

# SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATE

## ARMED FORCES PERSONNEL AND VETERANS HEALTH JOINT GROUP: IMPLEMENTATION GROUP

MEETING: MONDAY 27 JANUARY 2020, MEDIA CENTRE 2, ST ANDREWS  
HOUSE

### MINUTES

<b>Name</b>	<b>Organisation</b>	<b>Attending / Deputy / Apologies</b>
Jason Leitch	Scottish Government Clinical Director of Healthcare Quality and Improvement (Chair)	Attended
Neil Morrison	Veterans Scotland – Health representatives	Attended
Sandra Pratt	NHS Borders Armed Forces and Veterans Champions	Apologies given
Mairi McKinley	NHS Fife Armed Forces and Veterans Champion	Attended
Claire Woods	NHS Highland Armed Forces and Veterans Champion	Attended
Craig Cunningham	NHS Lanarkshire Armed Forces and Veterans Champion	Apologies given
Ian Cumming	Chief Executive, Erskine	Apologies given
Sharon Callaghan	Operations Manager, MOD Defence Primary Healthcare Scotland	Attended
Maj Frances Semakula	Regional Rehabilitation Unit, Redford Barracks	Attended
Martin Bell	NHS Armed Forces and Veterans Champion, NHS NSS	Attended
Ruth Jays	Team Leader, Person Centred Healthcare team, Scottish Government	Attended
Louise Watson	Armed Forces and Veterans Healthcare policy team, Scottish Government	Attended
Katie Hislop	Armed Forces and Veterans Healthcare policy team, Scottish Government (Secretariat)	Attended

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#### 1. Welcome, Introductions and Apologies

Jason Leitch, Chair, welcomed members to the meeting and advised of apologies received.

#### 2. Scottish Government Update

Ruth Jays provided a verbal report on progress on Armed Forces and Veterans Healthcare policy, reporting progress made since the last Implementation Group (IG) on 24 October 2019. Ruth thanked stakeholders for their continued support, highlighted the following areas and invited questions.

- In November we hosted the MOD, Dept of Health, and Devolved Government's Health Partnership Board, in Scotland for the first time in five years. The Commissioner and Jason gave a presentation on the Armed Forces and Veterans landscape in Scotland and the "Scottish Approach" to healthcare that we aim to create, which our counterparts fed back very positively on. The Partnership Board were especially interested to hear about the Implementation Group's progress on achieving equity of service for wheelchair users and we have undertaken to update them as this progresses.
- The Minister for Parliamentary Business and Veterans published his annual report and made an accompanying statement to Parliament on 3<sup>rd</sup> December 2019. The SG was praised in the Chamber for the progress made with the Joint Group, a structure which the Implementation Group is a part of. We would be pleased to send a link to the annual report if anyone would like.
- The National Veterans Care Network is progressing well, with the formal Ministerial launch anticipated at the end of April.
- Following from a discussion at the 24/10 meeting, Ruth confirmed that the MOD-funded Veterans Mobility Fund is available to veterans of HM Armed Forces with Service-attributable physical injury regardless of where they live in the world. To date they have funded two Scottish residents through the Mobility fund to the value of £38k, with one more in the pipeline. The fund is open for applications until 21 February 2020 and the British Legion are looking to secure a continuation of funding after this point. We will keep the IG up to date on this.

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- On Hearing Aids, we are considering ways in which to measure the impact of the Clinical Director's letter that was issued in the Autumn. We will seek this from patients and perhaps via third sector groups. If group members have anecdotal evidence, or a suggestion on how we could measure impact, we would be pleased to discuss this.
- On Priority Treatment, the Pan-UK group on Priority Treatment is making good progress, and Neil Morrison is now a member, as agreed at the 24/10 IG meeting. After the last meeting, Neil, David McArthur, SG and the patient rep Karen Stock put a short paper to the group making several suggestions, including that the Governments may have a set of shared aims, and the autonomy to meet these in their own way. At the MOD / DHSC / Devolved Governments Health Partnership Board in November, we received positive verbal feedback on these suggestions. We will keep the IG up to date on progress.
- Veterans Aware Hospital Accreditation: At the IG and Champions discussions on 24/10, both groups felt that it would be useful to have feedback on the accreditation experience and we have Dr Kevin Eardley from the Shrewsbury NHS Trust calling in to discuss his experience. We will update on progress.
- Written Report to Strategic Oversight Group, November 2019: As discussed at the 24/10 meeting, Jason wrote to SOG Chair to set out the Implementation Group's progress, which was positively received.
- Employability is a priority of the Scottish Veterans Commissioner and will gather momentum over the next 6-12 months. This is on the agenda under AOB and we will bring back to a future meeting.

Jason thanked Ruth for her update and, before moving on, invited Group members to put forward any other business. None received. Neil Morrison took the opportunity to thank Scottish Government colleagues for the response to third sector views on the Veterans Commissioner's May 2019 progress report. He said that it was well received, provides a system of validation and has strengthened links between the SG and third sector.

### **3. Wheelchairs**

Jason referred to the 24/10 meeting of the IG where Mike Dolan's recommendations were agreed. Following this meeting, a letter has gone from the CMO to the Programme Manager responsible for the National Prosthetic Service at NHS NSD to request a meeting ahead of establishing a Short Life Working Group and to initiate a

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conversation about the direction the IG would like to take. Jason said that he may ask for input from IG members as this progresses and will provide an update at the next meeting. The question was asked whether the new National Care of Veterans Network may take on or oversee some of this work. Ruth Jays confirmed that the Network will be responsible for priorities delegated to it from the SOG and that it will be important not to stray from these, to avoid resource implications. Martin Bell offered to contact the new Director of Procurement at NHS NSD on behalf of the IG.

**Action: Secretariat to forward CMO – NHS NSD letter to Martin Bell**

**Action: Secretariat to note for next meeting agenda**

#### **4. Veteran Aware Hospital accreditation**

Jason reminded the group that NHS AFV Champions had received a presentation on the Veteran Aware Hospital accreditation programme on 24/10 with a view to adopting this in Scotland, with the ambition for every NHS Scotland Board to be signed up to it. IG members had acknowledged the benefits attached to the programme, but asked for case studies from NHS England before taking a final decision.

In response to this, Dr Kevin Eardley, Consultant Physician and Nephrologist at Shrewsbury and Telford Hospital Trust dialled in. Having recently completed the accreditation process, we invited him to give an account of his experience to take any questions that the group may have around the process.

Group members shared reflections with Kevin, who reported an overall positive experience and an unanticipated impact that staff having a greater number of conversations with patients about veteran status had also created the conditions for more open conversations about patient's needs and preferences, enabling them to care in a more person centred way.

The group were broadly supportive of the initiative.

**Action: Secretariat to continue work towards presenting accreditation to NHS Boards.**

On the subject of Veteran Aware GP Surgeries, rather than Hospitals, Claire Wood informed the group that she has been invited to meet with her local CPP on this issue.

#### **5. Orthopaedic Pathway**

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Major Frances Semakula described a new piece of work affecting the healthcare of serving personnel. The Regional Rehabilitation Unit in Redford Barracks, where Frances is based, have been working with NHS Lothian to agree a trial method of orthopaedic referral for serving personnel with a view to speeding up treatment.

This will entail a virtual clinic for triage, then a physical clinic within six weeks and Frances has advised NHS Lothian that they can expect approx. 10 patients per month, most of these eventually requiring surgery. Frances spoke of a similar pathway in operation in Wales which she would look to replicate, with the aim of gathering data to demonstrate the benefits of such a pathway to MOD and all NHS Scotland Boards.

The point was made that fast pathways are required for a number of specialties and it would not be practical to have a military pathway for all of these. Frances affirmed that orthopaedics is one area which has a greater knock-on effect of delaying or stopping employment / deployability for military personnel.

Jason thanked Frances for her contribution and the group agreed that she should come back to a future meeting to report progress and the eventual evaluation of the pilot. Jason also suggested that, when the time arises, it may be possible for the IG to help Frances to connect with each Board through engagement with medical directors.

**Action: Frances / Sharon Callaghan to inform secretariat at appropriate point to report back to the IG.**

#### **6. Transition of Care / Cross Border Issues**

Ruth reminded the group that the background to this issue was Jason's meeting with the Veterans Commissioner ahead of the 24/10 IG meeting, where the Commissioner fed back concerns about serving personnel transitioning out of the services with an existing condition.

Martin Bell said that he had raised this issue with the Glasgow Centre for Population Health who are working on this, though access to data is a challenge. He referred to a "leaving meeting" which currently does not cover an individual's health, and the challenges around sharing digital records. Unless an individual is aware of any underlying health issues or, for example, know that they may have been exposed to something harmful during their service, this information may currently be lost. It was also highlighted that papers can get lost and that, following the discharge medical,

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an individual may not seek GP assistance for some time. Neil Morrison agreed with the digital record challenge, commenting that a reliance on paper results in a cumbersome document for each individual. Martin informed the group that he is now sitting on a new Primary Care Digital Board, which will fill gaps from other national programmes. The Board does not currently cover the issue of moving digital content but Martin has asked if there can be a structure for primary care and for veterans care to be added to this, to add to the continued work of records transfer.

On the subject of Cross Border Issues, group members were asked for “case study” evidence of the challenges. Neil gave an example of family members moving from one NHS Board to another, leaving at one point on a waiting list, and not entering the new NHS Board area’s waiting list at the same point. Mairi McKinley cited three examples where children with additional support needs had been in the English system, then moved to Scotland and gone into the Scottish system at the correct point, but found that the Scottish level of service was different. The group agreed that there is a need to manage expectations to achieve equity of time and delivery.

In terms of transition of care, Jason invited suggestions from the group on how NHS AFV Champions may help, for instance with resettlement. Ruth informed the group of the new Access to Healthcare cards and asked whether this model could be used at the point of MOD discharge. It was suggested that the Scottish Government could engage with the Career Transition Partnership in Rosyth (CTP) to ask what discharge involves in terms of an individual’s transition into civilian life and to seek possible input into the information that is offered at this point.

As discussed at agenda item 4, it was acknowledged that Veterans Aware accreditation would be helpful in this transition, as would the work of the Defence Medical Service.

**Action: Secretariat to follow up with CTP on both of these issues**

#### **7. AOB**

**Employment of Veterans in NHS** – This follows from a discussion under AOB at the 24/10 meeting. Jason informed the group that the CMO has now highlighted this issue as a priority and is about to write to all NHS Board HR Directors to ask about activity in their Board areas to recruit veterans. This letter will be shared with all NHS AFV Champions.

Claire Wood referred to the one year post in NHS Highland which will deal with employment pathways, HR policies and making employment in NHS Highland simpler. This post is part of a project which is funded by Libor for three years.

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Learning has been gathered from V1P where veterans fed back that they were unsure where to go for employment advice and the need to make service leavers information clearer so that they can be supported and be in a positive position when they apply for jobs. There is potential to make this support bespoke for veterans.

Ruth referred to the work of NHS NES relating to transferability of military qualifications. Martin Bell stated that employability is where NHS NSS can add most value, and gave an example of a four week work experience programme being run for S5 and S6 pupils. Building on this, there may be an option to expand on this for service leavers and others. Neil Morrison suggested that it may be useful for this to evolve into a CTP resettlement course, for example a generic learning module on "Working for NHS Scotland" which could be run a few times per year. Martin suggested that it may be possible for Adrian Dobie at NHS NES to be involved in this.

Ruth asked Sharon and Frances whether they were aware of any upcoming MOD careers fairs where NHS employability / job opportunities may be showcased. They agreed to pass on any details that they have and Neil suggested that Shaun Cauvin at Veterans Scotland may be able to share details of similar events.

**Action: Secretariat to seek career fair details and engage with Adrian Dobie**

**Veterans Data – Trakcare** – This follows from previous discussions around the challenges of capturing veteran status on IT systems so that all healthcare professionals are aware that an individual is a veteran. Having met with a local practice managers group and engaged with NHS Fife IT specialists, Mairi believes that mandating use of a demographic / occupation checkbox on the Trakcare system could be done and that this would inform the EMIS and Sky Gateway referral system, making veteran status highlighted prominently on a referral. Practice managers are very keen to make this happen and IT specialists have advised that Trakcare currently has regular six-monthly updates, so this change could be made within the next update. It would be attractive for all that if there was confidence in veterans status being highlighted on digital records for every interaction, the question need only be asked once.

Martin Bell added that NHS NSS have management of programmes and operations colleagues could help, as well as Scottish Government eHealth colleagues.

Frances wondered whether the challenges with referrals discussed at agenda item 5 could be due to the systems issues described here i.e. it has not been immediately clear that a referral is from military serving personnel.

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From a communications point of view, the Strategic Oversight Group will be interested in this Scottish level work to encourage identifying veterans.

**Action: Secretariat to note for SOG agenda and appropriate follow up in advance of that.**

**Action: Mairi to send a note setting out the proposed steps, and secretariat to follow this up with eHealth colleagues.**

**Priority Treatment and Covenant Audit** – Neil Morrison suggested that it may be useful to conduct an audit on healthcare providers' awareness of priority treatment at the AFV Covenant, to ensure that our communications were having the intended effect. This was something that had been discussed briefly in the past and Neil wondered whether now may be a useful time to pursue it. Neil offered to discuss potential structure and Ruth suggested that she would mention this to RCGP and ask what more can be done to i) raise and ii) measure awareness.

**Action: Secretariat to note for future discussion with RCGP.**

#### **Next Meeting**

The group agreed to meet again in April, ahead of the Strategic Oversight Group's meeting in May 2020. The secretariat has subsequently set the next meeting date as **Thursday 23 April 2020**.

Armed Forces and Veterans Health Policy team  
February 2020