued wheelchairs and ii) on the broader issue of inequities in wheelchair provision, the Scottish Government team with policy responsibility for wheelchairs will engage with stakeholders to discuss potential resolution.

### **Scottish Veterans Care Network (SVCN) (SVC Rated Green)**

**Achieved** The Scottish Veterans Care Network has been established and will be formally launched in November 2020. Engagement with a broad range of stakeholders has enabled the Network to create a delivery strategy, setting out immediate priorities and a strategy for implementation of these. The SVCN strategy document was accepted and approved by the NHS Chief Executives Group on 4th August. This document will go to the Chief Officers Group shortly.

**Next Steps** A virtual launch is planned for November 2020. As directed by the SOG, an immediate deliverable for the SVCN will be a Mental Health Action Plan for veterans – early engagement with stakeholders is underway. The SVCN is expected to focus on veterans' mental health initially and, thereafter, it may move to priorities on physical health – these priorities will be as directed by the SOG.

### **Hearing Aids (SVC rated Amber)**

**Achieved** A joint letter from the National Clinical Director and Adrian Carragher, Head of Audiology at Ayr University Hospital and Healthcare Science National Lead for Physiological Sciences, went to the Heads of all Audiology departments in Scotland to highlight the terms of the Armed Forces Covenant and the difficulties being experienced by some veterans who have hearing loss as a result of their service. The letter requested that veterans attending hospital with an MOD issued ITE (in the ear) hearing aid receive appropriate maintenance or a like for like replacement.

**Next Steps** We consider that this work is now concluded. Scottish Government policy leads will assess impact of this letter from patients via third sector groups and report back any particular findings and remaining issues in due course.

### **Priority Treatment (not a specific SVC recommendation but implicit in his recommendation around reducing barriers to services – rated Amber)**

**Achieved** Scotland has been a proactive and key member of a pan-UK working group convened on the subject, which has met a number of times this year. The working group is about to conclude, with the recommendation that devolved administrations should take

forward their own messaging, and requesting that participating stakeholders maintain fairly regular engagement. We have suggested bi-annual engagement to share best practice.

**Next Steps** Policy leads will keep dialogue open across the UK and between stakeholders, monitor perception of priority treatment and share best practice. In terms of messaging for Scotland, we have begun discussions about how to do this and **consider that this should remain a priority for 2020-21.**

**Veterans First Point (V1P) (not a specific SCV recommendation but implicit in the recommendations relating to veteran's mental health – rated Amber)**

**Achieved** Match funding allocation letters have issued to those Health Boards currently providing V1P (Lothian, Tayside, Ayrshire and Arran, Borders, Fife and Lanarkshire) following confirmation that they wish to continue for another year. Throughout Covid-19, V1P services are being delivered via telephone or teleconferencing.

**Next Steps** We had originally envisaged that the pathway of care for veterans' mental health across services would be included in the Veterans' Mental Health Action Plan, led by the SVCN. As the action plan may be delayed until later in 2021, we have asked the SVCN to convene discussions with V1P and Combat Stress and to make recommendations to the Scottish Government regarding the funding of veterans' mental health services beyond March 2021.

**NHS Armed Forces and Veterans Champions Network (SVC rated Green)**

**Achieved** The NHS Champions Network has been established and three events have been run, all of which have received positive feedback from Champions. We have surveyed Champions about next steps to ensure the content of future events remains fresh, interesting and relevant. Through this group we have been able to disseminate information and gauge views on new SG work, such as Veterans Aware Hospitals. We have also been able to approach Champions on an individual basis so that their local knowledge can enhance decision making.

**Next Steps** Although the recommendation is considered green and fully met, we will maintain the Champions Network so that it remains relevant and valuable to its members. The Network was unable to meet in April and much of the work was paused due to Covid-19. However, work has begun on planning the next virtual Champions Network meeting in November. We are confident that this group can regain momentum to remain a beneficial resource. With regular engagement from policy leads, this will continue.

**OTHER WORK TAKEN FORWARD BY THE IMPLEMENTATION GROUP**

As well as the priorities set by the SOG, the IG has initiated work in other areas. This work has come about as a result of engagement with stakeholders and the Scottish Veterans Commissioner.

**Veterans Aware Hospital Accreditation (not related to a specific SVC recommendation but will go towards creating the "Distinct Scottish Approach" the Commissioner seeks)**

**Achieved** Ian Donnelly of the Veterans Covenant Healthcare Alliance has presented to the NHS Champions Network twice on this subject and Dr Kevin Eardley, Consultant Physician and Nephrologist at Shrewsbury and Telford Hospital Trust, presented a case study of the

accreditation process. The IG and Champions were broadly supportive of the initiative and agreed to continue consideration before presenting accreditation to NHS boards.

**Next Steps** We aim to have every hospital in Scotland accredited, before moving towards GP surgery accreditation. We propose that in the current climate, this work should be paused but that the secretariat prompt the IG to revisit this regularly, so that work can progress when Boards have the capacity to do so.

**Employability of veterans in the NHS (an SVC recommendation from the 2016 report on employability and skills, rated Amber)**

**Achieved** The NHS Scotland Careers website contains case studies from NHS employees who have previously served in the forces, giving a testimonial of their experience moving from the forces to the NHS. A recent Virtual Insight Day for veterans was well attended and a number were interested in NHS roles - ten candidates are being progressed to temporary contracts. In February 2020, your predecessor wrote to the Head of HR within every NHS Scotland Board to highlight the importance and benefit of employing veterans, and asked for examples of specific work. A small number of responses were received pre-Covid-19.

**Next Steps** In terms of case studies, the next steps will be to gain a broader range of case studies presenting a spectrum of types of employment available in the NHS. Policy leads will continue to look at careers fairs where NHS / SG jobs could be showcased – this can be picked up again when this type of engagement is practical, though the above shows that virtual engagement is equally valuable so we will continue to pursue these opportunities. Work on specific work within local Boards can be resumed when it is practical to do so. **We propose that this area of work could be a potential priority for 2020-21.**

**Orthopaedic Pathway (this was raised via engagement with the MOD's Regional Clinical Director. The work relates to ensuring no disadvantage in accessing services for the armed forces and veterans community, and reducing barriers)**

**Achieved** Initial discussions with NHS Lothian about Military Orthopaedic Pathway Pilot brought about agreement to pilot this pathway. It was necessary to pause this work due to Covid-19.

**Next Steps** Discussions have recently resumed, with NHS Lothian confirming that they are now in a position to progress the pilot. Policy leads will keep in contact, with the offer of support as needed, and the findings / evaluation of the pilot can be reported when it concludes.

**Identifying Veterans – solutions via use of status on medical records (SVC rated Amber)**

**Achievements** SG and NHS policy colleagues have collaborated to enable a patient's veterans status to be highlighted to GPs via a "yellow flag" which will be visible on electronic medical records at each consultation. Work had begun to highlight this when a patient is referred from primary to secondary care on the Trakcare system.

**Next Steps:** IT leads in NHS Fife are ready to resume discussions with Scottish Government e-health leads to take this forward and discussions will begin later in September. In addition, The SVCN has started collaborative work with PHS and MoD to produce some preliminary data on Veterans in Scotland, in terms of numbers with different

physical and mental health conditions. A working group within the Network on data and information is in the development stages and this group is intended to drive forward work on this.

**Veteran's Aware Accreditation for Hospitals** (not related to a specific SVC recommendation but accreditation would be an element of developing the "Distinct Scottish Approach" that the Commissioner seeks)

**Achievements:** We have engaged with Dr Jonathan Leach of the RCGP in relation to Veteran's Aware accreditation for GP surgeries, and with Ian Donnelly of the Veterans Covenant Healthcare Alliance in relation to accreditation for hospitals. Scotland currently has one accredited hospital (the Royal Infirmary Edinburgh) and we would like to increase that. Ian has presented to the NHS Armed Forces and Veterans Champions and facilitated a discussion between the Implementation Group and a GP in the Shrewsbury and Telford NHS Trust who had recently been through hospital accreditation to discuss his experience.

**Next Steps:** NHS Champions have requested more information on how accreditation works in practice, with particular interest in the maintenance of the criteria. NHS Lothian colleagues are due to lead a discussion on how this has worked in relation to the RIE and we would like to facilitate this discussion in the near future. We anticipate that NHS Boards may not have the capacity to devote to accreditation at this time, but propose that we keep the conversation open and resume work when Boards feel that it is practical to do so.

## **2020-21 PRIORITIES**

The SOG will want to set priorities for 2020-21 when it meets on 1 October. The IG will progress work which would have otherwise been concluded in 2020 e.g. wheelchairs, but these do not necessarily have to be a key priority for the coming year.

We look forward to receiving a direction from the SOG on priority work for 2020-21 and would like to suggest that these include:

- Priority Treatment messaging – following from the pan-UK working group
- Veterans' Mental Health – to be taken forward by the SVCN with IG support as necessary. This aligns with the most recent communications from the Scottish Veterans Commissioner who has highlighted mental health as a key concern post-covid.
- Employment of veterans in NHS Scotland – again this has been highlighted as a key concern by the Scottish Veterans Commissioner and we would be keen to progress it.

Armed Forces Personnel and Veterans Health Joint Group  
Implementation Group  
September 2020