

Royal Devon and Exeter



NHS Foundation Trust

## PATIENT ACCESS POLICY

## STANDARD OPERATING PROCEDURE : PN23

## Armed Forces Community

**1. RELEVANT TO:**

Clinicians  
Outpatient Appointment Clerks  
Medical Secretaries  
Waiting List Co-ordinators

**2. PURPOSE OF PROCEDURE:**

To ensure that members of the Armed Forces Community (including those serving, reservists, their families and veterans) are supported, treated equally and receive the same standard of and access to healthcare as any other UK citizen in the area they live. A veteran is defined as someone who has served at least one day in the UK armed forces.

**3. LINKED DOCUMENTS:**

Armed Forces Covenant

**4. PROCEDURE:**

- 4.1 It is the responsibility of the referrer when referring a patient that they know to be a veteran for a condition that in their clinical opinion may be related to their military service, to make this clear in the referral as long as the patient wishes the referral to mention they are a veteran
- 4.2 On grading / triaging referral letters the clinician must prioritise the referral over other patients with the same level of clinical need.
- 4.3 Veterans should not be given priority over other patients with more urgent clinical needs
- 4.4 It is for the clinician to determine whether it is likely that a condition is related to service
- 4.5 Family members should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted. To enable this, Inter-provider Transfer details should accompany the referral.

**5. MONITORING AND AUDITS:**

- 5.1 The Information Team carry out regular audits of patients with an RTT clock stop during a previous month. Where it is clearly indicated on the original referral that the patient is a veteran the member of staff undertaking the audit will check to see whether the patient received any priority. This will be noted as part of the audit report and fed back to the Directorate responsible for the service