



Improving health and wellbeing support for Armed Forces families

You said we will do
August 2021

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1. Background

The NHS in England provides healthcare services for the families of serving personnel (regulars and reservists) who have registered with an NHS GP practice, and the families of veterans. We know, however, that not everyone in the NHS understands the specific health needs of Armed Forces families and what they are entitled to under the Armed Forces Covenant¹. We also know that some Armed Forces families have problems getting the right care and support, which can present further challenges and difficulties for them.

To help improve support for these families, some parts of England have established Armed Forces community support networks, which focus on improving their experience of health services. Whilst feedback on these is generally positive, in many areas these links are informal and not as well developed as they might be.

Considerate of the above, NHS England and NHS Improvement wanted to gather the views and experiences of Armed Forces families, and the organisations which support them, to help identify how the NHS can improve care, treatment and support. It also wanted to explore whether setting up Armed Forces families support networks might help. In order to capture views and experiences, an engagement took place between 30 September and 30 November 2020. This was supported by a questionnaire and series of online focus groups and one-to-one interviews to gather feedback.

Engagement feedback has been independently analysed by NEL Commissioning Support Unit² and is summarised in a separate report, which has been considered by the NHS England and NHS Improvement Armed Forces Oversight Group to inform actions and next steps. This document includes the key findings from the engagement report, what respondents said the NHS needs to do to make improvements in this area and what action we will take to help achieve this.

¹ [Armed Forces Covenant](#)

² [NEL Commissioning Support Unit](#)

2. Integrating care

Since the conclusion of the Armed Forces families engagement and in February 2021, the Department of Health and Social Care published the [White Paper, Integration and innovation: working together to improve health and social care for all](#), which sets out legislative proposals for a Health and Care Bill. The Bill aims to build on the incredible collaborations we have seen through COVID-19 and shape a system that is better able to serve local populations. Underpinning this is the establishment of integrated care systems (ICSs) in law and the removal of legal barriers to integrate care for patients and communities.

ICSs are NHS organisations which, in partnership with local councils and other important strategic partners, such as the voluntary, community and social enterprise sector, take collective responsibility for managing resources, delivering NHS care, and improving the health of the population they serve. There are 42 ICSs across England, which aim to:

- improve population health and healthcare
- tackle unequal outcomes and access
- enhance productivity and value for money
- help the NHS to support broader social and economic development.

On 6 July 2021, the [Health and Care Bill](#) was introduced to parliament. The Bill builds on the proposals for legislative change set out in the [NHS Long Term Plan](#), which will allow NHS England and NHS Improvement to arrange for its commissioning functions to be delegated or jointly delivered with ICS bodies. For Armed Forces health commissioning, the national standards and access policies, and the commissioning responsibility for serving personnel and families registered with Defence Medical Services (DMS) will remain unchanged and as a national function.

It is important to recognise that the vast majority of healthcare services for the wider Armed Forces community (veterans, non-mobilised reservists and their families) are the responsibility of ICSs. Therefore, it will be important for commissioners to work closely with ICS bodies to ensure the effective care and support of ICS populations. This also applies to the work arising from this engagement.

3. Key findings

Key findings from the engagement can be grouped under the themes of:

- information and support
- setting up an Armed Forces families single point of contact and support network framework system across England, considerate of the wider health and wellbeing needs of the Armed Forces community
- co-ordinating support.

Further information on each of these themes is provided below.

1. Information and support

- i) Armed Forces families said that they would benefit from more information and dedicated support to help them find and access NHS services. In addition, reducing waiting times as a result of moving bases and more joined-up communication between NHS organisations and between the NHS and DMS would ensure that Armed Forces families do not have to start the referral process every time they move.
- ii) Respondents also indicated that better understanding of their lifestyle and health needs from NHS staff, particularly from GPs, would make accessing services easier.
- iii) Feedback from Armed Forces families on currently available information and support, and what could be useful to them, is as follows:
 - (1) **Information on available support** – 45% of respondents said that more information on NHS services and how to access them would benefit their family's health and wellbeing needs.
 - (2) **Increased support** – 24% of respondents said that support for carers would be helpful to them as part of an Armed Forces family, particularly when looking after a family member with complex mental health needs. 32% of respondents also said that support for children

and young people would be helpful. Increased support for carers with dependents who have additional needs was considered to be useful, as well as increased support for parents caring for their children alone.

- (3) **Single point of contact** – 84% of respondents felt that having a single point of contact to support Armed Forces families to find information about available services and how to access them would be helpful. Respondents commented that they would find it beneficial to speak to a person as their single point of contact, rather than being supplied with documentation, such as an information leaflet.
- (4) **Improved access to services** – 69% of respondents said that improved access to NHS services with no disruption to their treatment is important to them. In addition, respondents commented that access to services was particularly difficult when they moved home, with many of them having to start the whole referral process again, just to be added to the bottom of a waiting list for treatment; and this was despite already being on a waiting list where they previously lived.
- (5) **More joined-up care** – 68% of respondents said that they would benefit from more joined-up care for Armed Forces families, particularly for those who routinely move between postings or have complex needs.

Feedback from respondents indicated that there needs to be a system in place to ensure that when Armed Forces families move to a new area, their medical records are transferred either between NHS organisations or from DMS to the NHS to ensure continuity of care. This was also considered important for those leaving the Armed Forces.

- (6) **Improved understanding** – 84% of respondents said that an improved understanding by the NHS of Armed Forces families' lifestyle and their health needs is important. Respondents also said that there should be improved training and information available to GP practices to help them support and treat veterans, serving personnel and their families. Some respondents felt that there is a stigma around

asking for help and support within the military community. Responses indicated that there was a general reluctance from military spouses and Armed Forces families to raise issues or concerns about their health and wellbeing, for fear of causing problems for serving members, particularly with their superiors. Some respondents also felt that asking for help was seen as a sign of weakness.

For serving members and veterans, several respondents commented that they were less likely to ask for help, either due to the fear of being turned away, or it being documented on their military record. Respondents felt that support through education and outreach to address these cultural issues would be beneficial to Armed Forces families.

2. Setting up an Armed Forces families single point of contact and support network framework system across England

- i) Feedback was generally positive towards setting up Armed Forces families support networks, although there was no single preference about whether this should be England-wide, regional or local. Respondents thought it was necessary, however, that there is a consistent minimum support offer for any regional or local networks to prevent inequity.
- ii) The top two areas of focus for networks should be to:
 - (1) act as a point of contact for Armed Forces families, offering support and guidance to navigate the NHS
 - (2) work with Armed Forces families to understand the challenges and issues they experience in accessing health services and how these can be addressed.
- iii) Benefits of setting up Armed Forces families support networks:
 - (1) Being a single point of contact outside the chain of command for information and support for Armed Forces families. This is especially important if Armed Forces families are moving frequently between postings.

- (2) Focusing on Armed Forces families and recognising the important role they play in serving members and veterans' health and wellbeing, and the impact military life can have on this.
 - (3) Improving patient experiences and reducing isolation by providing practical support to help with things such as transferring medical records, ensuring continuity of care, and seeking swift support for mental health.
 - (4) Understanding military culture and lifestyle, including the impact on children and young people, and helping wider NHS organisations to do the same through education, training and raising awareness of the Armed Forces Covenant.
 - (5) Managing expectations through supporting Armed Forces families who are transitioning to civilian life to understand how the NHS works, what is available to them and how to access it.
 - (6) Encouraging access to Armed Forces families support networks for those who ordinarily would not reach out for support.
- iv) Challenges of setting up Armed Forces families support networks:
- (1) **Getting buy-in** – ranging from getting funding to getting statutory and voluntary organisations to participate in, and input into, networks.
 - (2) **Funding** – both in the short and long-term and being clear on who is responsible for funding the networks.
 - (3) **Creating a safe and trusting space** to encourage Armed Forces families to feel comfortable in coming forward and asking for help and providing reassurance that information will not be shared with serving members' employers.
 - (4) **Having the power to make changes** if services and support have gaps or are not working for Armed Forces families.
 - (5) **Finding and retaining the right staff (paid and volunteers)** who have the skills, experience and understanding of Armed Forces families, as well as good relationships with partner organisations. Staff

with direct experience or understanding of the military culture and lifestyle, such as veterans or family members themselves, would add value.

- (6) **Promoting networks** so that Armed Forces families are aware that this support is available. Understanding the best channels and methods would be important.
- (7) **Involving the right organisations** in networks was felt important to make them successful.
- (8) **Competition between different organisations already supporting Armed Forces families.** It was recognised that there is some excellent support available from the NHS and other statutory partners, as well as from voluntary and community sector (VCS) organisations. Avoiding duplication is important, as is encouraging organisations (particularly charities; some of whom receive NHS funding) providing similar support to work better together, rather than competing for funding and drawing focus away from supporting Armed Forces families.

3. Co-ordinating support

- i) In general, respondents felt local care-coordination is poor or non-existent and can often be informal and dependent on local personalities and priorities. Armed Forces families recognised that they take on the responsibility of coordinating their own care, as well as care for serving members and veterans. This is a burden, especially when they are unclear on who to speak to, or where to go for information.
- ii) There are examples of good practice across England, but this is variable. Improvements have been made in understanding Armed Forces families' needs and the guidance within the Armed Forces Covenant, but more work is needed to ensure all NHS staff are informed and proactive.
- iii) Continuity of care when moving between postings was commonly mentioned as an issue. In particular, gaining timely access to services, retaining positions on waiting lists, and being able to access appropriate services for their needs are still problematic for Armed Forces families.

iv) Organisations (statutory and VCS) are often good at signposting, but not for taking responsibility and dealing with an issue, which causes frustration and leads to Armed Forces families having to repeat their stories multiple times before getting the help they need.

When considering these findings, the following areas need to be addressed to help improve care and support for Armed Forces families:

- Understanding military life and culture.
- Ensuring services meet the needs of Armed Forces families.
- Establishing local Armed Forces families support network frameworks.
- Improving communications and engagement.
- Improving records management.

4. You said, we will do

Having considered the findings of the engagement, NHS England and NHS Improvement will undertake the following actions to help improve care and support for Armed Forces families.

<p>You said: The NHS needs to have a better understanding of military life and culture</p>
<p>We will:</p> <ul style="list-style-type: none">• work in partnership with the NHS England and NHS Improvement Armed Forces Patient and Public Voice (AFPPV) Group and other key stakeholders to review and co-produce training and education for staff in NHS organisations across England, ensuring these are fit for purpose in relation to understanding Armed Forces families’ needs and the uniqueness of military life. Training and education should include, but not be limited to, understanding the cultural issues and likely stigma around accessing help and support and supporting families (and carers) to access care and support.• increase understanding of the Armed Forces Covenant (‘due regard and no disadvantage’) amongst NHS organisations to ensure Armed Forces families’ care is not disadvantaged when moving between postings. This will be facilitated by an ongoing programme of training and education, and communications activity.• continue to facilitate the rollout, and evaluate the effectiveness of programmes, such as veteran friendly GP practices and veteran aware trusts (via the Veterans Covenant Healthcare Alliance) and their veterans’ champions; extending the scope to include Armed Forces families and carers.• progress work to ensure NHS staff and organisations across England ask patients whether they, or a member of their family, have served, or are serving, in the UK Armed Forces so that this can be recorded in NHS medical records.
<p>You said: The NHS needs to ensure that there are appropriate services to meet the needs of the Armed Forces community and families</p>
<p>We will:</p> <ul style="list-style-type: none">• deliver a programme of targeted communications activity to support healthcare professionals in understanding how illnesses or injuries as a result of service may be experienced differently than civilians.• support the national review of mental health in terms of the offer for Armed Forces families and veterans, looking in particular at:<ul style="list-style-type: none">○ appropriate provision for mental health conditions, such as military-related mental health, including post-traumatic stress disorder (PTSD)○ access to children and adult mental health services, ensuring commissioners and providers have access to information and support to improve their understanding of the health needs of Armed Forces families and the issues that they can face.

- promote patient choice so Armed Forces families are aware of their right to continued access to support when moving between postings, ensuring, for example, that commissioners of dental services (currently regions) are aware of and understand the issues in supporting access to these services.
- work in partnership with other statutory and VCS partners as appropriate to address social isolation and loneliness amongst Armed Forces families and carers.
- work with national leads to ensure that forthcoming policy development and services for all, include an understanding of the specific needs of the Armed Forces community's children and young people.
- work to promote and celebrate the diversity of family and carer requirements to enable family population approaches that proactively support health and wellbeing, with a focus on protected characteristics and need.

You said: Establishing Armed Forces families support networks would help improve care and support for Armed Forces families

We will:

Establish:

- a working group, including members of our AFPPV Group and stakeholders, to help inform the scoping and development of a support network framework for the Armed Forces community, recognising that focusing on the entire family unit is more conducive to improving health and wellbeing outcomes.
- an Armed Forces families support network that is ICS aligned, providing an ICS-focused single point of access to the Armed Forces community and families, along with information and direct support to access health and wellbeing services.

Work with:

- existing Armed Forces support networks, such as that in Kent, Surrey and Sussex, to help inform the scoping and development of a consistent service offer across England.
- emerging networks being established by charities, such as SSAFA, and explore options for alignment and collaboration to best support Armed Forces families and the wider Armed Forces community.
- primary care networks, as part of ICSs, to support the effective establishment of support network frameworks for the Armed Forces community.
- families and statutory and VCS partners to create a clearly defined role for a support network framework with objectives and outcomes.

Define:

- the role of support network frameworks, which could include, for example, stepping in and supporting Armed Forces families when continuity of care is disrupted as a result of moving between postings, specifically retaining positions on waiting lists and continuity of clinical care.
- a set of metrics, minimum service standards and governance arrangements to underpin the monitoring and evaluation of these support networks.
- who the support network frameworks should ideally use and partner with, such as those who have military experience and/or an understanding of military life.

You said: Communications and engagement with Armed Forces families needs to be better

We will:

- engage Armed Forces families and personnel from different Services, ranks and family situations to ensure our communications are considerate of the entire Armed Forces community.
- undertake further work to understand:
 - the best channels and methods to promote this work
 - terminology to develop a common language, which would be recognised by all who use NHS services or seek support.
- work with other statutory and VCS partners to provide consistent, easy to read and accessible healthcare information for families. This should include, but not be limited to:
 - how to access essential services, such as GPs, hospital care, A&E, and mental health support, and clarity on accessing services, such as dental services
 - why different cases and issues may require tests and other diagnostics need to be repeated when moving between postings
 - patient choice – remaining with secondary care teams following moves between postings
 - codes on medical records – requesting and informing that they are added and checking they are present
 - (re)registering with a GP practice on move or transition.
- improve the sharing of information on available care and support for Armed Forces families, using a range of channels, including social media, military organisations, and VCS organisations.

You said: Records management needs to be improved

We will:

- collaborate with DMS to ensure full medical records are transferred when returning from overseas postings and following transition to civilian life.
- work with primary, secondary, and tertiary care providers to:
 - ensure full medical records are released swiftly when families begin the process of moving between postings, and
 - promote the use of codes within records to identify personnel and families.
- provide greater support for those posted overseas to access their England medical records and when moving between Devolved Nations across the UK.
- work with DMS and VCS organisations to seek to establish data sharing agreements to ensure the smooth flow of information (where there is consent from families and GDPR-compliant³), so that a wide range of support organisations can reach the families who need them most.

³ [GDPR – The General Data Protection Regulation](#)

5. Next steps and actions

Many of the above actions are set out as commitments in the document, [‘Healthcare for the Armed Forces community: a forward view’](#) and / or are already in progress as part of wider programmes of work. Where work is yet to commence, this will be factored in as part of the work programme of the NHS England and NHS Improvement Armed Forces health team and development of ICSs.

For ICSs, we will include focused clarity on family-related issues within the wider framework; to support Integrated Care Boards and ICSs to understand their responsibilities and what they need to consider in supporting mobile, resident, transitioning, reservists and veteran families. This will promote and celebrate the diversity of family and carer requirements, to enable family population approaches that proactively support their health and wellbeing with a focus on protected characteristics and need.

In terms of taking this specific programme of work forward and build on current activity, we will:

1. set up a representative programme group to facilitate the planning and development of Armed Forces community and family work, with progress on this being reported to the NHS England and NHS Improvement Armed Forces Oversight Group.
2. work with the AFPPV Group, Armed Forces families / Armed Forces community, the Families Federations, Ministry of Defence, the Department of Health and Social Care, NHS services and the VCS as key partners in progressing this work.
3. continue to develop the Royal College of General Practitioners’ accreditation programme communications, education and support work to enable better understanding of family and carers needs.
4. continue to support the communications, education and support work and development of the Veterans Covenant Healthcare Alliance to enable better understanding of family and carers needs.

5. continue to support the communications, education and support work and development of NHS England and NHS Improvement commissioned services, especially mental health (Op Courage) and physical health services (Veterans Trauma Network and prosthetic services).
6. continue to develop suitable and focused communications, education and awareness for:
 - i) NHS professionals and staff across the NHS in England
 - ii) families and carers within the Armed Forces community
 - iii) military charities, VSC and military and family and carer support organisations
7. continue, through national and UK-wide forums and meetings, to facilitate UK-wide support and delivery of healthcare for Armed Forces families (including those moving between Devolved Administrations) and from overseas. We will use appropriate research to evidence and support the specific mobility needs of Armed Forces families.
8. continue to act as the champion for Armed Forces families within and across responsible NHS England and NHS Improvement organisations, commissioners and providers to ensure the Armed Forces community and family voice are explained, appropriately considered, and understood.
9. plan to ensure that related commitments and work programmes are sustainably resourced, both financially and with capacity, to manage national work and support ICSs to deliver the key work themes.

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