

Snapshot



Physical Health Bullets

This is a summary of Snapshot Physical Health, accessible on the [Veterans & Families Research Hub](#). Information correct as of March 2019.

Healthcare Provision for the Armed Forces Community

- The Armed Forces Covenant sets out the commitment made by the UK Government to provide healthcare to the Armed Forces community. The NHS is a key organisation delivering this commitment to the Covenant.
- Whilst Armed Forces (Occupational, Operational, Primary Care, Rehabilitation and Mental) healthcare is the MOD's responsibility whilst personnel are in Service, it is the NHS's responsibility to provide most other healthcare services for the Armed Forces community, including when individuals have acquired veteran status.
- Many healthcare services for the Armed Forces community are delivered jointly by the MOD and NHS, with charitable organisations providing a supporting arm to this partnership. In March 2019 the [Integrated Personal Commissioning for Veterans Framework](#) (IPC4V) was launched, to ensure that organisations work together to provide support for the small number of Armed Forces personnel with complex and enduring physical, neurological and mental health conditions that are attributable to injury whilst in Service.

Physical Health whilst in Service

- In the UK, all Service personnel receive medical treatment and healthcare provision through the Ministry of Defence's [Defence Medical Services](#) (DMS). The primary role of the DMS is to promote, protect and restore the health of Service personnel so they are medically 'fit for task'.
- The [Defence Medical Rehabilitation Centre](#) (DMRC) is the Ministry of Defence's premier facility for the [rehabilitation of injured Service personnel](#), providing clinical rehabilitation, training and research, to contribute to optimal military health and fitness.
- There are Ministry of Defence Medical Group Units (DMGUs) embedded within NHS Trusts, as part of the [Joint Medical Group](#). The [Royal Centre for Defence Medicine](#) (RCDM) is located in Queen Elizabeth Hospital, University Hospitals Birmingham NHS Foundation Trust, Birmingham, and, with the NHS, jointly provides medical support to military operational deployments, as well as providing secondary and specialist care for members of the Armed Forces.
- Within NHS provision, [accreditation](#) has been introduced for 'Veteran Aware' hospitals that meet the criteria for offering the best care to veterans. GPs can also sign up to become accredited as 'veteran friendly' under a [national scheme introduced in 2018](#).

Injury/Illness, Transition and Resettlement

Service personnel with medical conditions, including amputations or fitness issues, affecting their ability to perform duties, will in the first instance be referred to a medical board for a medical examination. Patients are given a Notification of Casualty (NOTICAS), which includes four classifications according to the severity of their condition; Very Seriously Injured (VSI), Seriously Injured (SI), Incapacitating Injury/Illness (III) or Unlisted Casualties (UC). A patient's NOTICAS classification may change as they advance through treatment.

Beyond clinical care and time spent at the DMRC, recovery and rehabilitation often takes place at Recovery Centres run by Help for Heroes or at home, with access to NHS outpatient services.

For personnel who do not make a total recovery and for whom it is not appropriate to remain in Service, the board may recommend medical discharge. Rehabilitation and discharge protocols are designed to support the individual's recovery to a point of stability, after which point discharge might be an option for personnel. All Wounded, Injured and Sick-related discharges are carried out under agreed protocols with the NHS.

The Physical Health of Veterans and their Families

When personnel leave the Armed Forces, responsibility for veterans' primary healthcare is transferred to the NHS and veterans access primary care in the same way as do civilians.

In some instances there is veteran-specific support for those with particular physical injuries or disablement, where the injury is due to Service. For example, in England, the Veterans Trauma Network (VTN – established 2016) provides specialist care to veterans with traumatic injuries and utilises the NHS Major Trauma Centres, and several acute and specialist trusts, to deliver life-long reconstructive trauma and associated care. The VTN is an NHS England service, but works in close partnership with the DMS and several 'Service' charities in supporting veterans, their referral and pre/post-operative rehabilitation.

In an effort to increase the visibility of veterans within civilian healthcare provision, from 2018 the information collected on GP registration forms includes further details of veterans, which will be used to allow healthcare professionals to identify personnel, veterans and their families and establish areas of need.

There is recognition in recent veteran population data that a significant proportion of the veteran community is aging. It is reported that 63% of veterans are aged 65 and over. There is no difference in the self-reported general health of veterans and non-veterans. For example, 35% of veterans and 36% non-veterans aged 16-64, and 18% of veterans and 19% of non-veterans aged 65+, reported their general health as very good.

Recent research brings new evidence and emphasis to the importance of assessing how families cope when a veteran is recovering from injury and differentiates between the needs of the veteran and family member involved in the caring relationship. This in turn suggests that family members require tailored and individualised support to aid coping that may be different to the healthcare support required by the veteran.