

# ‘Veteran Aware’ Manifesto

## *Acute & Community Trusts*

### Document purpose

This document is aimed at healthcare providers and sets out the objectives of the Veterans Covenant Healthcare Alliance (VCHA), the standards expected from ‘Veteran Aware’ health and care providers / commissioners and support that can be provided to them.



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## The Veterans Covenant Healthcare Alliance

The Veterans Covenant Healthcare Alliance (VCHA) is a group of healthcare providers and commissioners which have volunteered to develop, share, and drive the implementation of good practice that will improve the UK Armed Forces community and veterans care, in line with the commitments set out in the Armed Forces Covenant (AFC) - to be enshrined into the Armed Forces Bill of 2021.

The VCHA links members to Armed Forces charities, which can provide rehabilitation services and resources for veterans. When fully utilised, these services will enhance the recovery pathway for veterans across the country.

The VCHA steering group coordinates support to members who are implementing the standards set out in this manifesto and champions accredited “Veteran Aware” healthcare providers and commissioners.

### Objectives

- Identify and showcase the best standards of care for UK Armed Forces veterans and their families
- Drive implementation of proven practice in the treatment and care of veterans and their families across the UK

### The principles behind ‘Veteran Aware’ care

The AFC covers the whole UK armed forces community, including those in the Armed Forces, whether regular or reserve, those who have served in the past, and their families. All members will be committed to the twin underlying principles of the AFC which are.

- 1 The Armed Forces community should not face disadvantage compared to other citizens in the areas where they live in the provision of public and commercial services
- 2 Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved

The manifesto standards in this document aim to provide an interpretation of these principles specific to the NHS and set out how healthcare providers and commissioners can embody the commitments of the AFC. These standards are not exhaustive, as many Alliance members will offer additional and possibly unique services for veterans that reflect locally assessed needs and priorities. Healthcare providers will continue to pursue their own development, in line with their commitment to the AFC and share their success with other healthcare providers in the Alliance.

### The ‘Veteran Aware’ accreditation mark

Healthcare providers and commissioners that are exemplars of the best care for the armed forces community will be accredited as “Veteran Aware” and can display the “Veteran Aware” kite mark.

## Background

The VCHA was established following the work of the Getting It Right First Time (GIRFT) [www.gettingitrightfirsttime.co.uk](http://www.gettingitrightfirsttime.co.uk) and the Chavasse report [www.thechavassereport.com](http://www.thechavassereport.com), (written by Professor Tim Briggs).

Professor Briggs is the National Director of Clinical Improvement/ NHSE & I, Chair of GIRFT and Chair of the VCHA steering group. This steering group (acting under agreed Terms of Reference) includes senior representatives from the Confederation of Service Charities (COBSEO), Department of Health, NHS England and Improvement, NHS Improvement and Ministry of Defence. General the Lord Dannatt, former head of the British Army, is patron of the VCHA.

To date, over 60 NHS Trusts across England and 3 from the devolved nations have achieved accreditation with many others in progress or planned to commence. Following recruitment of seven Regional Leads in late 2020, it was agreed that an intuitive and engaging accreditation / re-accreditation process was required to ensure quality and governance into the future. This process will also consider / recognise organisational mergers but primarily, will be looking for good practice and development of the services offered to veterans and service families. It is the aim of the VCHA that all NHS trusts will achieve 'Veteran Aware' accreditation by November 2022 at the latest.

Across the serving population, healthcare services are provided by the Defence Medical Services Department (DMSD) and the NHS. When discharged, or whilst a reservist not on active operations, the NHS commissions and provides virtually all healthcare needs.

“The Armed Forces Community a forward view publication”<sup>1</sup> (a companion document to the NHS Long Term Plan), outlines the commitments NHS E & I is making to improve the health and wellbeing of the Armed Forces community. Healthcare for the Armed Forces community reflects the emergent priorities and changes the NHS has made from the [We are the NHS: People plan 2020/21](#)

### VCHA Regional Lead Input

Regional leads will provide continuity and consistency for healthcare providers, commissioners and across their respective regions. At the simplest level, accreditation and re-accreditation will demonstrate that an organisation meets and continues to deliver, the manifesto requirements for Veteran and service family healthcare provision. In addition, they will also engage with and input too, the wider Armed Forces local networks (developing a DOS in the process). “Veteran Aware” accreditation is critical because it continues to assure veterans that they can trust that the organisation they attend, still complies with the principles of the Armed Forces Covenant and acts as an indicator of clinical and organisational excellence.

In addition to this overarching benefit, accreditation and re-accreditation also delivers other advantages, including:

- Allowing cases to transfer medical information between other organisations<sup>2</sup>
- Contributing exemplars of proven practice across the country.
- Giving organisations benchmarks for improvement.
- A collegiate group of medical specialists who all sign up to the best possible care for veterans and their families.

Once accreditation has been awarded, information in regard to timeframes for reviews and reaccreditation will be conveyed at the same time as presenting the “Veterans Aware” kite-mark.

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<sup>1</sup> <https://www.england.nhs.uk/publication/healthcare-for-the-armed-forces-community-a-forward-view/>

<sup>2</sup> <https://www.england.nhs.uk/commissioning/armed-forces/armed-forces-coven/>

## Who does this manifesto apply to?

The principles set out by the AFC should be applied in all healthcare settings.

The “Veteran Aware” kite-mark was first awarded to a pilot group of acute and specialist trusts, but we are now rolling this out to other types of healthcare providers and commissioners. As new types of provider join, we will add new sections to this manifesto, setting out how these providers and commissioners can demonstrate their commitment to the Armed Forces Covenant.

### The following types of organisations are covered by this manifesto:

- Acute trusts
- Specialist trusts
- Community trusts
- Health Boards or Hospital Boards in the Devolved Administrations

## How the VCHA can support healthcare providers become ‘Veteran Aware’

### Providing a forum

An annual workshop is held for clinicians and managers to share examples and discuss challenges. Veterans champions in different providers can contact each other for information and advice.

### Linking to other services

The VC HA can help members establish links to other services provided for the armed forces community, including those provided by the NHS, charities, and the MoD (including Defence Medical Services).

### Education and training

The VC HA can direct members to a variety of education and training resources or potential courses, for hospitals to provide training to relevant staff.

### Awareness

The VC HA can provide template leaflets, posters and other materials to be used in hospitals, explaining that the trust is ‘Vetera Aware’ and what this means.

### Accreditation and

The Regional leads can support hospitals through the accreditation process and hospitals that demonstrate the standards in this manifesto will be awarded and encouraged to display the “Vetera Aware” kitemark.

## Implementing ‘Veteran Aware’ standards

In some trusts, a specifically named person – often the management champion or their clinical colleague (known as the Dyad) – takes responsibility for project management including allocating the actions listed below.

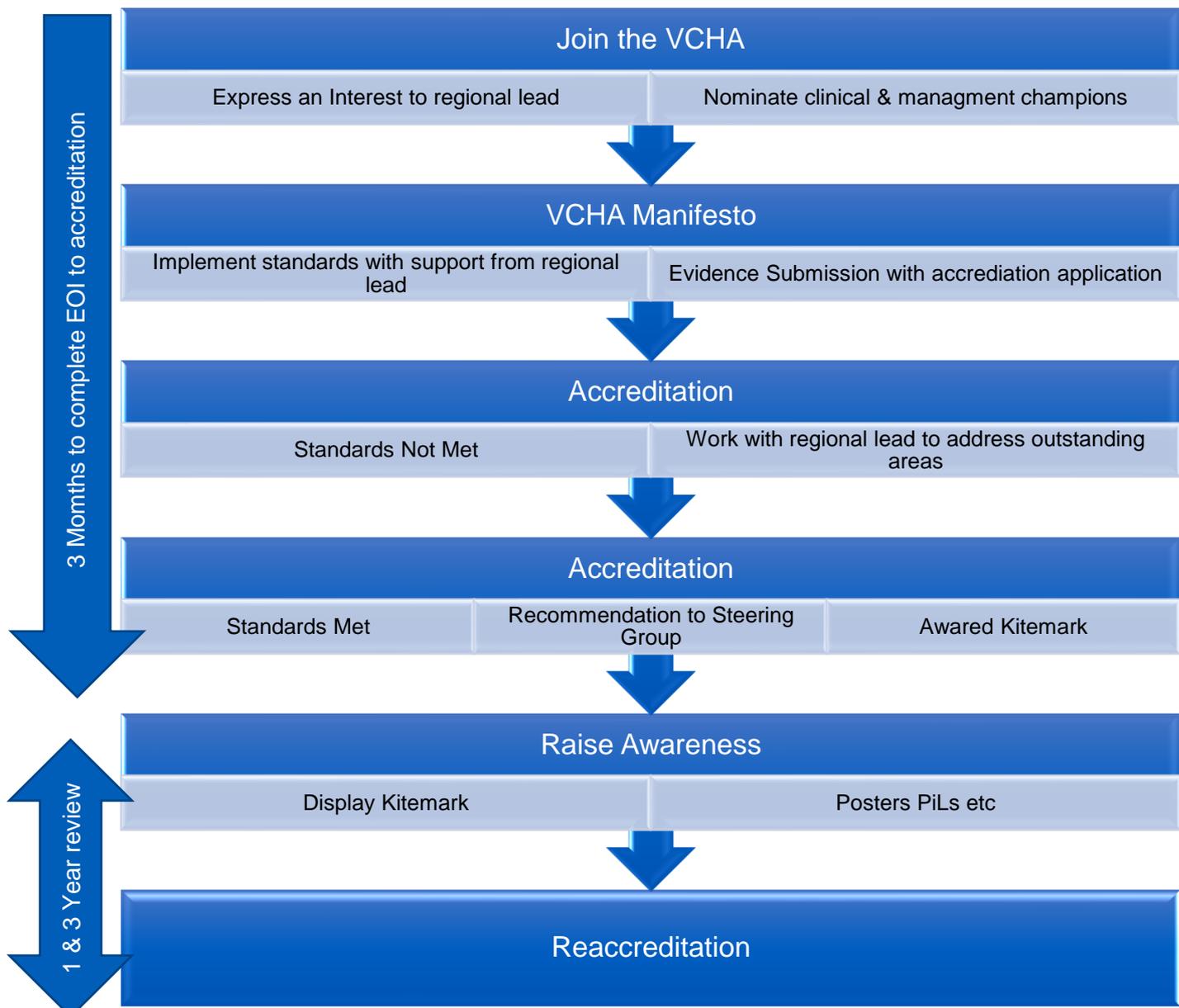
In other trusts, the management champion assembles a small group including representatives from HR, communications, training/education, IT and other relevant people, and holds regular meetings or virtual calls (TEAMS / ZOOM) to track progress on actions. Some trusts have found it helpful to set up a group email address for all correspondence relating to veterans. Most meet their VCHA Regional Veterans Lead at the initiation of the work and again at key points to jointly tackle any problems.

## 'Veteran Aware' Trust Accreditation

### How does the accreditation process work?

We ask healthcare providers to provide evidence that they have implemented the standards in this manifesto. All evidence should be provided to the regional lead and embedded into the application form for verification before submission to the steering group. This evidence is then reviewed by the steering group who will make the final decision on whether a trust is to be accredited. If the steering group asks for more evidence on a particular standard, the regional lead will work with the healthcare provider to address this and the steering group will then reconsider.

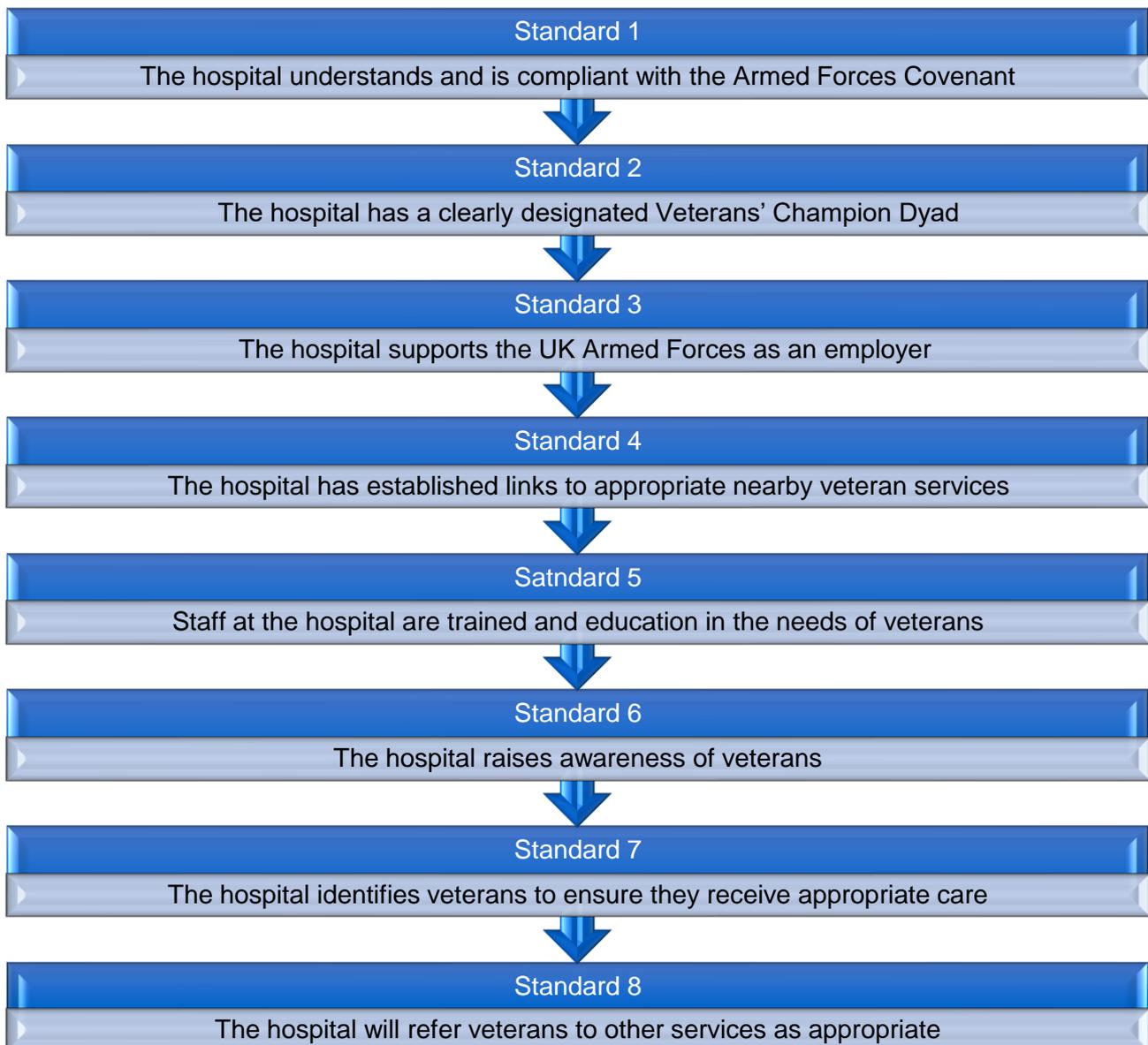
All information provided will relate to core themes and best practice in which organisations can be benchmarked and accredited for a level of excellence. The whole process from expression of interest to completion should take no longer than 6 months (but can be achieved much quicker with appropriate evidence).



## What standards will ‘Veteran Aware’ healthcare providers, commissioners and organisations showcase?

This section of the Manifesto sets out specific standards for the organisation. The standards are all aligned with the overarching principles set out in this manifesto, that the armed forces community should face no disadvantage and that special consideration is appropriate in some cases.

These standards offer more detail on what demonstrating commitment to those principles will look like in different settings. Nominated veteran champions from relevant organisations have been involved in developing these standards, alongside the members of the steering group and other key stakeholders.



## Accreditation Standards Step by Step Evidence Guide

Kite mark standards:	Annual report questions:	Response expected:	Support provided by regional lead to ascertain correct evidence:	Response
<b>1. The hospital understands and is compliant with the Armed Forces Covenant</b>	Has your hospital signed the Armed Forces Covenant?	Yes	<p>Joining the Alliance and commitment to the Armed Forces Covenant <a href="#">(see Appendix 1)</a></p> <p>Signed and delivered on the Armed Forces Covenant Nominated a Veterans/Armed Forces Champion Dyad (Clinical Champion and Management Champion)</p>	
<b>2. The hospital has a clearly designated Veterans' Champion Dyad</b>	Who is the management champion at your hospital?	Name, role and email address	<p>All Alliance members will be committed to the twin underlying principles of the covenant. Alliance members will have clearly designated Veterans' Champions to lead on the implementation of this manifesto by their hospital or trust. This will consist of both a clinical champion and a management champion, who will work together in what is referred to as a 'Champion Dyad.'</p>	
	Who is the Clinical champion at your hospital?	Name, role and email address		
	Please list any other colleagues who are leading on this	Optional		
<b>3. The hospital supports the UK Armed Forces as an employer</b>	Is your hospital involved in Step Into Health?	<b>EITHER:</b> a) Yes	<p>The trust will also be signed up to initiatives that support the employment of veterans and reservists in the NHS workforce. Through these initiatives and their own HR policies, they will support the employment of reservists in and encourage recruitment of veterans and military spouses or partners.</p> <p>Involved in an employer initiative, such as: Step Into Health (<a href="http://www.militarystepintohealth.nhs.uk">www.militarystepintohealth.nhs.uk</a>) the first access pathway from the military into the numerous career opportunities available in the NHS; and/or</p>	
	Has your hospital joined the Defence Employer Recognition Scheme?	<b>OR</b>	<p>The Defence Employer Recognition Scheme <a href="https://www.gov.uk/government/publications/defence-employer-recognition-scheme/defence-employer-">https://www.gov.uk/government/publications/defence-employer-recognition-scheme/defence-employer-</a></p>	

		b) Bronze level minimum	<a href="#"><u>recognition-scheme</u></a> ) recognises employer organisations that pledge, demonstrate or advocate support to defence and the UK Armed Forces community, and align their values with the Armed Forces Covenant. Bronze, Silver and Gold awards are available.	
	Has your hospital developed its own veteran or reservist policy, or been involved in another UK Armed Forces employment initiative?	c) Yes – give details	Implementing a policy to encourage the recruitment of reservists, veterans, and armed forces families such as 10 days paid annual leave for reservists to undertake their training. Provide a copy of this policy. Champions form part of the information day. Helping with advising and CV/personal statement writing. Buddying of hospitals	
<b>4. The hospital has established links to appropriate nearby veteran services</b>	Is your hospital aware of any local rehabilitation services – as listed in the manifesto or shown on the map in Appendix 1?	Give details	Map of relevant services  Buddying of hospitals  The VCHA provides a map to members showing the location of different NHS, MOD and charity services for the armed forces community. It is important that Alliance hospitals build up organisational awareness of the services available, not just the individual knowledge of a particular clinician or manager.	
	If appropriate – have you established links with these services with the aim of ensuring smooth transfer of service personnel? Have you established links with any of these services to facilitate learning?	Give details	'Veteran Aware' healthcare providers will have established links (where appropriate), to MOD or NHS Rehabilitation services including: <ul style="list-style-type: none"> <li>• Charity supported Personnel Recovery Centres</li> <li>• MoD's Personnel Recovery Units</li> <li>• DMS Regional Rehabilitation Units</li> </ul>	

			<ul style="list-style-type: none"> <li>• NHS Disablement Support Centres (especially those that have been enhanced from the Murrison report).</li> <li>• Primary Casualty Receiving Facilities</li> <li>• NHS hospitals employing Defence Medical Services (DMS) Personnel from the Defence Medical Group (DMG)</li> <li>• The Veterans Trauma Network</li> <li>• Specialist services provided in a smaller number of centres or trusts</li> </ul> <p>'Veteran Aware' hospitals or trusts will also signpost or refer patients, where appropriate, to NHS Mental Health services for veterans (under Op Courage) to:</p> <ul style="list-style-type: none"> <li>• NHS Veterans' Mental Health Transition, Intervention and Liaison services (TILs).</li> <li>• NHS Veterans' Mental Health Complex Treatment Service (CTS).</li> <li>• NHS Veterans High Intensity Service (HIS).</li> </ul> <p>'Veteran Aware' hospitals or trusts will also encourage staff and patients to use the Veterans Gateway service, to 'identify beneficial services for patients.</p>	
<p><b>5. Staff at the hospital are trained and educated in the needs of veterans</b></p>	<p>Have all the staff being inducted to the hospital received training that includes: the Armed Forces Covenant, identifying veterans and veterans' needs?</p>	<p>Yes</p>	<p>Links to existing education and training resources</p> <p>Adapting training resources to be relevant to hospitals</p>	
	<p>Are there staff in your hospital who need additional specific training? Have they received this?</p>	<p>Give details</p>		

<b>6. The hospital raises awareness of veterans</b>	Has your hospital displayed posters and in which locations?	Yes – Give details	Template posters and leaflets	
	Has your hospital added information to its website and communications?	Yes – Provide link	Template press release / article for website and kite mark	
	Has your hospital written to / provided leaflets to other local services, such as GPs and Regimental Associations?	Yes	Template letters and leaflets	.
<b>7. The hospital identifies veterans to ensure they receive appropriate care</b>	How many veterans have been seen in your hospital? What information have you collected?	Give details	<ul style="list-style-type: none"> <li>• Examples of best practice from other Alliance members and buddying</li> <li>• Good practice in treatment and care in hospital</li> <li>• Displaying posters in waiting rooms and wards, encouraging people to make their veteran status known, providing the definition and explaining the purpose - 'We are a 'Veteran Aware' trust and we understand the Armed Forces Covenant; please let a member of staff know if you have ever served in the UK Armed Forces, so that we can better meet your needs'</li> </ul>	At the point of initial survey 25% of patients were veterans.
	Do you load veteran specific services or consultants with armed forces expertise to eRS?	Yes		
	How does your hospital identify veterans?	Give details	Examples of best practice from other Alliance members and buddying	

			Ensure that you are able to provide baseline numbers of AF community identified and recorded on PAS systems within last financial year.	
	Does your hospital capture feedback from veterans?	Yes	<ul style="list-style-type: none"> <li>Information on inclusion in patient surveys and example questions.</li> <li>Survey results to be evidenced where applicable</li> </ul>	
<b>8. The hospital will refer veterans to other services as appropriate</b>	Has your hospital carried out a needs assessment for veterans?	Give details	Information on services available provided at Alliance workshop	
	Has your hospital mapped and explored the provision of services in your area and considered the case for funding additional services?	Give details	<p>Map of Need</p> <p>There are a wide range of services provided to veterans, including both statutory services by the NHS and MOD as well as services provided by charities. Linking in with other services, signposting and referring appropriately will improve the care offered to the armed forces community.</p> <p>'Veteran Aware' hospitals or trusts will look into the potential for an 'embedded' service provided by a charity on the trust site, as well as looking into what services are available or could be made available locally and considering the benefit of funding these services.</p> <p><a href="https://www.england.nhs.uk/personalisedcare/upc/ipc-for-veterans/personalised-care-for-veterans/">https://www.england.nhs.uk/personalisedcare/upc/ipc-for-veterans/personalised-care-for-veterans/</a></p>	

## REACCREDITATION

### What standards will 'Veteran Aware' healthcare providers, need to demonstrate to continually meet accreditation?

The setting of specific standards is aligned with the two overarching principles set out in the VCHA manifesto. Once a trust has met the standards and been awarded 'Veteran Aware' status (the kite-mark), the goal is to verify and certify that the data submitted at the time of initial accreditation remains current and that they continue to meet manifesto standards (governance). Initial accreditation shall be reviewed after 1 year in which time, trusts will be able to implement further examples of good practice and training of other staff groups to further enhance the care being provided to serving personnel, veterans and service families.

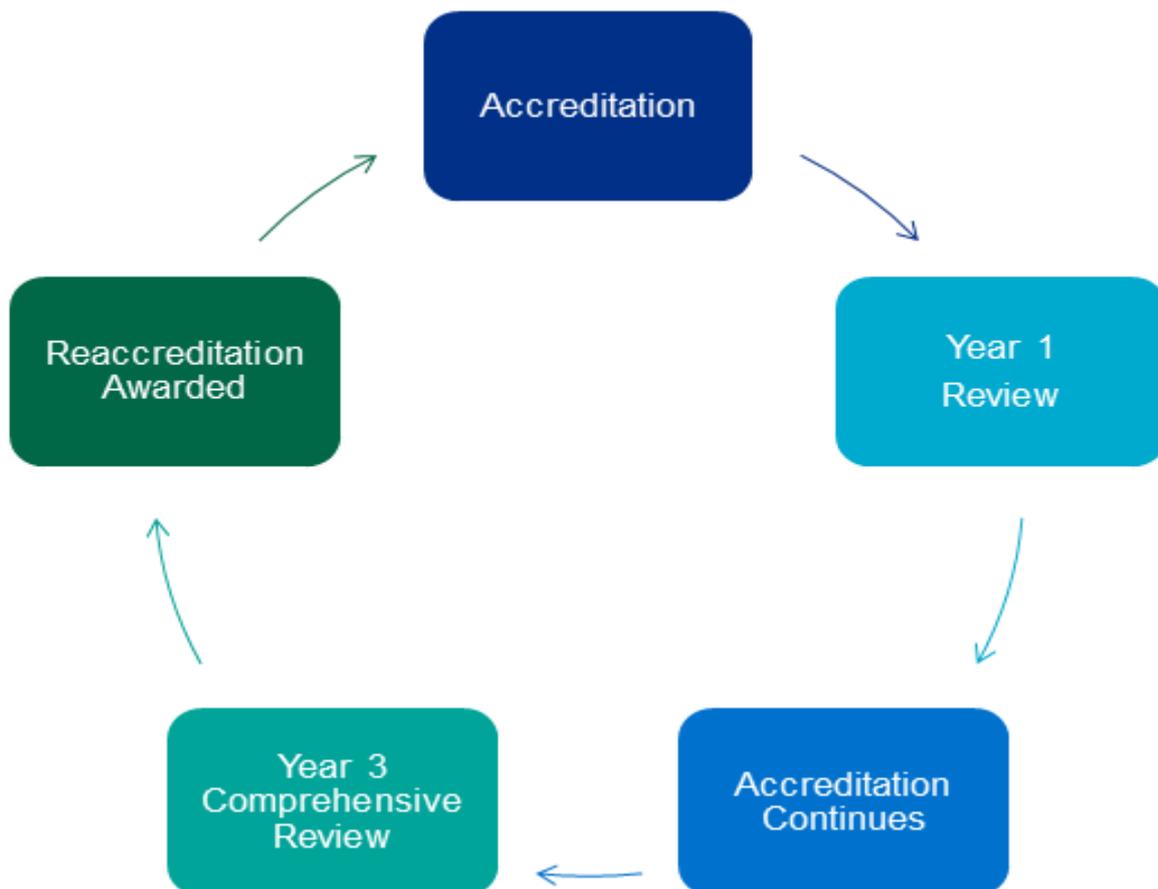


Figure 1 - Accreditation review process

### What is the purpose of the annual accreditation report?

Our aim is to use the short annual accreditation report to as per the VCHA Step by Step Guide and:

- Ensure the trusts continues to meet the 'Veteran Aware' kite-mark standards.
- Offer the trusts support who may be facing difficulties.
- Inform ongoing work with the government, NHS, and charities at the national level.
- Discover new ways to improve the care of veterans in the NHS.
- Improve our supporting materials and provide links to resources.
- Identify trusts we can 'buddy' with trusts that are struggling.

- Create the agenda for the annual workshop.

### **What format should this annual accreditation report take?**

We are asking members to complete a short annual accreditation report, either by email or phone, whichever is easiest. The Regional Lead will help each accredited trust to complete this and the information requested includes:

- Current contact details of the champions at the trust
- Short bullet points on what the trust has done (since accreditation) to reinforce the manifesto standards.
- Any examples of how they have improved the care provided to veterans, provide a good news story / case study.
- Data on the numbers of armed forces community identified and coded.

### **Accreditation reviews**

#### **Year 1**

- Communication with organisation to affirm accreditation paperwork and areas in progress to seek clarity that work has been carried out.
- Completed via telephone or MS Teams call
- Face to Face event, should include attendance at regional workshops to present good practice / exemplar case studies.

#### **Year 3**

- Full face-to-face meeting on site with AF Champion and VCHA Dyad to review all accreditation paperwork and agree next steps.
- Completion of accreditation application to present further evidence and exemplar practice
- Re-accreditation awarded once regional lead has confirmed satisfactory standards.

Year 3 - cycle for re-accreditation begins again, noting that if legislation changes then updates will be reviewed at each cycle as appropriate.

### **Employer's Recognition Scheme (ERS)**

The VCHA recognises that the ERS requires organisations to be reaccredited every 5 years, with an aim to achieve the next award up from that previously held. This period of recognition review would provide the VCHA with the opportunity to align its year 4 review and accreditation with the trusts to ensure little disruption and inconvenience is made whilst reviewing all evidence and accreditation submission for both awards.

## Merger of Trusts

As the NHS landscape continues to change, there will be trusts that merge to form larger entities (the formations of ICS's<sup>3</sup>). These are built on legislative reform and sees partnerships building strong and effective care systems across England.

A number of scenarios may occur when one or more trusts begin to merge.

1. One or more of the trusts in same region
  - RL to ascertain who is the lead site
  - Liaison with lead site AF Champion, clinical and management champions
    - Review stages of accreditation.
    - Proceed as para 3 below.
  
2. One or more trusts indifferent region / devolved nation
  - RL leads of each region to review which is the lead site.
  - In which case whichever region, they reside would be the lead.
    - Review stages of accreditation.
    - Proceed as para 3 below.
    - RL to update planning document with trust mergers on correct regional worksheet.
  - RL to update planning document with trust mergers on regional worksheets whilst maintain integrity of manifesto summary sheet figures.
  
3. Difference in stages in accreditation
  - Accredited with accredited.
    - Process to be reviewed that all policies are still in place across all trust sites for quality and governance reassurance.
  - Non-accredited with non-accredited
    - Complete the initial accreditation process for the merged trusts as one new trust.
  - Accredited and with non-accredited.
    - Regional lead to agree with the trusts what the plan and timescale for moving the non-accredited (site/trust) to accredited status –
    - This should be completed within 6 months of merger as all policies should be replicated from each trust / site to meet NHS requirements to operate<sup>4</sup>.
    - Use of Accreditation review documentation for Trust AF Champion, Clinical and Management Champions to review and provide assurances that all policies have been replicated along with manifesto standards met.

## Summary

The review of a trust following accreditation should be a continuous improvement cycle, which allows each trust to showcase their work and support the ongoing care to serving, veterans and service families in line with the Armed Forces Covenant. The cyclical approach of reviewing each accredited trust / organisation two yearly and an accreditation full review at year four will ensure that quality, governance, and assurances are kept in line with legislative changes.

Regional leads will have overall sight and responsibility to ensure that accredited trusts / organisations are aware of the review requirements as well as information being added to other VCHA literature.

The Armed Forces Community a forward view publication<sup>3</sup> is seen as a companion document to the NHS Long Term Plan (LTP) and outlines the commitments NHS E & I is making to improve the health and wellbeing of the Armed Forces community.

Healthcare for the Armed Forces community reflects the emergent priorities and changes the NHS has made from the [We are the NHS: People plan 2020/21](#)

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<sup>3</sup> <https://www.england.nhs.uk/publication/healthcare-for-the-armed-forces-community-a-forward-view/>

## Appendix 1

Action	Suggested lead	Supporting resources
<b>Supporting the Armed Forces Community as an employer</b>		
Signing the Armed Forces Covenant	Chief Exec / Trust AF Champion	Your Regional Employer Engagement Director (REED) will arrange this. <a href="#">Click here</a> for contact details. <sup>4</sup>
Join the Defence Employer Recognition Scheme <sup>5</sup>	HR Director	Your REED (see above) will guide you through this but there are significant advantages of joining.
Get involved in Step Into Health	HR Director	Contact: <a href="mailto:armedforces@nhsemployers.org">armedforces@nhsemployers.org</a> Or read more at <a href="http://militarystepintohealth.nhs.uk">http://militarystepintohealth.nhs.uk</a>
Develop a reservist / veteran policy	HR Director	Your REED (see above) can advise or VCHA can provide an example. <a href="#">Register to advertise vacancies on CTP</a> <sup>6</sup>
<b>Treatment and care in hospital / the trust</b>		
Identify armed forces community patients on your patient admin system (PAS)	Champions, IT / Elective and urgent access teams	If there is difficulty with this, your VCHA Regional lead can provide examples or put you in touch with other hospitals / trusts
Carry out needs assessment or plan for veterans across your STP / ICS	Clinical Champion	This is an informal assessment of the local population, identifying nearby barracks, units or other relevant communities, as well as local services / charities. Many hospitals / trusts have completed this through their CCG, local authority, or STP / ICS. Examples are available from your VCHA Regional lead.
Staff training	Education / training / teaching team. Clinical Champion	A variety of training materials are available: <ul style="list-style-type: none"> <li>• A template awareness presentation (available from your VCHA Regional lead)</li> <li>• <a href="#">Health Education England's online modules</a></li> <li>• E-Learning for health, now including <a href="#">new training videos</a></li> <li>• <a href="#">Sussex Armed Forces Network materials</a></li> <li>• Training sessions provided by DMWS, RBL and others</li> </ul>
Communicate key information about the armed forces community to staff, patients and the public	Trust comms team	<ul style="list-style-type: none"> <li>• <a href="#">Staff leaflet</a></li> <li>• <a href="#">Patient leaflet / online information</a></li> </ul>
<b>After accreditation:</b> Display posters in prominent locations	Trust comms team	<b>After accreditation:</b> <ul style="list-style-type: none"> <li>• <a href="#">Template poster</a></li> <li>• <a href="#">Accreditation logo</a></li> </ul>
<b>Linking in with other services</b>		

<sup>4</sup> REED contact details full web address:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/702204/Reed\\_Contact\\_List\\_20180424.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/702204/Reed_Contact_List_20180424.pdf)

<sup>5</sup> <https://www.gov.uk/government/publications/defence-employer-recognition-scheme>

<sup>6</sup> <https://www.gov.uk/government/publications/defence-employer-recognition-scheme>

Explore provision of services in the area and potential to embed in trust	Clinical Champion	Contact details for local charities available through the Veterans Gateway at <a href="http://www.veteransgateway.org.uk/local-support">www.veteransgateway.org.uk/local-support</a>
Identify local military and NHS services for the armed forces community	Champions	A list of relevant services is set out below (see appendix 2.)
Establish links to these local services	Champions	A list of relevant services is set out below (see appendix 2.) Establishing links might involve ensuring the smooth transfer of service personnel or facilitating learning or writing to local GPs to let them know about flagging veteran status and that the hospital is 'Vetera Aware'.

## Appendix 2

### Services you might establish links with

<p><b>Primary Care Rehabilitation Facilities (PCRFs)</b> PCRFs provide a 'tier 1' service and are military Unit/Station based rehabilitation departments offering physiotherapy and exercise therapy on an outpatient basis. Patients with injuries that cannot be resolved at this level are referred to Regional Rehabilitation Units.</p>	
<p><b>Regional Rehabilitation Units (RRUs)</b> RRUs provide a 'tier 2' service, with rapid access to imaging services, podiatry and residential rehabilitation.</p> <p><a href="#">Link to information and contact details</a></p> <ul style="list-style-type: none"> <li>• Aldergrove</li> <li>• Aldershot</li> <li>• Bulford</li> <li>• Catterick</li> <li>• Colchester</li> <li>• Cranwell</li> <li>• Edinburgh</li> <li>• Halton</li> <li>• Honnington</li> <li>• Plymouth</li> <li>• Portsmouth</li> </ul>	<p><b>Personnel Recovery Units (PRU)</b> These are military units for soldiers, rather than veterans</p> <p><a href="#">Link to information and contact details</a></p> <ul style="list-style-type: none"> <li>• Edinburgh</li> <li>• Preston</li> <li>• Catterick</li> <li>• Brecon</li> <li>• Donnington</li> <li>• Chilwell</li> <li>• Tidworth</li> <li>• Aldershot</li> <li>• London</li> <li>• Lisburn</li> </ul>
<p><b>Defence and National Rehabilitation Centre (DNRC)</b> The DNRC will provide clinical rehabilitation for the armed forces and civilians. It will combine neurological, complex trauma and a full suite of rehabilitative facilities together on one site, bringing benefits that could make the establishment unique in the world. The DNRC is based at Stanford Hall, Leicestershire.</p> <p><a href="#">Link to information and contact details</a></p>	
<p><b>Personnel Recovery Centres (PRC)</b> PRCs are charity funded facilities which are designed to offer a conducive military environment or recovery activities</p> <p><a href="#">Link to information and contact details</a></p> <ul style="list-style-type: none"> <li>• Edinburgh</li> <li>• Catterick</li> <li>• Colchester</li> <li>• Tidworth</li> <li>• Battle Back Centre, Lilleshall</li> <li>• Sennelager (Germany)</li> </ul>	
<p><b>NHS Disablement Services Centre (DSC) and Murrison Centres</b> There are 45 NHS DSCs across the UK, services provided can include: orthotics, prosthetics, wheelchairs and environmental controls. Nine DSCs across England, known as the '<b>Murrison Centres</b>' provide enhanced services to veterans who have lost a limb as a result of their service.</p> <p><a href="#">Full list of DSCs</a> <a href="#">Detail on 'Murrison' DSCs</a></p> <ul style="list-style-type: none"> <li>• Bristol – Bristol Centre for Enablement, North Bristol NHS Trust</li> <li>• Leicester – Leicester Specialist Mobility Centre</li> <li>• Sheffield – Mobility and Specialised Rehabilitation Centre, Northern General Hospital</li> <li>• Carlisle – Cumberland Infirmary, North Cumbria University Hospitals NHS Trust</li> <li>• Preston – Specialist Mobility &amp; Rehab Centre, Lancashire Teaching Hospitals NHS FT</li> <li>• Stanmore – Stanmore Prosthetic Rehabilitation Unit, Royal National Orthopaedic Hospital Trust</li> <li>• Portsmouth – Prosthetic Regional Rehabilitation Department, Portsmouth Hospitals NHS Trust</li> <li>• Birmingham – West Midlands Rehab. Centre, Birmingham Community Healthcare NHS Trust</li> <li>• Cambridge – Addenbrooke's Rehab. Clinic, Cambridge University Hospitals NHS FT</li> </ul>	
<p><b>NHS Trusts that host Defence Medical Services Groups (DMGps)</b></p>	

Within the UK, healthcare for service personnel is provided by the NHS, enabling the Defence Medical Services to take advantage of NHS infrastructure, equipment and staff. Many Defence Medical Staff are housed in DMS Gps, to maintain and develop their skills when not on deployment

[Further information online](#)

- RCDM Clinical Unit at University Hospitals Birmingham NHS Foundation Trust
- Defence Medical Group South East (Frimley Park Hospital, Surrey)
- Defence Medical Group North (Northallerton, North Yorkshire)
- Defence Medical Group South West (Derriford Hospital, Plymouth)
- Defence Medical Group South (Queen Alexandra Hospital, Portsmouth)

**NHS Veterans' Transition Intervention and Liaison Services (NHS TILS)**

TILS is a dedicated local-community-based service for veterans and those transitioning out of the armed forces with a discharge date. The service provides a range of treatment from recognising the early signs of mental health problems and providing access to early support, to therapeutic treatment for complex mental health difficulties and psychological trauma. Where appropriate, help is also provided for other needs that may affect mental health and wellbeing – for example, with housing, finances, employment, social support and reducing alcohol consumption.

**To contact the service directly or self-refer (for patients)**

- North of England, call 0303 123 1145 or email [vwals@nhs.net](mailto:vwals@nhs.net)
- Midlands or East of England, call 0300 323 0137 or email [mevs.mhm@nhs.net](mailto:mevs.mhm@nhs.net)
- London or the South East, call 020 3317 6818 or email [cim-tr.veteranstilservice-lse@nhs.net](mailto:cim-tr.veteranstilservice-lse@nhs.net)
- Southwest, call 0300 365 2000 or email [gateway@berkshire.nhs.uk](mailto:gateway@berkshire.nhs.uk)

[Further information online](#)

- Avon and Wiltshire Mental Health Partnership NHS Trust (covering Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight and the South West of England)
- Camden and Islington NHS Foundation Trust (covering South East of England and London)
- Coventry and Warwickshire Partnership NHS Trust (covering the Midlands and East of England)
- Northumberland, Tyne and Wear NHS Foundation Trust (covering the North of England).

**NHS Veterans' Mental Health Complex Treatment Service (NHS CTS)**

CTS is an enhanced local-community-based service for ex-service personnel who have military-related complex mental health problems that have not improved with earlier care and treatment. The service provides intensive care and treatment including, but not limited to, support for drug and alcohol misuse, physical health, employment, housing, relationships and finances, as well as occupational and trauma-focused therapies.

- Berkshire Healthcare NHS Foundation Trust (covering Buckinghamshire, Oxfordshire, Berkshire, Hampshire, Isle of Wight and the South West of England)
- Camden and Islington NHS Foundation Trust (covering South East of England and London)
- Leeds and York Partnership NHS Foundation Trust (covering the North of England)
- Provider(s) for the Midlands and East of England TBA

**Departments of Community Mental Health (DCMH)**

In-patient mental healthcare services in the UK are provided under contract by a consortium of 8 NHS Trusts, located to provide assessment, stabilisation

The consortium is led by Midlands Partnership NHS Foundation Trust, and includes:

- Cambridge and Peterborough NHS Foundation Trust
- NHS Glasgow
- NHS Grampian
- Lincolnshire Partnership NHS Foundation Trusts

and treatment close to either the service person's unit or home.	<ul style="list-style-type: none"> <li>• Somerset NHS Foundation Trust</li> <li>• Southern Health NHS Foundation Trust</li> <li>• Tees, Esk and Wear Valleys NHS Foundation Trust</li> </ul>
<a href="#">Further information online</a>	
<p><b>Veterans' Trauma Network</b></p> <p>The VTN is based around the NHS Major Trauma Network that was set up in 2012 to provide better management of civilian trauma. The Major Trauma Network comprises 22 major trauma centres that act as hubs for trauma; ten of which have been designated as veteran's trauma centres (VTCs) to co-ordinate veteran trauma care.</p>	<ul style="list-style-type: none"> <li>• Plymouth</li> <li>• Oxford</li> <li>• London (three centres)</li> <li>• Birmingham</li> <li>• Nottingham</li> <li>• Liverpool</li> <li>• Leeds</li> <li>• Middlesbrough</li> </ul>
<a href="#">More information online</a>	

## Appendix 3

### Accreditation application

# Accreditation form for:

Region: **Select your region**

Type of Organisation: Acute Trust

This form starts is to be completed in line with the manifesto requirements above .

## Manifesto questions to answer

### Details

**Name, role and email of nominated Clinical Champion:**

Click or tap here to enter text.

**Name, role and email of nominated Management Champion:**

Insert Name, role, contact details

**Additional Dyad Champion / Board Member details:**

Insert names, role, contact details.

**Has your hospital / trust /organisation signed the Armed Forces Covenant?**  (Click to toggle yes or no)

### Supporting the Armed Forces community as an employer

**Has your organisation received an Employer Recognition Scheme award?**

Select ERS Level

**Is your organisation involved in the Step into Health initiative?**

Pledged to step into health programme with links to service leavers via CTP – includes offers of interview to potential candidates under the GIS

**Please describe any other ways in which you support the Armed Forces Community as an employer. The points below are included only as suggestions.**

Click or tap here to enter text. Developed reservists / veterans leave policy, including 10 days paid leave for reservists on training. Advertise all admin / clerical roles on CTP. Advertised trust as employer to local RFCA link.

### Looking after members of the armed forces community in the workforce

**What steps does your trust take to ensure that veterans, reservists and other members of the armed forces community in your workforce are looked after?**

N/A

### Linking in with other local services and service charities

**Have you established links with your local reservist units, or any other armed forces units?**

N/A

**Does your ambulance trust mark or commemorating any key events for the armed forces community, and are staff proactively supported in their fundraising efforts for the service charities?**

**Do you identify veterans on your Patient Administration System?**  (Click to toggle yes or no)

**Please describe any learning from the data to date:** Click or tap here to enter text.

**Please provide numbers of Armed Forces Community recorded on PAS System in last financial year:** [Click or tap here to enter text.](#)

**Have relevant staff received training? Have specific staff received additional training as required?**

**Have you provided information to patients and staff through the website / intranet?**  
[Click or tap here to enter text.](#)

**Have you conducted or contributed to a needs assessment for the armed forces community?**

Please provide information about any consideration you have given to the needs of the armed forced community, for example in a paper to the trust board, or note if you have contributed to a CCG, STP or local authority needs assessment for the armed forces community. [Click or tap here to enter text.](#)

**Please add any further information on the treatment and care you provide to veterans and the armed forces community:**

#### **Linking in with other services**

**Please describe any links you have made with other NHS (including mental health), MOD or government services, or service charities. The points below are included only as a guide.**

## Top Tips

1. Buddy with other trusts – your Regional Lead can put you in touch with a trust in your region that is 'Veteran Aware' and can offer some guidance/support.
2. Sign up for FutureNHS which has;
  - Discussion forums to help with the process.
  - Examples of good practice you may wish to replicate.
  - Materials/resources/guidance and other tools.
3. Maintain regular contact with regional lead throughout the process.
4. Identify your Champion and Dyad early, engage HR etc as soon as possible.
5. Enlist the support of your communications team to maximise awareness of what you are doing
6. Training and awareness: can your learning and development team offer support with developing induction and awareness sessions.
7. Develop patient literature to explain what being 'Veteran Aware' means to them if they are a veteran or a family member
8. Gather good practice evidence, case studies where being 'Veteran Aware' has made a difference to a patient or family member and their experience or outcome. Agreement to share on VCHA website (can be anonymised if required).
9. All evidence to be embedded or submitted as documents or hyperlinked to external websites for quality assurance.
10. All information provided will relate to core themes and relate to best practice in which organisations can be benchmarked and accredited for a level of excellence.

## Additional Information

### Hospitals, acute, specialist and community trusts, devolved administration health boards

Joining the Alliance and commitment to the Armed Forces Covenant

All Alliance members will be committed to the twin underlying principles of the covenant. Alliance members will have clearly designated Veterans' Champions to lead on the implementation of this manifesto by their hospital or trust. This will consist of both a clinical champion and a management champion, who will work together in what is referred to as a 'Champion Dyad.'

Signed and delivered on the Armed Forces Covenant

Nominated a Veterans/Armed Forces Champion Dyad (Clinical Champion and Management Champion)

Attend the annual workshop on 'Veteran Aware' healthcare

Supporting the armed forces community as an employer

'Veteran Aware' hospitals or trusts will also be signed up to initiatives that support the employment of veterans and reservists in the NHS workforce. Through these initiatives and their own HR policies, they will support the employment of reservists in and encourage recruitment of veterans and military spouses or partners.

Involved in an employer initiative, such as:

Step Into Health ([www.militarystepintohealth.nhs.uk](http://www.militarystepintohealth.nhs.uk)) the first access pathway from the military into the numerous career opportunities available in the NHS; and/or

The Defence Employer Recognition Scheme

(<https://www.gov.uk/government/publications/defence-employer-recognition-scheme/defence-employer-recognition-scheme>) which recognises employer organisations that pledge, demonstrate or advocate support to defence and the UK Armed Forces community, and align their values with the Armed Forces Covenant; and/or

Implementing a policy to encourage the recruitment of reservists, veterans and armed forces families such as 10 days paid annual leave for reservists to undertake their training

Good practice in treatment and care in hospital

Displaying posters in waiting rooms and wards, encouraging people to make their veteran status known, providing the definition and explaining the purpose:

'We are a 'Veteran Aware' hospital and we understand the Armed Forces Covenant; please let a member of staff know if you have ever served in the UK Armed Forces, so that we can better meet your needs'

Identify patients who are veterans and (with consent) flag them on information systems to ensure appropriate care is provided

Asking people, using the wording above, if they are a veteran/have ever served in the UK armed forces through electronic arrival / registration kiosks, in hospitals where such systems are in place

Noting where a referral letter from a GP or elsewhere has identified a patient as a veteran

Systems and approaches differ by trust, but normally adding a field or flag on the Patient Administration System (PAS) is a useful way to store this information

Ensuring relevant staff receive training on the armed forces covenant and treatment and care of veterans

Providing further specific education and training to staff as needed

Raising awareness within the trust and sharing key information about the armed forces community with staff

Prominently displaying the 'Veteran Aware' accreditation kite-mark on relevant communication materials

## Linking in with other services

[\(see Appendix 2\)](#)

There are a wide range of services provided to veterans, including both statutory services by the NHS and MOD as well as services provided by charities. Linking in with other services, signposting and referring appropriately will improve the care offered to the armed forces community.

'Veteran Aware' hospitals or trusts will look into the potential for an 'embedded' service provided by a charity on the trust site, as well as looking into what services are available or could be made available locally and considering the benefit of funding these services.

The Veterans Covenant Healthcare Alliance provides a map to members showing the location of different NHS, MOD and charity services for the armed forces community. It is important that Alliance hospitals build up institutional knowledge of the services available, not just the individual knowledge of a particular clinician or manager.

'Veteran Aware' hospitals or trusts will have established links, where appropriate, to MOD or NHS Rehabilitation services, to ensure shared learning and the smooth transfer of patients.

Charity supported Personnel Recovery Centres

MoD's Personnel Recovery Units

DMS Regional Rehabilitation Units

NHS Disablement Support Centres (especially those that have been enhanced from the Murrison report)

Primary Casualty Receiving Facilities

NHS hospitals employing Defence Medical Services (DMS) Personnel from the Defence Medical Group (DMG)

The Veterans Trauma Network

Specialist services provided in a smaller number of centres or trusts

'Veteran Aware' hospitals or trusts will signpost or refer patients, where appropriate, to NHS Mental health services for veterans

NHS Veterans' Mental Health Transition, Intervention and Liaison services (TILs)

NHS Veterans' Mental Health Complex Treatment Service (CTS)

'Veteran Aware' hospitals or trusts will encourage staff and patients to use the Veterans Gateway service, to identify beneficial services for patients

Resources available:

'Veteran Aware' hospitals step by step guide to accreditation

Patient leaflet template

Poster template

Staff leaflet template

Examples of Patient Administration Systems

Example Patient Access Policy

Example Armed Forces Community Needs Assessment

Template staff awareness slides

Links to online training options

'Buddying' between hospitals

## Armed Forces Community

The following information is to bring context for each organisation as to why being “Vetera Aware” accredited is important.

### What NHSEI & the Constitution says:

Being flagged as a veteran in your NHS medical notes will help to ensure that you are able to **ACCESS** dedicated services for those who have served in the UK armed forces.

You shall not face **DISADVANTAGE** from accessing appropriate health services, particularly if you're on a waiting list for medical treatment.

**Veterans Personalised Care Programme** – Choice & control over LTC

All veterans are entitled to **PRIORITY** access to NHS care (including hospital, primary or community care) for conditions associated with their time within the armed forces (**SERVICE RELATED**).

But this is always subject to **CLINICAL NEED** and doesn't entitle you to jump the queue ahead of someone with a higher clinical need.

Served in UK armed forces for **1 day**. Family member, Reservist (veteran when not deployed)

The serving armed forces receive world class care from the Defence Medical Service (DMS). When discharged, or whilst a reservist who is not on active service, the NHS provides all their care needs

Needs	Challenges	Opportunities
<p><b>MOD Annual Population Survey (2015) findings:</b></p> <ul style="list-style-type: none"> <li>• Older age profile</li> <li>• 40.1% reporting long term condition.</li> <li>• Most commonly: musculoskeletal, cardiovascular, respiratory, mental health</li> <li>• Younger cohort report highly complex multiple traumas from recent conflicts</li> </ul>	<ul style="list-style-type: none"> <li>• Transfer from DMS to NHS is not seamless</li> <li>• Dislocation is more common for veterans and reservists, which can lead to disadvantage in accessing NHS services</li> <li>• NHS GPs and Trust's unaware of veterans' status and failing to refer veterans to appropriate services e.g. mental health or charity provided rehabilitation</li> </ul>	<p><b>There are already beacons of best practice in the NHS</b></p> <ul style="list-style-type: none"> <li>• The NHS and DMS now benefit from sharing facilities and skills</li> <li>• Working with service charities improves quality of care for veterans</li> <li>• NHS employment of skilled veterans and reservists</li> <li>• Sharing best practice between Trusts</li> </ul>



Partnership Agreement between MOD and NHS England (2018) – Strategic Intent and commitment to work together



## Case Studies

### Case Study – Close Family Member

“J served in the British Army and his daughter has MS. On leaving the Army and his Trust to move back to his hometown, his daughter's care was also going to move to another Trust. On moving to the new area, the Trust informed him that his daughter could not stay on the same place on the waiting list. J was going to drive from Liverpool to Southampton so that his daughter could keep her place on the waiting list. With support from the previous Trusts Veterans Champion, his daughter was able to keep her place on the new waiting list and to continue her treatment.”

### Case Study – Mental Health

“When the icy waters of the Thames closed over Mark's head his life could have ended. He was homeless, isolated and in utter despair. He'd lost his job, his relationship had broken down, alcohol had become a serious problem and he was sleeping rough. Four days after being pulled out of the river he was put in contact with Veterans Aid where, within hours, he was given new clothes, hot food and accommodation. When he left the charity's care he was a different man. Today he has a home, a job and a future.”

### Case Study – PTSD

David was offered a place to study BSc Hons Degree in Physiotherapy at the University of Nottingham. Whilst, studying David's life began to get out of hand and he was referred to WWTW (Walking With The Wounded) through Hidden Wounds. Head Start provided David with 12 sessions of therapy which gave him the skills to help support his mental health. “It was great to get a rapid response. Waiting to see a therapist would have been too late as I was probably pushing myself too hard trying to cope with my studying and my condition.” David now has a greater understanding of his mental health and is much more open about his welling. He's able to recognise when he needs support and can utilise the skills he developed during his therapy. David's shoulder injury also still affects him, but he is able to manage the pain and maintain his fitness.

### Case Study – Disability

“Gary is a former Royal Marine Corporal he served for 11 years and was medically retired due to an accident, he uses a wheelchair and is still able to drive. Gary needed a specialist tilting bed that would help with his recovery and prevent further pressure sores due to reduced mobility in the COVID lockdown. The only one available to him via the NHS required his carer to reposition him every two hours including overnight. There was a bed available that automatically tilts and repositions, but this was unavailable on the NHS. One week after being home the funding was agreed by DMWS, a week later the bed arrived. Gary's condition has improved, he's in a home environment with his carer and the dogs which is much better for his mental health and long term recovery.”

### Case study – Carer

A carer was struggling to find a suitable nursing home for her husband who had suffered a stroke and had recently been diagnosed with dementia. When asked whether he had served it transpired that both of them had served in the RAF. The cared for person was then offered a place in a specialist nursing home for veterans.

## Regional Lead Contact Information

Name	Title / Region	Email	Telephone
Ian Razzell	Regional Lead: East of England	<a href="mailto:ian.razzell2@nhs.net">ian.razzell2@nhs.net</a>	07423 772740
James Bowman	Regional Lead: North east and Yorkshire	<a href="mailto:james.bowman@nhs.net">james.bowman@nhs.net</a>	07423 772708
Alison Watson	Regional Lead: South East	<a href="mailto:alison.watson25@nhs.net">alison.watson25@nhs.net</a>	07423 772762
Bernadette Knight	Regional Lead: South West	<a href="mailto:bernadette.knight@nhs.net">bernadette.knight@nhs.net</a>	07775 413388
Anna-Marie Tipping	Regional Lead: London	<a href="mailto:Anna-Marie.Tipping@nhs.net">Anna-Marie.Tipping@nhs.net</a>	07423 992539
Kathryn Glass	Regional Lead: North West	<a href="mailto:kathryn.glass2@nhs.net">kathryn.glass2@nhs.net</a>	07423 772525
Guy Benson	Regional Lead: Midlands	<a href="mailto:guy.benson@nhs.net">guy.benson@nhs.net</a>	07423 772667