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Introduction

From 1 January 2008, all veterans should receive priority access to NHS secondary care for any conditions which are likely to be related to their service. ***However, veterans should not be given priority over other patients with more urgent clinical needs.***

The objective of this protocol is to produce a comprehensive document on this topic so that the staff of Dunelm Medical Practice are aware of the requirements in relation to treatment of veterans and are therefore able to ensure they are implemented correctly.

A veteran is defined as “someone who has served at least one day in the UK Armed Forces”.

The ongoing deployment of UK armed forces means it is now more important than ever that the NHS works closely with military services to ensure that the health needs of the Armed Forces, their families and veterans are appropriately met. In particular, it will be important to provide priority treatment, including appropriate mental health treatment, for veterans with conditions related to their service, subject to the clinical needs of others.

Approximately 170,000 veterans receive war pensions (or another form of compensation) as a result of a service-related condition, and therefore have eligibility for priority treatment under the NHS for their service-related condition.

Other veterans will have received a lump sum gratuity rather than a pension because the degree of disablement caused by service is relatively minor: they too are eligible for priority treatment for service-related conditions, as are veterans who have an assessed degree of disablement caused by service but to whom no award is paid.

Most likely service-related conditions requiring treatment

- **Audiology services** - The guidance on priority treatment for war pensioners applied also to service-related noise-induced hearing loss which is accepted as caused by service but for which no award was paid because the level of disablement fell below the threshold for compensation. Lack of clarity about this group's entitlement to priority treatment in the past may mean that there will be some backlog coming forward now. In addition, there will be future groups of veterans for whom hearing loss may be an issue.
- **Mental health services** – Veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge. It can be particularly difficult establishing whether a condition is due to service and its implication for treatment.
- **Orthopaedic services** – Because of injuries during a person's time in the armed forces which begin to present problems some time after discharge.

Evidence Required to Prove Veteran Status

GP referrals may be received which state that the patient is a veteran and has a condition related to military service.

Otherwise it is the responsibility of the patient to raise with clinicians that they think their condition is related to military service. The clinician should then decide whether priority should be given.

Clinicians are not expected to systematically ask patients whether they are veterans suffering from a condition which they believe is related to their military service.

Evidence of veteran status may be in a variety of forms such as: GP referral letter, war pension documentation, or a letter on headed notepaper from the Ministry of Defence.

Action Points

- In order to ensure continuity of care, the Defence Medical Services transfer medical records to the Veteran's Practice when individuals leave the Armed Forces.
Upon receipt of the transferred records, the Practice will ascertain whether the patient does or does not want their veteran status to be recorded. If no consent is received, this information will not be included.
- Where the patient does consent for their veteran status to be included, the Practice GPs will ensure that when making referrals relating to a military veteran for diagnosis or treatment, that status is recorded as part of the referral.
- In the event that a Practice GP considers that priority treatment might be appropriate because the condition to which the referral relates is likely to be related to the patient's military service, this fact will be included in the referral.
- When utilising Choose and Book, the Practice GPs will refer normally and select the correct appointment priority based upon the patient's medical condition (routine / urgent or 2 week wait) including veteran details in the referral letter.
Where Secondary Care Clinicians agree that a veteran's condition is likely to be service-related, they are asked to prioritise veterans over other patients with the same level of clinical need. However, it remains the case that veterans should not be given priority over other patients with more urgent clinical needs.
It is for clinicians to determine whether it is likely that a condition is related to service.
- Because a veteran who has a disorder recognised as qualifying for priority treatment does not necessarily fulfil the criteria for award of war pension, in the event that a Practice GP considers that a condition is likely to be due to service and it is significantly disabling, then they will suggest to the individual that s/he applies for a war pension, since there may be entitlement to a pension or gratuity and to other benefits such as free prescriptions.
Claims may be made for a war pension at any time after service termination.
- **Clinical System**
The Practice will use the following Read Codes against all known veterans on its list:

History Relating to Military Service	-	Xa8Da
History Relating to Army Service	-	13q0
History Relating to Navy Service	-	13q1
History Relating to Air Force Service	-	13q2