

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATE
ARMED FORCES PERSONNEL AND VETERANS HEALTH JOINT GROUP
STRATEGIC OVERSIGHT GROUP

MEETING: THURSDAY 16 MAY 2019, 14:15 IN MEDIA CENTRE 2, ST ANDREWS HOUSE

MINUTES

Attendees

Name	Organisation
Catherine Calderwood	Chief Medical Officer, Chair
Roddy Neilson	Medical Military Liaison Officer
Charlie Wallace	Scottish Veterans Commissioner
Jason Leitch	Scottish Government National Clinical Director and Chair of Implementation Group
Chris Hughes	Executive Chair, Veterans Scotland - Health Representative
Jim Wilson	General Secretary, Veterans Scotland
Surg Capt Mark Henry	Regional Clinical Director for the MoD
Ian Cumming	Erskine, representing Third Sector interests
Colonel Sandy Fitzpatrick	Deputy Commander of 51 Brigade
Warwick Shaw and Sandra Pratt	NHS Borders Armed Forces and Veterans Champion
Mairi McKinley	NHS Fife Armed Forces and Veterans Champion
Claire Wood	NHS Highlands Armed Forces and Veterans Champion
Craig Cunningham	NHS Lanarkshire Armed Forces and Veterans Champion
Alasdair Pattinson	NHS Grampian Armed Forces and Veterans Champion
Julie Murray	NHS Greater Glasgow & Clyde Armed Forces and Veterans Champion
Fiona Cameron (standing in for Tracey Gillies)	NHS Lothian Armed Forces and Veterans Champion
David McArthur	NHS Orkney Armed Forces and Veterans Champion
Laura Liddle	NHS Golden Jubilee Hospital Armed Forces and Veterans Champion
Brenda Wilson	NHS24 Armed Forces and Veterans Champion
Keith Colver	Scottish Ambulance Service, Veterans Champion
Sharon Callaghan	Operations Manager, 51 st Brigade

Pat McAuley	Mental Health Directorate, Scottish Government
Alison Wellwood	Assisted Communications Team, Scottish Government
Mike Dolan	Head of Assistive Technology, Southeast Mobility and Rehabilitation Technology (SMART) service

Apologies

Dr Alison Graham	NHS Ayrshire & Arran Armed Forces and Veterans Champion
Michele McCoy	NHS Dumfries & Galloway Armed Forces and Veterans Champion
Dr Andrew Murray	NHS Forth Valley Armed Forces and Veterans Champion
Simon Bokor-Ingram	NHS Shetland Armed Forces and Veterans Champion
Andrew Russell	NHS Tayside Armed Forces and Veterans Champion
Lachlan MacPherson	NHS Western Isles Armed Forces and Veterans Champion

1. WELCOME, INTRODUCTIONS & APOLOGIES

Catherine Calderwood, Chair, welcomed members to the meeting, and advised that apologies had been received from those listed above. The Chair advised that this was the first meeting of the Armed Forces Personnel and Veterans Health Joint Group's Strategic Oversight Group (SOG).

The Chair explained that the Joint Group, refreshed in December 2018, now has a two-tier structure comprising this SOG, which essentially replaces the Joint Group, and a new Implementation Group (IG). She reminded members of the SOG that they are responsible for progressing the development of healthcare policy for veterans across Scotland, and contributing to UK policy.

The IG, which did not exist prior to the refresh, will be responsible for putting in to practice the high level priorities agreed here within the SOG. National Clinical Director Jason Leitch, who is part of this group, is the Chair of the IG, which is responsible for delivery of priorities set by the SOG .

2. ACTIONS FROM LAST MEETING, MAY 2018

The 2018 meeting focussed on the content of the Scottish Veterans Commissioner's report "*Veterans Health and Wellbeing: A Distinctive Approach*" which had been published a month prior to the 2018 meeting, and the 18 recommendations were discussed.

The Chair advised that specific actions from the 2018 minutes are complete and the other areas identified have been included in today's agenda so that members can hear about current work and decide upon future direction.

3. GOING FORWARD: ToRs OF STRATEGIC OVERSIGHT GROUP

The Chair referred to paper SOG 19-02 which sets out a draft Terms of Reference (ToR) for the group and invited comments from members.

The group confirmed that they were broadly content with the ToR and no issues were raised with the content. Members asked whether a similar document would be produced for the IG – the secretariat confirmed that it would.

A number of comments were made around whether the membership of the group was correct. Suggestions were received around reducing the membership by creating a network for NHS Champions which could then feed directly into the SOG through a small number of NHS Champion representatives.

The Champions were in agreement that the network would be helpful in providing support within the role and Ruth Jays confirmed it was our intention that the Champions network event that morning would be the first of many. Discussions continued around the size of the group with concerns being highlighted on whether the IG should be the larger group of the two to be able to take forward the work.

Jason Leitch, Chair of the IG, reminded members that the membership of both groups was flexible and he was happy to update the membership to ensure the correct people and groups are represented. He also offered the option to continue with the current membership, then review this at a later date.

Members also felt that there should be a serving personnel/ veterans representative within the group. However secretariat pointed out that the third sector representative's should fulfil this. It was felt that specific users could be invited along on an ad hoc basis according to the agenda of particular meetings.

The group also asked about local authority Champion membership. The Chair confirmed that secretariat have made an approach to a local authority champion who it is hoped will sit on the group to represent Local Authority interests.

Actions Points:

Secretariat: To take forward plans for an NHS Champions network.

Secretariat: To take forward comments on membership with the chair.

Secretariat: To note that the Terms of Reference are otherwise agreed.

4. SCOTTISH VETERANS COMMISSIONER REPORT – ANNUAL UPDATE

SVC UPDATE

The Chair invited Charlie Wallace, Scottish Veterans Commissioner, to provide an update to the group on the progress against recommendations made in the report of April 2018. The SVC set the scene from his series of reports (the last of which concerns health) and concluded that the SG had accepted all 63 recommendations

from the reports. The SVC advised that he will be publishing a progress document in June 2019 which provides a red/amber/green assessment of progress against each recommendation. The overall picture within the SG on health and wellbeing is good. The April 2018 report contains 18 recommendations on health and wellbeing and the SVC noted that the more achievable recommendations are complete or near to completion, and the more challenging ones are in train. The SVC acknowledged the paradox between serving personnel and veterans deserving particular treatment because of the sacrifices they've made, and also wanting to be treated the same as any member of the general public. He concluded by saying that he wanted to ensure greater equality, no disadvantage and an emphasis on veterans' place in their communities.

GENERAL UPDATE ON WORK OF THE SG

Ruth Jays, Head of the Armed Forces and Veterans Policy team, provided an update on SG progress against the 18 recommendations of the SVC's report. The main areas were:

- **Restructured Armed Forces Personnel & Veterans Health Joint Group.**
 - The new structure of Strategic Oversight Group and Implementation Group was approved by DG Health and Social Care in December 2018 and today's meeting is the first meeting of the refreshed group.

- **Enhanced NHS Champions engagement**
 - Ruth reported that the SG is working to strengthening the links with the network of Armed Forces and Veterans NHS Champions and is working to encourage a collaboration between champions.
 - Feedback has been gathered on the role through a survey and the Armed Forces and Veterans policy team held an engagement event for Champions that morning (16/05). This will be the first in a continuing series of events to maintain the network, encourage two way dialogue, and help Champions to develop the role.

- **Managed Clinical Network**
 - NHS National Services Division are exploring a Managed Clinical Network as a potential longer-term solution to ensuring equitable and sustainable health services for veterans. Ruth told the group that Pat McAuley would provide a further update under agenda item 4.

- **Improved access to veterans health information and health rights on NHS Inform**
 - The Armed Forces and Veterans policy team have worked with Veterans Scotland and NHS24 to update online information about veteran's health services on NHS Inform. NHS24 conducted an evaluation of the pages with focus groups, and an evaluation report will be published by the end of May 2019. Improvements were made to the online content in March 2019, which improves access to services for veterans and reduces health inequalities. A toolkit to complement the updated information has been produced for organisations who support veterans, and will be available by the end of May.

- **Engagement with RCGP**
 - Updated materials to raise awareness of veterans' healthcare needs have been shared with NHS Board Champions and healthcare practitioners. This includes guidance for GPs on how veterans can share their full service medical record with their GP. We are engaging with RCGP on how to enable GPs and primary care professionals to better recognise veterans' experiences, to create a shared vocabulary and remove any inequalities that veterans may experience.

- **Mental Health Strategy – long term commitment for veterans**
 - Scotland's 10-year mental health strategy, launched in 2017, reinforces our commitment to the Armed Forces Covenant; and includes a range of long term actions to improve care, services and support for people with a mental health problem, including veterans and their families.

- **Pain Association Scotland self-management pilot**
 - Ruth highlighted the work of the Pain Association Scotland (PAS) who have identified a gap in the quality of support services received on leaving the forces, in comparison to those received whilst serving. We are actively engaging with stakeholders to better understand experiences of veterans.
 - PAS are piloting a programme in Scotland, funded by the Veterans Association, which offers veterans one-to-one self-management sessions via phone or skype to discuss personal needs and outcomes. PAS will evaluate the project after 18 months and National Advisory Committee on Chronic Pain, Chaired by Gregor Smith, DCMO, will consider outcomes and findings of the pilot.

- **Enhanced and continuing cross border partnerships**
 - Scottish Government officials actively participate in the MOD / DOH / UK Gov / Devolved Gov Health Partnership Board and a number of associated sub-groups. At a recent cross border meeting, MOD colleagues fed back positively about engagement across UK and Devolved Administrations.
 - The Partnership Board will be hosted in Edinburgh on 19 November 2019.
 - Outside of Partnership Board meetings, we are now meeting regularly engaging with NHS England and MOD on issues of mutual interest – our team met Kate Davies, NHS England Director of Health and Justice, Armed Forces and Sexual Assault Referral Centres, on 15 May and with Jonathan Leach, Chair of NHS England Armed Forces and their Families Clinical Reference Group

- **Drug and Alcohol Information System (DAISy)**
 - The new DAISy system, operational from December 2019, will contain a marker to indicate veterans. This will enable us to better understand the scale and nature of substance misuse in the veterans population.

DATA

The Chair invited Iain Atherton, academic lead for the veterans project, City Region Deal Data-Driven Innovation Programme, Edinburgh University, to give an overview of the project that he has been leading on. Iain referred to ONS (Office of National Statistics) looking at including the veterans question in the 2021 census, which will enable questions to be asked around veterans to see if there is anything systemic that disadvantages veterans in Scotland.

The veterans data project is currently using veterans' payroll data from MoD and comparing information pulled from the 2011 census to create a matched data study which will be able to provide a picture of age, gender etc.

The project will enable understanding of any inequalities and provide a better picture of veterans in Scotland.

The group wanted to understand if data on the children of serving families could be collected to help service planning of mental health services. Iain clarified further by stating that the introduction of census data will be the start of better collection of data which will allow a focus to be determined on future collections.

Iain also confirmed that the project had emerged through discussions with the Scottish Government and he would be happy to report back on further progress in due course.

Mental Health

The Chair invited Pat McAuley from SG Mental Health Workforce policy team to provide an update on the progress of work against the SVC's mental health recommendations. The Managed Clinical Network is currently at stage 3 of the process and will be considered at NPPPRG with final consideration in December. The MCN will be standalone from the mental health strategy, but will be placed alongside the mental health action plan.

The MCN process will include engagement with service users and stakeholders. The Chair confirmed that the Strategic Oversight Group would be a useful group to include in the engagement.

The group asked for further clarification around what the MCN might look like and whether it would include help with services such as housing and work. Pat explained that there would be a possibility of looking at this in the future however at the moment it would be beneficial to firstly establish the network through the appropriate structures.

Action point:

Implementation group: To work with mental health policy on development of MCN.

Substance Misuse

Mark Lawrence from the Scottish Government's Substance Misuse team provided an overview on how they were working to reach the recommendations from the report. He explained that the Drugs Strategy launched in 2018 didn't specifically look at

veterans but did focus on areas that affected veterans such as employment and housing. The Drug & Alcohol Information System will be live from December 2019, and for the first time veterans data will be extrapolated to provide information around users within services. Currently, NHS England is looking at collecting data on prescription drugs in response to this Scottish Government will set up a SLWG to explore this area which cover the element within the recommendation.

The Chair concluded that this would be a really useful exercise to gain a fuller picture of the veterans' landscape in Scotland.

Hearing Aids

The Chair invited Alison Wellwood from the SG's Assisted Communication policy team and Adrian Carragher, Head of Audiology, Healthcare Science National Lead for Physiological Science, University Hospital Ayr, to give an update on hearing aids. Alison began by explaining that she had invited Adrian along specifically for this agenda item and provided an overview on what was meant by specialist hearing aids. She confirmed that hearing aids were provided on a clinical need and replaced by NHS Boards on a like for like basis.

Adrian provided an overview of the issues faced in the service that he was aware of. When looking at specialist hearing aids specifically in the ear (ITE) as opposed to over the ear (OTE), historically many veterans would seek provision through other routes to ensure they were fitted with the best equipment. That trend has now changed to the NHS supplying the aids instead of the high street suppliers who would fit custom ITE ones.

Adrian confirmed that currently veterans wear a variety of products. Some ITE aids can't be replaced therefore an OTE will be used. Historically, ITEs have been viewed as better than OTE but this is now not the case. Adrian explained that there are some Boards that don't provide ITE products due to cost but most ensure that every effort is made to guarantee continuity of hearing aids for the user.

Jason Leitch added that he would be happy to issue a clinical letter to boards to ensure equity of service across Scotland. The Chair thanked Jason for his suggestion and added that more information was required on the matter.

Action Point:

Implementation Group: To liaise with Adrian Carragher on hearing aid provision in NHS Boards with a view to issuing a clinical guidance letter to boards.

Wheelchairs

The Chair invited Dr Michael Dolan, Head of Assistive Technology, at the Southeast Mobility and Rehabilitation Technology (SMART) service, to provide an overview of wheelchair provision. Michael started by stating that the recommendation in the SVC's report on wheelchairs needs to be broadened out as not all veterans use them as a result of their service, and wheelchair users (veteran or otherwise) are not always amputees. Mike provided general background on the history of wheelchairs policy. Currently, there are three regional centres in Scotland working to nine-point eligibility

criteria. Mike went into further detail around the restrictions that the service was facing due to the criteria having not been updated in several years, and limitations on procuring equipment due to budget constraints.

The Chair summarised that the main issues were criteria, budget and expectation of service users and suggested that this would be a high priority area for the Implementation Group to take forward.

Jason confirmed that he would be happy to look at this area and feed back to the main group. Ruth added that Scottish Government was aware of the issues described by Mike and work was already in progress.

Action Point:

Implementation Group: To liaise with Dr Mike Dolan on refresh of national guidelines.

5. ARMED FORCES COVENANT – DEFINITION OF PRIORITY TREATMENT

The Chair referred members to a presentation slide which set out the language of the Armed Forces Covenant and initiated a discussion on the definition of Priority Treatment, which comes from the Armed Forces covenant. As follows:

The armed forces covenant

- NHS Scotland and all Scottish health boards have signed the armed forces covenant, which 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

Priority treatment for veterans

- The covenant states that veterans should receive priority treatment for ongoing health problems that are a direct result of their service unless there is an emergency case or another case that demands higher clinical priority.

The Chair explained that the Commissioner considers in his 2018 report that the term is an out of date concept, and that its focus should be on addressing health inequalities and excellence of care. She also acknowledged that there are a variety of perceptions and understandings of what the term means for serving personnel, veterans, families and health professionals, and invited comments on how a Scottish definition could be created to ensure clarity for all.

David McArthur, NHS Orkney Champion, said that he personally was not content with the definition and alluded to historical concerns in NHS Scotland around the term priority. He explained that expectation of accessing services had been raised among veterans due to the terminology, but once explained there is an understanding.

The group agreed that the terminology needed to be looked at, and agreed that wording that priority was based on clinical need was more helpful in giving veterans

and clinicians an understanding of how services should be accessed. The Chair agreed with the group but stated that the issue required further exploration.

Members of the group were aware that NHS England had moved their focus away from priority treatment and instead were using the phrase 'veterans should face no disadvantage'. The group was receptive to this, and Ruth Jays confirmed that she would raise this with colleagues in NHS England.

The Chair concluded discussion by asking the Implementation Group to take forward work around this issue.

Action Point:

Secretariat: To raise this issue with counterparts in NHS England, and devolved administrations.

Implementation Group: To look at the definition of Priority Treatment.

6. IMPLEMENTATION GROUP FOCUS

The Chair invited members to agree a small number of priorities for the IG to take forward, and suggested that the IG should report progress back in six months. It was agreed that the IG will focus on the following areas:

- **Wheelchairs – updating national guidance**
- **MCN – Definition of the network**
- **Hearing Aids**
- **Priority Treatment definition**
- **V1P – providing update to the group on future of service**
- **Developing a Champions Network to ensure consistency across Scotland**

Actions:

Chair of the SOG to write to the Chair of the IG to confirm this decision. Secretariat to facilitate that.

Secretariat to note that progress on the above should be reported to the Chair of the SOG in November 2019.

7. AOB

The Chair invited the group to discuss any other business. No items were raised.

8. DATE OF NEXT MEETING

The Chair explained that the SOG has traditionally met annually in May and that, if members agreed, the date of the next meeting would be in w/c 18 May 2020.

Action point:

Secretariat: To canvass members on meeting dates.

Armed Forces Personnel & Veterans Health Joint Group
Strategic Oversight Group Secretariat
May 2019