

# SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATE

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

MEETING: THURSDAY 24 OCTOBER , 13:30, 4R.02, SAH

### MINUTES

Name	Organisation	Attending / Deputy / Apologies
Jason Leitch	Scottish Government Clinical Director of Healthcare Quality and Improvement (Chair)	Attended
Neil Morrison and Jim Wilson	Veterans Scotland – Health representatives	Attended
Sandra Pratt	NHS Borders Armed Forces and Veterans Champions	Attended
Mairi McKinley	NHS Fife Armed Forces and Veterans Champion	Attended
Claire Woods	NHS Highland Armed Forces and Veterans Champion	Attended – dialled in
Craig Cunningham	NHS Lanarkshire Armed Forces and Veterans Champion	Attended
Ian Cumming	Chief Executive, Erskine	Attended
Sharon Callaghan	Operations Manager, MOD Defence Primary Healthcare Scotland	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

#### 1. Welcome, Introductions and Apologies

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Jason Leitch, Chair, welcomed members to the meeting, advised of apologies received from Dr Mike Dolan, Head of Assistive Technology, NHS Lothian and Adrian Carragher, Head of Audiology Services, University Hospital Ayr, and initiated introductions.

## 2. Scottish Government Update

Ruth Jays provided a verbal report on progress on Armed Forces and Veterans Healthcare policy, referring back to the 2018 Scottish Veterans Commissioner's (SVC) report and subsequent progress report of May 2019. Ruth thanked stakeholders for their support in the progress made in the recommendations marked green and amber and suggested that most of the recommendations assessed as red may be satisfied through the new National Care of Veterans Network, which is being established. Ruth highlighted the following areas:

- National Care of Veterans Network – NHS NSD are taking forward development of the Network and are looking to engage with stakeholders on its structure and focus.
- SVC reports – we can expect a new report around the end of 2019 which will provide a further drill down on priorities.
- The MOD / DHSC/ Devolved Administrations Health Partnership Board will be held in Edinburgh on 19 November. Jason and the SVC will present to the Board, taking the location as an opportunity focus on the Scottish landscape for Armed Forces and Veterans and how this differs from the rest of the UK.
- Preparation for our response to the Veterans Strategy and the Minister's Annual Statement to Parliament, thank you to stakeholders who provided case studies.
- Wheelchair policy (this is a specific area of work for the Implementation Group) – Mike Dolan has prepared a paper and recommendations, to be discussed later in this meeting.
- Hearing Aid policy (again this is a specific area of work for the Implementation Group) – a joint letter went out from Jason and Adrian Carragher, Head of Audiology Services, University Hospital Ayr, to all Audiology departments in Scotland. Adrian is meeting a Head of Service group at the end of October and will provide feedback from this discussion.
- Priority Treatment definition – the Department of Health and Social Care have convened a pan-UK working group to work on this subject. The group has met once so far and Scottish representatives are David McArthur, NHS Armed Forces and Veterans Champion for Orkney and Karen Stock, patient representative.

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**Action:** Secretariat to note that Neil Morrison would be interested in joining the Scottish representation on the Priority Treatment working group and make the necessary arrangements.

**Action:** Secretariat to look back at a Radio 4 interview from 24/10 which refers to veterans' perceptions of "priority treatment".

### 3. Priority Actions set by Strategic Oversight Group

Jason referred members to a letter from the Chair of the Strategic Oversight Group (SOG) which outlines the specific areas that the Implementation Group should take forward. Initial actions were discussed at the 10 June Implementation Group meeting and the Chair invited comments on progress under each item. A written update is due to the SOG in November 2019.

#### 3.1 Wheelchairs

As agreed at the 10/06 meeting, Dr Mike Dolan, Head of Assistive Technology, the SMART Centre at the Astley Ainslie Hospital, has engaged with stakeholders and composed a recommendations paper, which had been circulated to members. Members agreed with recommendations A and B in the paper, reflecting that it may be prudent to ask for wellness / wellbeing to be taken into account, in acknowledgement of the mental health impact of loss of mobility and limb loss. The group also agreed that it would be important to measure impact with service users and that this may be best done independently.

Ruth noted that the paper references the veterans mobility fund which is UK funded through LIBOR.

**Action:** Secretariat to investigate the sustainability, availability and equality of veterans mobility funding in Scotland.

**Action:** Secretariat to note agreement of Mike's recommendations

**Action:** Secretariat to contact Mike to confirm his recommendations have been agreed, and ask for his thoughts on the appropriate structure of the group and how best to measure impact.

#### 3.2 Hearing Aids

As described under agenda item 2, a letter has been sent to all Audiologists setting out the expectation that Boards take a like-for-like approach to the replacement of veterans' hearing aids, and affirming the service and support they are expected to provide for veterans. No issues have been raised so far but it was agreed that intelligence from service users is required to know if the letter has been effective. Neil Morrison suggested that feedback may be sought via Hearing Loss Scotland, who are part of the Veterans Scotland Health Pillar Group.

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**Action:** Secretariat to seek feedback, possibly in liaison with SG policy leads and Hearing Loss Scotland.

#### 3.3 Priority Treatment definition

As described under agenda item 2, Scotland is actively involved in a DHSC-led pan-UK working group on the definition of priority treatment. The group has met once so far, with the next meeting due to be held on 6 November 2019. Although the work of this group satisfies the direction received from the Strategic Oversight Group, members are mindful that there will be implications for them with regard to messaging and communication.

**Action:** Secretariat to ask David McArthur, NHS Orkney Champion and Scottish clinical representative on the working group, to provide a short written update following the 06/11 meeting

#### 4. Veteran Aware Hospitals

Ruth referred to a presentation by Ian Donnelly, Director, Veterans Covenant Healthcare Alliance: Getting It Right First Time (GIRFT) to NHS Armed Forces and Veterans Champions earlier in the day on the Veteran Aware Hospitals accreditation programme, with the intention of encouraging buy-in from Champions. The branding has been tailored for NHSScotland use, and a member of the Scottish Government's Armed Forces and Veterans Healthcare policy team will be part of the accreditation panel assessing applications. Ruth described the criteria and the aspiration that all NHSScotland Boards are signed up to the programme within the next 12 – 18 months and invited Champions Mairi, Craig, Sandra and Martin to offer views. All agreed the concept was reasonable, with the following specific views offered:

- All Boards should meet the accreditation criteria because they are all signed up to the Armed Forces Covenant
- Accreditation could be a useful tool to push what is necessary in terms of veterans care and staff appreciation
- Accreditation would give a useful “tribe” element whereby veterans would recognise the hospital as a place where person-centred care would be available to them.
- Some expressed concerns in relation to system limitations
- Concern about what accreditation means in terms of impact for staff and service users on the ground and whether hospitals have capacity to sustain the requirements of accreditation
- A suggestion was made that if accreditation was implemented, then a gentle audit process should be part of the process to ensure effectiveness (note that

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the Veterans Covenant Healthcare Alliance is currently developing a level 2 accreditation on measuring success). This may also be done by checking in with Board Chairs, Chief Executives and Champions in a light-touch way.

- It was also suggested that as the National Veterans Care Network evolves, it could drive accreditation
- The group agreed that they would be interested to see some case studies from English NHS Trusts who currently use the accreditation process.

The group agreed that accreditation would give a much needed boost in i) health professionals' awareness and understanding of a veteran's mindset ii) veterans' awareness of what is available and iii) awareness of the general public. On this awareness-raising aspect, long-term impact was discussed, for example the RCGP training package for trainee GPs and CPD packages. It was suggested that it would be useful to go to Royal Colleges and implement veterans care from day one of training, rather than as an add-on once the individual is practising.

It was agreed that it would be useful to get a perspective from Occupational Therapists via Queen Margaret University and Allied Health Professionals via Erskine on the necessary appreciation of the veterans' mindset on the practising health professional. This is something that Veterans Scotland intend focussing on in the new year.

Members agreed to a "considered yes" to the accreditation programme, acknowledging that they are keen that it is done properly, with everyone engaged and that effectiveness would be measured and revisited over time using formal structures.

**Action:** Secretariat to progress design of the roll out of Veterans Aware Hospitals, beginning with materials and branding for use in Scotland and providing Implementation Group members with case studies for consideration.

#### 5. Response to Strategic Oversight Group

Jason explained that the SOG Chair's letter of May 2019 which set priority areas for the Implementation Group to take forward requested an update on progress at the six-month point. This is due in November 2019 so it was agreed that the secretariat will draft this and circulate for input and clearance.

**Action:** Secretariat to take forward.

#### 6. AOB

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**Defence Medical Welfare Service** – there was a brief discussion about the background and remit of DMWS.

**Access to funding** – Craig Cunningham asked how influential the Implementation Group could be in terms of accessing funding from organisations such as PoppyScotland for services, on the basis that some organisations do not have dedicated fundraising staff. He also noted that it may be beneficial for such organisations to gain an increased understanding of timeframes and how to plan accordingly. Ruth Jays said that it may be possible for the Implementation Group to direct the network to look at funding, in the interests of parity for organisations.

**Third Sector input into SVC progress report** – Neil Morrison informed the group that he has requested feedback on the May 2019 SVC progress from member groups to gauge their consideration of progress made and input ways in which their organisations are contributing towards implementation. Neil hopes to be able to feed responses back at the Veterans Scotland Health Pillar meeting on 12 December, which can then be passed on to Implementation Group members. Ruth added that the Commissioner intends to publish a further report around the end of 2019 with a drill down on priority areas.

**Employment of Veterans in NHS** – Jason raised this issue on the back of a conversation he had with the Commissioner. Using the example of the Independent Living Strategy, where the Scottish Government had issued a direction to employers to employ more people with disabilities, he asked for views on whether a similar direction could be given to encourage employment of veterans in the NHS. Group members were familiar with the issue and a number had been involved in previous discussions where some perceived difficulties were encountered, albeit the concept of giving veterans a stepping stone into civilian life, in line with the Armed Forces Covenant commitment on employment, would be desirable. Ruth Jays said that she is engaging with Health Workforce colleagues on replicating Step Into Health in Scotland and will provide an update in due course.

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

**Transitions of Care** – Jason also raised the issue of serving personnel becoming unwell while serving, then being discharged and the disparity in their experience of care before and after discharge, where a number of challenges would arise such as a likely change in Board area and possible increase in waiting times. In England, TILS provides a very effective service in this situation, where the services needed are mental health related. Ruth Jays suggested that it would be useful for members and counterparts to provide case studies to increase our understanding of the range of experiences.

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**Action:** All to consider the case studies they would provide or commission and send to the secretariat

**Action:** Secretariat to collate case studies and consider next steps

**Cross-border issues for service families** – Sharon Callaghan raised the issue of service families accessing specialist services over the border. Group members agreed that families should not have to navigate themselves particularly in the instance of managing a chronic condition, though acknowledged challenges such as transfer of medical records cross-border. Ruth Jays suggested that it would be useful to receive case studies of families' experiences, as a basis for progressing this issue. Craig Cunningham commented that most Boards have an individual or team responsible for extra contractual referrals and Martin Bell referred to work ongoing in NHS NSS on transitions of care.

**Action:** All to consider case studies they could provide or commission, and send to the secretariat

**Action:** Secretariat to collate case studies and consider next steps

**Action:** Secretariat to seek a meeting with NHS NSS on transitions of care

#### Next Meeting

Members agreed to meet again in January and April, in advance of the Strategic Oversight Group's meeting in May 2020.

**Action:** Secretariat to canvass members for dates in January and April 2020.

Armed Forces and Veterans Health Policy team  
November 2019