

## Armed Forces Covenant – Nov 2014

The Armed Forces Covenant is regarded as the 'contract' between the population of the UK, the Government and all those who serve or have served in the UK armed forces and their families. The Covenant notes that the armed forces fulfil a responsibility on behalf of the population and the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of the armed forces. In return, the Covenant states that the whole nation has a moral obligation to the members of the armed forces together with their families.

Those who serve in the armed forces, whether regular or reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

Veterans should receive priority treatment where it relates to a condition which results from their service in the armed forces, subject to clinical need.

Those injured in service, whether physically or mentally, should be cared for in a way which reflects the nation's moral obligation to them whilst respecting the individual's wishes. For those with concerns about their mental health, where symptoms may not present for some time after leaving service, the ambition is that they should be able to access services with health professionals who have an understanding of armed forces culture.

For GPs, asking, READ coding and recording if patients have served in the armed forces, or are part of the wider armed forces community (family, reservist, etc.) will help their patients get better access to the full breadth of NHS services; including some that are specifically focussed on this cohort (e.g. the Reserves Medical Assessment Programme). It may give access to specific veteran-focused funding (e.g. prosthetics or mental health) and further charitable services (e.g. mental health).

This knowledge will also enable GPs to access their prior medical records; a précis of which should be provided by the new veteran on leaving their respective service and registering with an NHS GP. The registration and recording helps the referral process, as well as the commissioning and planning of appropriate services.

Further information is also available via NHS Choices - <http://www.nhs.uk/NHSEngland/Militaryhealthcare/Veteranshealthcare/Pages/veterans.aspx> .

For clinical commissioning groups, the main responsibility is for the healthcare of the veteran population and non-mobilised reservists, and potentially for the families of those serving. In some parts of the country, where there are higher levels of veterans, CCGs have a lead GP for this area of work and find this a useful contribution to enabling the commissioning process. All CCGs are urged to ask themselves the question about the care for veterans, and particularly to help with ensuring that GPs are aware of the potential to access some of these bespoke services.