

# Battling it Out: Veterans' Experiences of Health Services

January 2018

Healthwatch Wigan and Leigh

# Background and Purpose of Research

This research is informed by a desire by Healthwatch Wigan and Leigh to reach out to the veteran population in an area that is known to have high recruitment into the Armed Forces, to support them to have a voice and work with them to improve their experiences where relevant.

As part of an earlier piece of work in gathering experiences of people using substance misuse services, we met a group of veterans at Addaction and started a conversation with them. As a result of this conversation it was agreed to a) co-produce (with veterans) a survey about their experiences of accessing health and care support and produce a report of the findings.

- **Meet Veterans at the Veterans Breakfast at Leigh Community Trust Forces**
- **With veterans, co-produce a survey**
- **Co-produce a Volunteer Forum about the needs of veterans inviting a wide audience of services and commissioners in January 2018.**

# Our side of the story: Veterans Perspectives

*As a veteran, I would like to see more...*

*As a veteran, I think...*



one thinks about how you are going to come down from that point when you stop being a soldier

They train you to act as a soldier when you are recruited

Being a serviceman you don't ask for anything, you are too proud

They give you a medical when you join

...no-one can arrange any follow-up

There's no infrastructure when you are discharged

There is a need for support for recovery from addiction

There's no settling back or financial advice when you leave

Summary of conversation with veterans at add action October 2018

Support with substance misuse and mental health



Opportunities for peer support locally



Housing support following discharge



# Methodology

This research is insight research, designed to capture the views and experiences of veterans living in the Wigan area.

The research came as a result of conversations with veterans at the Veterans breakfast at Leigh Community Trust (LCT) at Addaction Veterans group and at EDs Veterans. In addition we met with an individual female veteran to try to ensure that female veterans concerns and ideas were included (comments from these meetings are included as 'longer comment').

In order to ensure participation of as wide a cohort of veterans as possible it was decided to use a questionnaire methodology. The questions were adapted from a similar project developed by Healthwatch Norfolk and were taken to Addaction, LCT and EDs for comment (as part of our commitment to co-design and as reflected in participatory research methodologies). A copy of the survey is included in the appendices.

The survey was prepared in both online and paper versions and was distributed via the following groups and channels;

Healthwatch Wigan and Leigh: All contacts via our mailing list, advertised on our website and twitter account, Wigan Veterans (at Addaction), EDs Veterans, Hindley Veterans, Leigh Community Trust Forces, Wigan Council Veterans Leads, Medical Defence Welfare Service, Bridgewater Community NHS Trust, North West Boroughs Mental Health NHS Trust, Wrightington Wigan and Leigh NHS Trust, Wigan Family Welfare – Lean on Me Project, Imagine Mental Health, Compassion in Action, The Bridge Community Café, The Brick, Veterans Pathway Service, Shoulder to Soldier, Royal British Legion, Band of Brothers, Wigan Borough CCG, Bury CCG (as GM Lead for Veterans Health Commissioning), GMHSP, Walking with the Wounded, Behind the Mask Foundation, GM SSAFA

An analysis was made and using categorisation and coding of free comments alongside as is consistent with our Demographic and circumstantial data (ie about what health conditions people have) has been counted and presented in numeric and/or graph form. All the comments collected are included in the appendices.

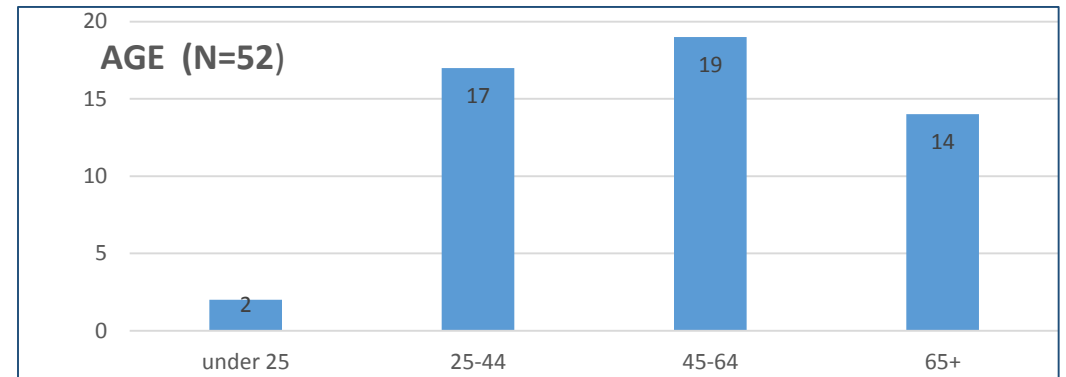
# Who we spoke to

We spoke to **72** veterans as part of this work . **52** veterans completed the survey (26 on paper and 26 on line) of mixed age. **20** veterans participated in a focus groups and guided conversations at Addaction and The Veterans Breakfast at Leigh Community Trust . This group was part of a previous engagement on drugs and alcohol services. **670** comments were collected during this work of which **629** came from the surveys and **41** from the focus group activity

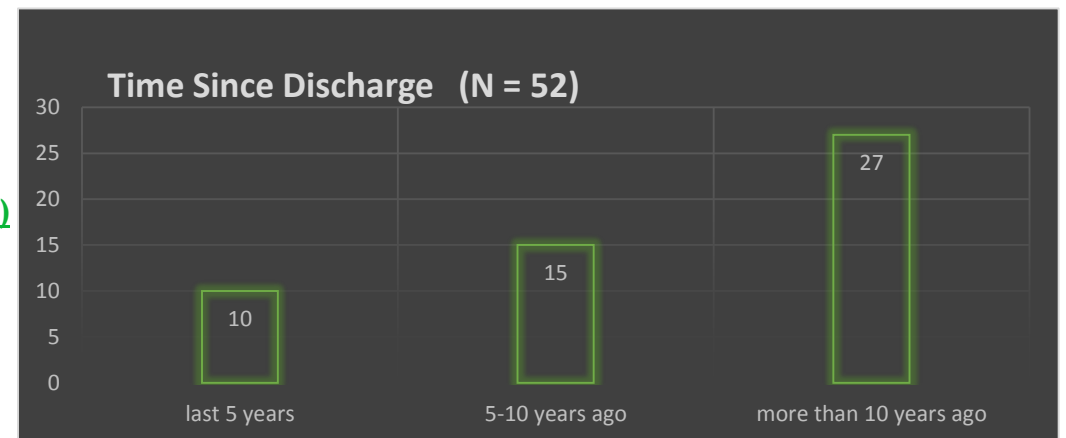
**36%** of respondents were 45-64  
**33%** were 25-44  
**27%** were over 65  
Only **4%** were under 25.

**19 %** of respondents were discharged in the last five years  
**29%** were discharged between 5 and 10 years ago  
**52%** were discharged more than 10 years ago

**Age**  
(survey responses)



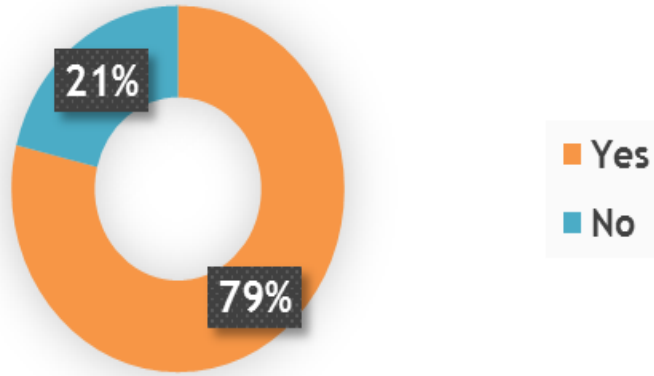
**Time since Discharge**  
(survey responses)



# Veterans Health Status

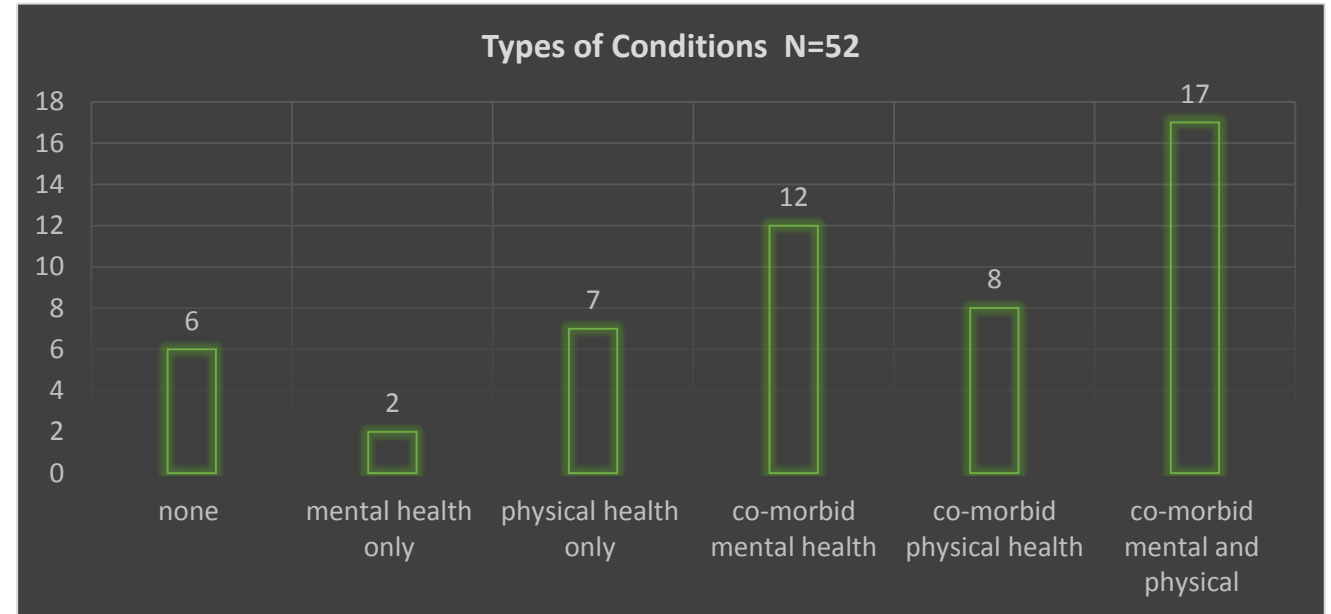
# Health Status

## Health Conditions N=52



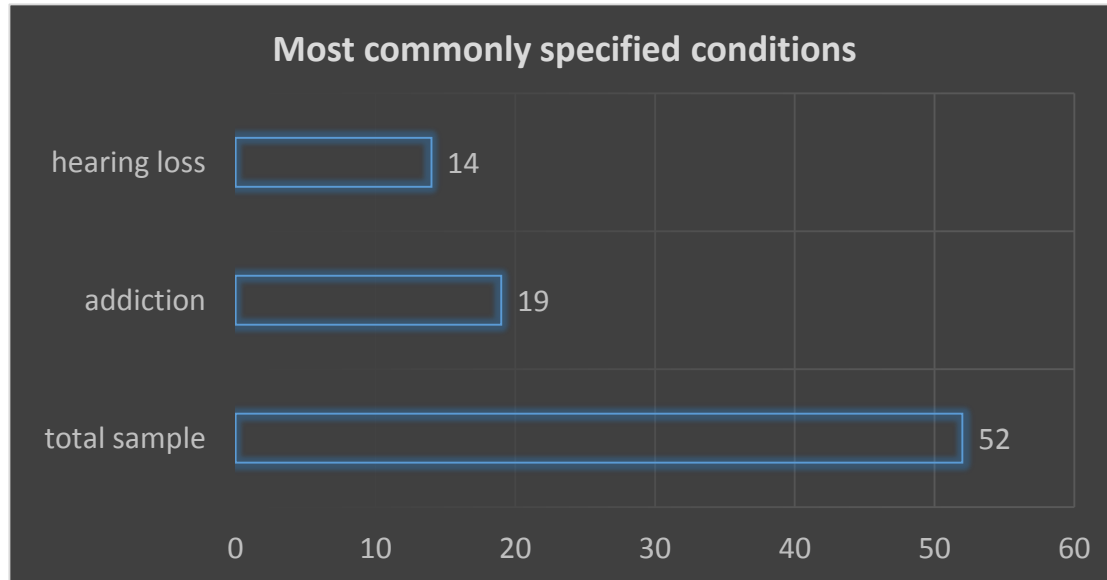
More than three quarters (79%, 41) of the veterans said that they have health conditions of some kind.

A wide variety of different conditions were named covering both physical and mental health.



Co-morbidity was high with 71% (31 veterans) describing co-morbid conditions

- 15 % (8) described co-morbid physical health conditions
- 23 % (12) described co-morbid mental health conditions
- 33% (17) described co-morbid physical AND mental health problems



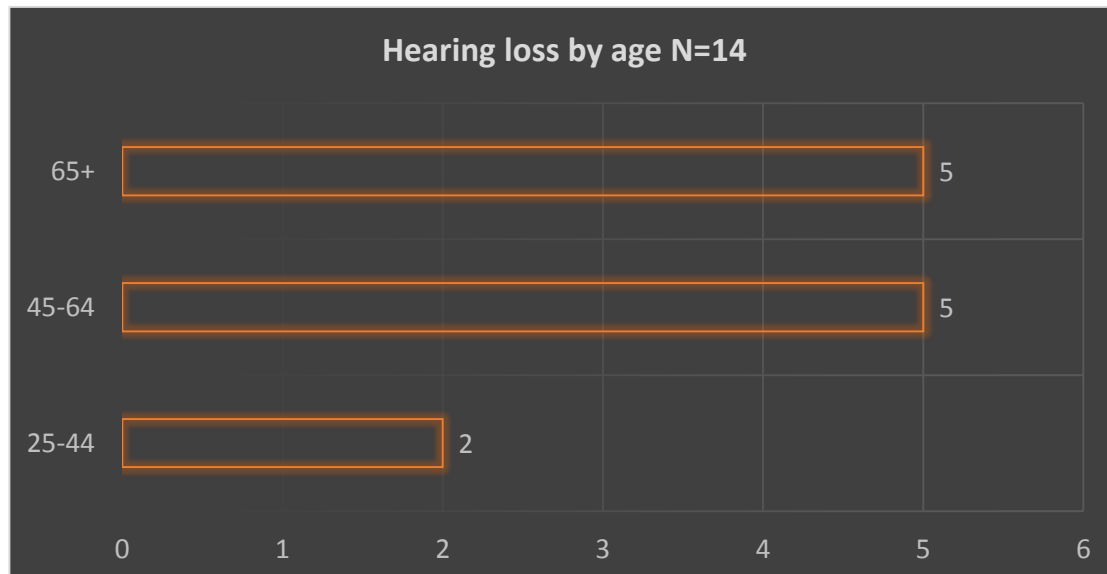
The two most commonly mentioned health problems were:

- Hearing loss (14 people, 27%),
- Addiction (19 people, 37% of the sample)

Veterans discharged within the last ten years (regardless of age) showed a **higher prevalence of substance misuse**, with **problem alcohol use** being more frequently cited than drug use.

Perhaps unsurprisingly **older veterans** were more likely to report **physical conditions** such as heart disease, COPD, arthritis etc

A more striking finding was the number of veterans, regardless of age, who experienced **hearing loss**. Perhaps this is unsurprising when considering the environments of those working in the armed forces, but none the less we could conclude that this is a surprise finding.





# Health Status on Discharge

**13%** were discharged on medical grounds, therefore had definite health issues prior to leaving the Armed Forces.

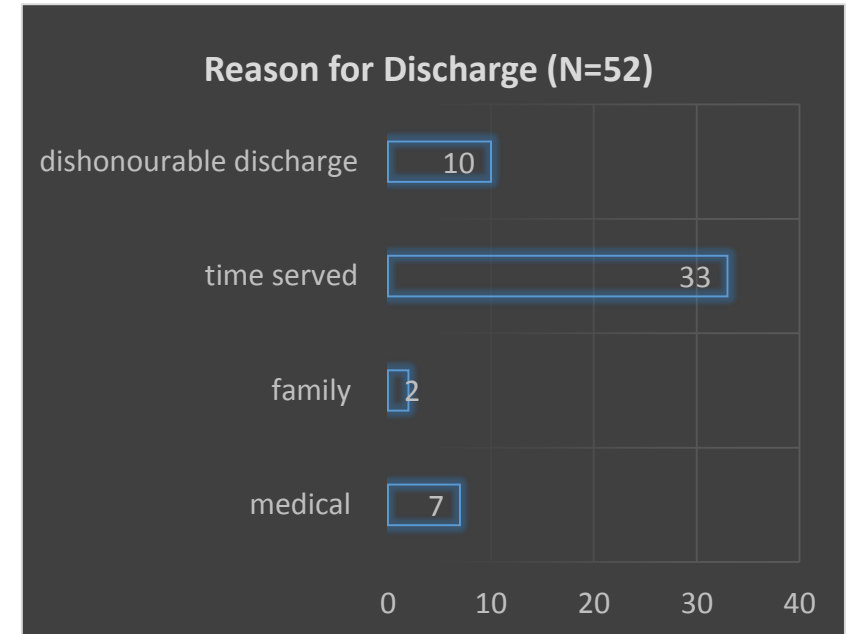
**19%** of respondents were discharged dishonourably in some cases drug or problem alcohol use were either a factor in or a direct cause of the discharge.

**64%** were discharged having served their time - suggesting a significant period in the services

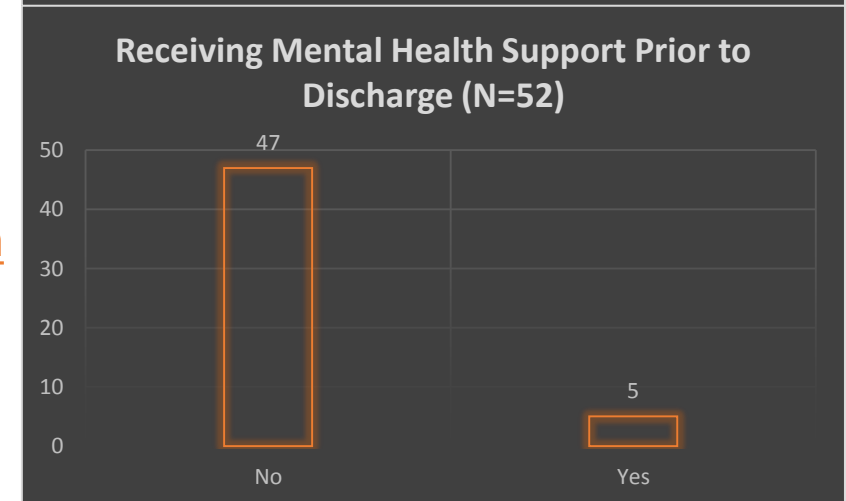
**4%** were discharged for family reasons

**10 %** of respondents had known mental health problems prior to discharge and were receiving support for them before they left the Armed Forces.

## Reasons for Discharge (survey responses)



## Receiving Mental Health support Prior to Discharge (survey responses)



# Mental Health Status on Discharge

**10% of respondents stated that they received some support for mental health problems whilst in the services.**

**7% felt that they did not need such support at that time.**

Of the others:

- ***Some stated there was no mental health support.***
- ***Others described some support but felt that they hadn't fully engaged with it.***
- ***Those with known drug and alcohol problems felt they were not supported prior to discharge.***

*'I got SNLR from the army through admittance of illegal substances and could not adjust. I spent five years in and out of prison'*

*'I was not offered any help and alcohol was the done thing – if you didn't drink you got bullied '*

*'I drank to forget...I got no support because I was discharged for abusing alcohol and drugs and ended up in and out of jail for approximately 5 years.*

*'There's no such service, there is no mental health support'*

*'Not identified as mental health issue and not serious enough for any concern.'*

*'Personal responsibility- ignorance on my part.....never knew about any help '*

*'I didn't fully engage'*

*'There's no such service, there is no mental health support'*

# Transition to Civilian Life

# Transition to Civilian Life

People described mixed experiences about support during the transition from military to civilian life.

On the positive, some people felt supported, but they also made a case for being proactive in finding support. Some people felt that veterans did not need specific services but others recognised that whilst this may not be true for them, it may be for others.

On the negative side some described a disjuncture in their care, some described their needs being ignored at the point of discharge, others felt veterans specific needs (and wider needs) were either not understood or ignored .

# Transition to Civilian Life

*'Yes I'm being taken care of'*

*'Yes on occasions, you do need to be proactive and actively search for these services though.'*

*'Yes. I have felt no disadvantage at this point.'*

*'Yes- Wigan council has adopted a higher priority policy for veterans. e.g. housing and mental health services.'*

*'On my behalf yes, however, as a retired major who is sane and able I hope to be able to do things for myself.'*

*'Not aware of any such issues.'*

*'I think that the definition of Veteran needs a re-think. Most veterans had a wonderful time in the forces and do not need special health services to have their needs met unless the health need is entirely attributable to their service. My conditions are genetic and nothing to do with my time in the WRAF.'*

*'They have always been ok with me, so far, I don't know with anyone else.'*

*'Inefficiency of my parent unit upon discharge. I was given my bus fare home and that was my lot.'*

*'I was receiving counselling but it stopped when I was discharged'*

*'Veterans look after veterans no help from politicians, do our job, come out, then ignored'*

*'Veterans are still homeless and living on the streets and being denied priority suitable accommodation ...LA dragging its feet in getting a Veterans Hub up and running.'*

*'There's supposed to be a vets champion for help in helping vets for benefits in each region. I was never offered any option or help in that situation'*

*'No, they seem to think they can treat veterans the same as the average person'*

*'Not at all. In fact, I would say Wigan Council discriminate against veterans.'*

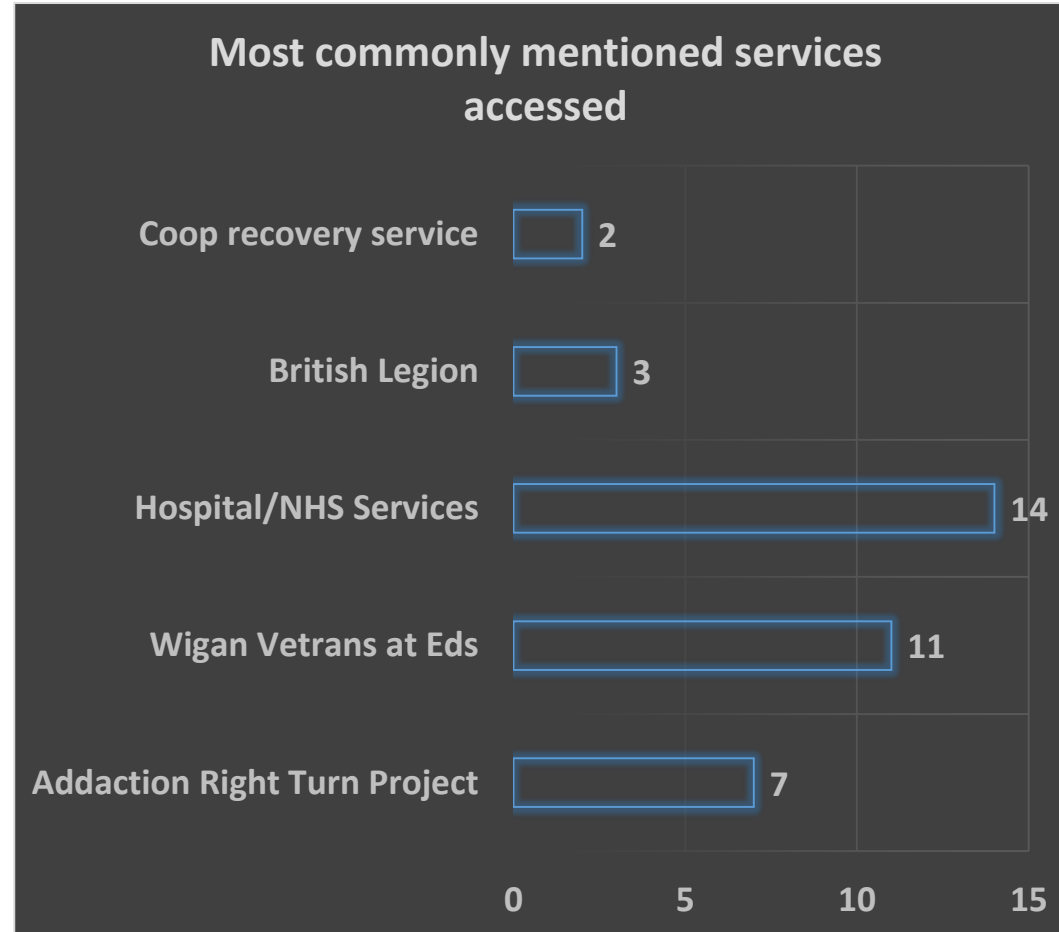
# What Services are Veterans Using?

# What Services are Veterans Using?

Most of the veterans had experience of trying to access local services.

They used both universal services (NHS, housing etc) and specialist veterans services.

*'None. I haven't been out long...'*



Pearsons Arms (Chorley)

Leigh Lunch Club

Remembrance day

Armed Forces Day

Gym

Housing

The School of Military

SSAFA

Arthritis Care

Parachute Regiment Association

Hospice

# Experiences of Veteran Specific Services

Local veterans' groups as important sources of information, advice and support.

The idea of peer support ('*by veterans, for veterans*') is strong.



*'These breakfast and lunch clubs are great, you can just chat and find things out and people just get it.'*

*'There is room for technology, the government and services are working on a Veteran's Gateway Website- sounds like it would be useful to link in with. Maybe an app as well to give information when people leave the forces.'*

*' (Named peer support group) when they found me. They gave better help and advice than any other organisation, better fixed to my needs '*

*'As mentioned above, it's more by word of mouth or finding information on social media that we hear of or discover these organisations.'*

*'I am aware there are organisations out there, I have registered with the Band of Brothers charity organisation, which helps injured veterans, this organisation was highlighted to me by another veteran member.'*

*'Veterans look after veterans. There is none or not much help for service members.'*



# Experiences of Universal Services



- 45 (87%) of veterans expressed difficulties in accessing health and social care services.
- Whilst many of the challenges described were similar to those experienced by the general population the level of co-morbidities experienced by this group might very well exacerbate these day to day frustrations.
- A number of positive experiences and initiatives were also described. Some of these were general service improvements and some were veteran specific initiatives.

## Common Challenges

- Continuity of Care
- Disjointed services
- Social isolation and loneliness
- Communication between professionals and/or communication between veterans and professionals

## Positive Experiences

- Priority appointment for veterans in some practices
- Choice of hospital or service
- Appointment text reminders
- Veterans helping veterans
- Peer support groups

# Experiences of Universal Services

*'There is no communication between GP and the hospitals'*

*'I was discharged from the hospital after waiting months for an appointment because a letter was never sent out therefore we missed the 21 day time scale'*

*'I had three appointments cancelled at Warrington Hospital'*

*'These days people have no time for you they treat you like you are a machine'*

*'It's all about money these days no one cares'*

*'I have been waiting two years to see a pain doctor'*

*'My GP surgery won't allow prescriptions to be ordered over the phone so I have to go down. (Platt Bridge Health Centre).'*

*'Platt Bridge GP looked after me and my wife but it would be difficult to get there if I couldn't drive. Parking is really difficult at Wigan Infirmary with little parking for disabled people'*

*'The call and text message reminder service is so useful, it has saved me missing an appointment many times.'*

*'The free gym membership is good.'*

*'Some of the GPs offer priority appointments for Vets, that's really useful. We get seen straight away. There is a lot of anxiety attached with waiting to be seen.'*

*'Consistency is the key...With MY doctor, he knows when things aren't right, he can ask questions and then things start to come out...'*

*'A good doctor is the biggest thing to help people, when they know you are a Vet they can refer you to things and tell you about stuff going on like employment support and things.'*

# Information Needs

- ❑ Just over half of the participants expressed difficulties in accessing information about services.
- ❑ Accessing information about mental health and substance misuse, employment and housing were also raised as difficulties
- ❑ Information about services is perceived as ‘patchy’ and not ‘shared’ between all the professionals and voluntary groups who play a role in their transition to civilian life.

*‘All services were difficult as I did not know how to access them.’*

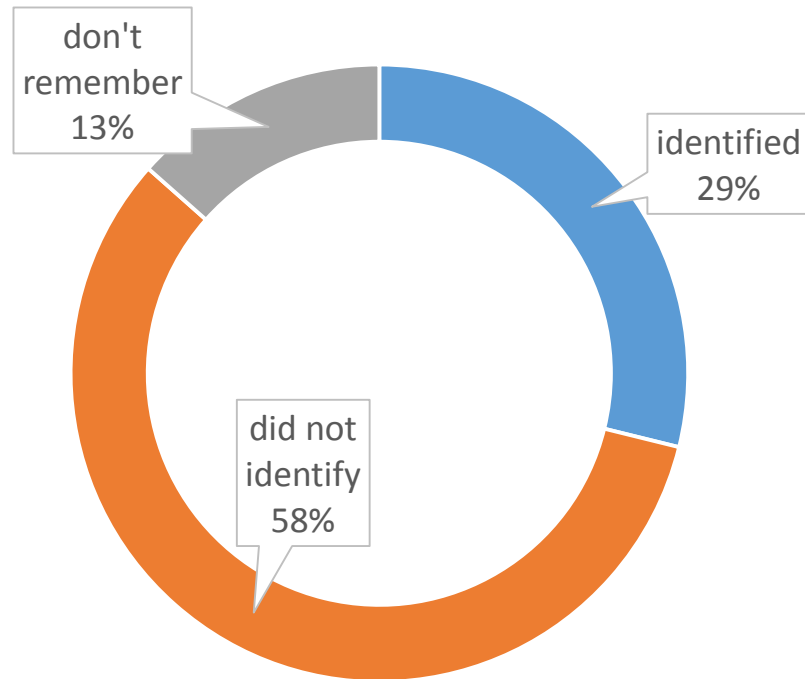
*‘I think a Veteran’s directory would be good. It could go to people when they exit. You could use military sign up offices to reach out and be a central point on exit as well.’*

*‘There’s too little communication between the Veterans and authorities. Information sharing is just a big thing. If you don’t know where to go.’*

*‘Professionals need to do more to do outreach and meet Veterans where they are at. We need information. We need people to come to us at places like this.’*

*‘Having people come to talk to us is good, professionals should offer support to voluntary groups. It’s good for us to find out what’s happening and how to access things. There are lots of meetings and support once you access them then it should be a regular way of getting contact and information.’*

# Experiences of Local Services : Identifying themselves as members of the Armed Forces Family



Just under a third of the veterans had identified themselves a member of the **Armed Forces Family** when registering with local services.

Those veterans who did identify themselves as part of the **Armed Forces Family** with the NHS and Local Authority services were **twice as likely to report receiving better information and support.**

# Understanding Veterans

***‘People don’t really understand what being a veteran means.’***

*(I tried to get more from them about what should people know but they couldn’t quite articulate it. Something about pride and not asking for help, following orders and over all complexity of situations.)*

# Understanding Veterans

'People don't really understand what being a veteran means.'

'We don't like asking for help. No one really asks if you are a Vet and you don't want to say, it feels like your begging'

'There's lots of things to consider, I was on some meds and they sent me doolally, I was driving on the pavement and stuff. I went back and told my doctor. It happened to my friend though and he just didn't say anything until I told him to go back. You're being told what to do by someone in authority or with expertise and you are just used to doing what they say'

'There's a great service at Oswestry in Wales. The consultant there is an ex-army doctor, it makes a difference, they just get it. He runs a drop in once a month and it's really well attended. '

# Supporting Veterans

# Supporting Veterans

We want to be involved

*'Involve veterans in service design and delivery'*

We need better information

*'I think a Veteran's directory would be good. It could go to people when they exit. You could use military sign up offices to reach out and be a central point on exit as well.'*

*'Introduce veterans' directory and information hubs'*

Help us to connect

*'Having people come to talk to us is good, professionals should offer support to voluntary groups. It's good for us to find out what's happening and how to access things. There are lots of meetings and support once you access them then it should be a regular way of getting contact and information.'*

*'We can't seem to attract female veterans to our group; they cope better than us!'*

*'Put mechanisms in place to reach out to hard to reach groups such as female veterans.'*

Reach out to us

*'Professionals need to do more to do outreach and meet Veterans where they are at. We need information. We need people to come to us at places like this.'*

*'There's too little communication between the Veterans and authorities. Information sharing is just a big thing. If you don't know where to go.'*

Help us to declare our status

*'Doctors and services should ask whether you are a Vet at registration and then should have something in place to meet our needs'*



# Thoughts on the Armed Forces Covenant



# Thoughts on the Armed Forces Covenant

The Covenant is a national promise made to current and former service personnel.

The covenant states that the Armed Forces Community should not face disadvantage compared to other citizens in the provision of public services special consideration is appropriate in some cases for those who have given the most in respect.



The Covenant recognises that the Armed Forces Community is obliged to be more mobile than other. They go where they are sent, when they are sent. Meaning that their connections with local communities and local services are disrupted.

The Covenant also recognises that some members of the Armed Forces Community who have suffered the most ('those who have been injured or those who have been bereaved') should have access to the best health and care support available.

The Covenant describes a basic infrastructure at Local authority level and various obligations for Central government, Local Authorities, Business communities and veterans themselves.

# Thoughts on the Armed Forces Covenant

**We asked ‘Do you think the terms of the Armed Forces Covenant are being met by the Local Authority?’**

*There were 41 responses to this question of which 23 (56%) were negative, 5 (12%) were neutral and 13 (32%) were positive .*

*A selection of the comments are included below*

## POSITIVE COMMENTS

*‘It feels like they are pretty good in Wigan, in Chorley and Leyland these Vet’s breakfasts are only just starting.’*

*‘Yes. I have travelled to various towns etc. in the last 8-9 years and was very surprised at the support here in Wigan.’*

*‘Think so, generally. Could do with a Wigan Hub, focal place.’*

*‘I’ve been helped and supported since my release’*

*‘Yes- Wigan council has adopted a higher priority policy for veterans. e.g. housing and mental health services ‘*

## NEUTRAL COMMENTS

*‘I’m not aware of it’    ‘I don’t know’    ‘I see lots of advertisements for this and organisations that are signing up for it, but I haven’t seen or experienced any results from it.’*

## NEGATIVE COMMENTS

*‘No, never had contact’*

*‘Not fully as services are limited by funding. Most councils only pay lip service to the Covenant in order to look good.’*

*‘Brave words but not always adhered to. Looks good at a conference or meeting but little sign of a lot of help in the real world.’*

*‘Not, at all. Veterans are supposed to have local ex-military champions to help with benefits and so on, but no information or guidance are passed on to you when you ask at the DWP’*

*‘No, they seem to think they can treat veterans the same as the average person’ ‘*

*‘No. Wigan Council do not recognise the homeless problem, substance misuse and a great lack of employment training and future prospects for ex-forces. In a nutshell, there is no safety net.’*

# Conclusions

- ❑ More than three-quarters of veterans had health conditions and the majority had more than one health problem. The most commonly identified problems were addiction (particularly alcohol and particularly among veterans discharged within the last ten years) and hearing loss (across all age groups).
- ❑ Many veterans faced challenges in receiving adequate physical and mental health support as well as accessing information and signposting about health and care services on discharge from the armed forces.
- ❑ Only a third of veterans identified themselves as members of the Armed Forces Family when registering with universal services. Those who did fared better in terms of feeling that they had received appropriate information about services
- ❑ Though some found it difficult to articulate, veterans life experiences do affect their relationships with and expectations of mainstream services. For this reason most veterans expressed preferences and appreciation for peer led services which they feel better understand them and therefore meet their needs better.
- ❑ In the main the respondents felt that the Armed Forces Covenant has not made a huge difference to their experiences in transition to civilian life. Though there were some examples of good practice.

# Recommendations

1. A round the table dialogue between veterans and the local authority should be convened to help co-design a framework of understanding and cooperation in respect of implementing the Armed Forces Covenant.
2. A veteran's section on the Community Book would help people access relevant local information.
3. All NHS and Local Authority Services should enquire if a patient/client is a member of the armed forces family at first contact, and signpost people to provide appropriate specialist support.
4. Particular attention should be paid to those who were 'dishonourably discharged' and especially those who present with addiction problems as these individuals are least likely to have been adequately supported prior to discharge and during the transition process.
5. Considering the findings on hearing loss, referring ex-service personnel for regular hearing tests may be advisable.
6. Recognise the benefits of specialist veterans services, particularly those with an element of peer support.
7. More work needs to be done to help groups to reach out to wider armed forces family (ex-service women and ex-forces families).

# Responses and Comments

## **Discharge from service (104)**

### **Time of discharge (52)**

- 📄 Last five years (10)
- 📄 Between five and ten years (15)
- 📄 More than ten years ago (27)

### **Reasons for discharge (52)**

Time served x 33

Dishonourable discharge x 10

Family discharge x 2

Medical discharge x 7

72 responses relating to veterans living with more than one mental health condition

40 responses relating to veterans living with comorbid physical and mental health conditions

Mental health support while serving (65)

📄 5 responses relating to veterans who said they received mental health support while serving

📄 40 responses relating to veterans who said they did not receive mental health support while serving

📄 7 responses relating to veterans who said they did not need mental health support while serving

### **Comments made by veterans who said they did not receive mental health support while serving or after discharge (12)**

- I didn't engage fully x 5
- I got SNLR from the army through admittance of illegal substances and could not adjust. I spent five years in and out of prison
- Inefficiency of my parent unit upon discharge. I was given my bus fare home and that was my lot
- I was receiving counselling but it stopped when I was discharged
- There's no such service, there is no mental health support
- I was not offered any help and alcohol was the done thing –if you didn't drink you got bullied
- Personal responsibility-ignorance on my part.....never knew about any help
- There's no such service, there is no mental health support
- Personal responsibility-ignorance on my part.....never knew about any help
- There's no such service, there is no mental health support
- Not identified as mental health issue and not serious enough for any concern.
- *I drank to forget...I got no support because I was discharged for abusing alcohol and drugs and ended up in and out of jail for approximately 5 years*
- I didn't suffer in the forces, it's since then.
- Illness only occurred in later life.

### **Transitioning to civilian life (52)**

- 49 responses relating to veterans who said they received adequate physical and mental health support while transitioning to civilian life
- 3 responses relating to veterans who said they received adequate physical and mental health support while transitioning to civilian life

## **Responses relating to veterans who identified themselves as part of the Armed Forces family with the NHS and Local Authority Services (52)**

- 15 responses relating to veterans who identified themselves as part of the Armed Forces family with the NHS and Local Authority Services
- 31 responses relating to veterans who they did not identify themselves as part of the Armed Forces family with the NHS and Local Authority Services
- 7 responses relating to veterans who said they were unsure whether identify themselves as part of the Armed Forces family with the NHS and Local Authority Services

### **Comments relating to the terms of the Armed Forces Covenant are being met (31)**

- I don't know
- No they are useless
- No, never had contact
- I don't know
- No. Wigan Council do not recognise the homeless problem, substance misuse and a great lack of employment training and future prospects for ex-forces. In a nutshell, there is no safety net
- I see lots of advertisements for this and organisations that are signing up for it, but I haven't seen or experienced any results from it
- Not fully as services are limited by funding. Most councils only pay lip service to the Covenant in order to look good.
- Brave words but not always adhered to. Looks good at a conference or meeting but little sign of a lot of help in the real world
- I've been helped and supported since my release
- Veterans look after veterans. There is none or not much help for service members
- Wigan Council did not and do not recognise homelessness amongst veterans
- Not, at all. Veterans are supposed to have local ex-military champions to help with benefits and so on, but no information or guidance are passed on to you when you ask at the DWP
- Yes. I have travelled to various towns etc. in the last 8-9 years and was very surprised at the support here in Wigan
- I'm not aware of it
- Think so, generally. Could do with a Wigan Hub, focal place
- It never enters my head. The reason why it never enters my head is because neither I nor any of my former colleagues face any disadvantage at all as a direct result of military service. However, my father died of respiratory failure due to his 'service' for the National Coal Board. He got very little help from the local authority or the government. Whereas, my career in the armed forces did me nothing but good.
- They have always been ok with me, so far, I don't know with anyone else.
- Yes I'm being taken care of
- Veterans look after veterans no help from so called politicians, do are job, come out, then ignored
- I haven't really looked into the AFC really but must make time to do so
- Veterans are still homeless and living on the streets and being denied priority suitable accommodation in favour of migrants. LA dragging its feet in getting a Veterans Hub up and running. Location of proposed HUB totally wrong
- Yes on occasions, you do need to be proactive and actively search for these services though.
- Yes. I have felt no disadvantage at this point
- Yes-Wigan council has adopted a higher priority policy for veterans. e.g. housing and mental health services
- There's supposed to be a vets champion for help in helping vets for benefits in each region. I was never offered any option or help in that situation

Not at all. In fact, I would say Wigan Council discriminate against veterans.

- No, they seem to think they can treat veterans the same as the average person
- On my behalf yes, however, as a retired major who is sane and able I hope to be able to do things for myself.
- Not aware of any such issues.
- Yes, however I think that the definition of Veteran needs a re-think. Most veterans had a wonderful time in the forces and do not need special health services to have their needs met unless the health need is entirely attributable to their service. My conditions are genetic and nothing to do with my time in the WRAF. Why should I put an extra burden on the health services? Many so called veterans served in peace time for two years National Service and gained more than they would have outside of military service.

#### **Responses relating to challenges in accessing health and social care services by veterans (52)**

- 45 responses suggested difficulties veterans experience while accessing health and social care services.
- 7 responses suggested fairly good experience of accessing health and social care services.

#### **Comments relating to services veterans tried to access (20)**

- Royal British Legion
- GM mental health service
- Addaction Veterans Group
- Addaction
- Psychiatrist
- EDs Veterans' group
- Local gym
- Tried to get physio or osteopath but failed
- Health services and housing
- None. I haven't been out long
- Wigan Veterans at EDs Place
- Detox and rehab
- Coops Addaction
- Wigan Military Veterans at EDs
- Hospital and internet
- Counselling
- Dentists
- The school of military
- Arthritis care
- SSAFA and British legion

#### **Responses relating to challenges in accessing health and social care services by veterans (52)**

- 28 responses suggested difficulties veterans experience while accessing information about local services.
- 24 responses suggested experiences of easy access to information about local services

#### **Comments relating to places veterans tried to access information about local services (12)**

- Everywhere
- Addaction and Eds Homes
- I am aware here are organisations out there, I have registered with the Band of Brothers charity organisation, which helps injured veterans, this organisation was highlighted to me by another veteran member
- All services were difficult as I did not know how to access them
- None. I haven't been out long
- Wigan Veterans at EDsPlace
- Posters in EDs
- NHS, hospital
- Hospital and internet
- Eds housing
- Leigh Infirmary
- Lower Ince Health Centre and Platt Bridge

#### **Responses relating to peer support (52)**

- 32 responses suggested peer support was fairly adequate
- 10 responses suggested peer support was fairly inadequate

#### **Comments relating to places veterans tried to access peer support (13)**

- Wigan Vets and EDs
- Addaction RightTurn project; EDsHousing
- Veterans recovery at Addaction and EDs place
- As mentioned above, it's more by word of mouth or finding information on social media that we hear of or discover these organisations
- Royal British Legion (RBL)
- None. I haven't been out long
- Wigan Vets
- Coops recovery service
- EDs veterans, but only when they found me. They gave better help and advice than any other organisation, better fixed to my needs
- Leigh lunch club
- Remembrance Day
- Armed Forces Day
- Pearson's arms (Chorley)



## Extended Comments about overall experiences of local health and social care provisions (41)

Some of the GPs offer priority appointments for Vets, that's really useful. We get seen straight away. There is a lot of anxiety attached with waiting to be seen. We don't like asking for help. No one really asks if you are a Vet and you don't want to say, it feels like your begging

- Some of the receptionists are just awful, they put you off contacting the GP
- People don't really understand what being a veteran means. (I tried to get more from them about what should people know but they couldn't quite articulate it. Something about pride and not asking for help, following orders and over all complexity of situations.)
- The priority appointments don't work at the dentist, or for tests
- 84 year old vet waiting for an angiogram-"it feels like when they found out my age they don't want to be bothered. I've been waiting five weeks," "it might be too late by the time he gets an appointment!"
- It feels like they are pretty good in Wigan, in Chorley and Leyland these Vet's breakfasts are only just starting
- There's a lack of joined up thinking-like I was offered a flu jab and a shingles jab but instead of being all at the same time I had to go at 8.50 and 12.40 on the same day. I mean I've got a car and I can get about but for some that would just be ridiculous.
- Doctors and services should ask whether you are a Vet at registration and then should have something in place to meet our needs
- There's a great service at Oswestry (?) in Wales. The consultant there is an ex-army doctor, it makes a difference, they just get it. He runs a drop in once a month and it's really well attended.
- These breakfast and lunch clubs are great, you can just chat and find things out and people just get it.
- Consistency is the key, I don't want to tell my story to everyone I meet. With MY doctor, he knows when things aren't right, he can ask questions and then things start to come out. I want to feel like someone knows me.
- A good doctor is the biggest thing to help people, when they know you are a Vet they can refer you to things and tell you about stuff going on like employment support and things.
- I think a Veteran's directory would be good. It could go to people when they exit. You could use military sign up offices to reach out and be a central point on exit as well.
- As the PRA (parachute regiment association) we email and reach out to people all the time but they either can't be bothered or they don't want to come.
- There's too little communication between the Veterans and authorities. Information sharing is just a big thing. If you don't know where to go.
- Professionals need to do more to do outreach and meet Veterans where they are at. We need information. We need people to come to us at places like this.
- Sports is a good way to engage, chair based exercise like volleyball or water polo would be good. Gets you moving but doesn't take it out of you too much.
- These days people have no time for you they treat you like you are a machine
- It's all about money these days no one cares
- 25 years of service and no thanks at all it's the least they deserve.
- Marie Curie nurses were amazing and the hospice. The care felt personalised to us. We had carers at home four times a day they were nice but it wasn't always the same people which would have helped
- There is no communication between GP and the hospitals
- I was discharged from the hospital after waiting months for an appointment because a letter was never sent out therefore we missed the 21 day time scale
- I had three appointments cancelled at Warrington Hospital

There's lots of things to consider, I was on some meds and they sent me doolally, I was driving on the pavement and stuff. I went back and told my doctor. It happened to my friend though and he just didn't say anything until I told him to go back. You're being told what to do by someone in authority or with expertise and you are just used to doing what they say and following instructions.

- Having people come to talk to us is good, professionals should offer support to voluntary groups. It's good for us to find out what's happening and how to access things. There are lots of meetings and support once you access them then it should be a regular way of getting contact and information.
- It's really important for people to get feedback. Like once we've talked to you about this, what are you going to do with it? Will you let us know? (I explained that we would keep contact via Dave at the Leigh Community Trust and invite them to the forum and invite to events and workshops. They wanted this through Dave not to sign up.)
- There is room for technology, the government and services are working on a Veteran's Gateway Website-sounds like it would be useful to link in with. Maybe an app as well to give information when people leave the forces.
- The free gym membership is good.
- The call and text message reminder service is so useful, it has saved me missing an appointment many times.
- My GP is difficult to understand, he has a very strong accent and because I have hearing problems I rely on lip reading. His accent and pronunciation make it very difficult I can't understand a word he is saying.
- I have been waiting two years to see a pain doctor
- My GP surgery won't allow prescriptions to be ordered over the phone so I have to go down. (Platt Bridge Health Centre.
- Platt Bridge GP looked after me and my wife but it would be difficult to get there if I couldn't drive. Parking is really difficult at Wigan Infirmary with little parking for disabled people
- My husband was a veteran and was diagnosed after he was dead and buried, some thank you
- No one cares about people anymore it's all about money
- There is a fault in the NHS when you can't understand the doctor/ nurse treating you. There should be a good standard of English
- I waited two years
- I was offered a choice of either St Helens hospital, Wrightington or Warrington I chose Warrington because it is on a bus route. However there was a lack of communication with my GP as they are in different boroughs. I was refused a blood test because it was a Warrington blood form. My GP had to arrange for one to be faxed over. From then on I was expected to go to Warrington for further referrals
- I feel I have been looked after by everyone especially The Christie Ward, Wigan, the girls there are brilliant In our community in Lowton there is a great sense of community we look after each other people really care about me. St Mary's church there are 60 to 70 people who attend every Sunday
- In our community in Lowton there is a great sense of community we look after each other people

**CALLING VETERANS**

Veterans are defined as anyone who has served for at least one day in Her Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners, who have seen duty on legally defined military operations.

- Are you a Veteran?
- Do you live in the Wigan Borough?

It doesn't matter why you left the Forces or how long you served for, if the answer to these question is YES, then Healthwatch Wigan and Leigh would like to hear from you.

Healthwatch Wigan and Leigh is the independent consumer champion for local users of health and social care services. We are here to make your services better by listening to your experiences and influencing improvements in the way health and social care is provided locally.

We are working with local Veterans to talk to other veterans about their views and experiences of health and social care services and how these services can be improved for veterans.

This is your chance to have your say and help us make sure that every member of the ex-services community across the Borough receives the treatment that they deserve.

Please help us by answering our survey. Everything you tell us will be treated with the strictest confidence and we will not share your details with anyone.

For further information contact [karenw@healthwatchwiganandleigh.co.uk](mailto:karenw@healthwatchwiganandleigh.co.uk) 01942 834666

**1. Your age?**

Under 25	25 - 44	
45 - 64	65+	

**2. When were you discharged?**

Approximate date

**4. Do you have a health condition ?**

Yes  No

**4.a Please specify (tick as many boxes as necessary)**

Muskulo-skeletal (conditions affecting joints, bones, muscles and soft tissues)	Poor mental health (anxiety, depression, psychosis)	
Respiratory illness (COPD, asthma etc)	PTSD	
Cardio-vascular (conditions affecting the heart or blood vessels)	Personality Disorder`	
Sight loss	Adjustment disorder	
Hearing loss	Substance misuse (You may wish to specify)	
Physical injuries (You may wish to specify)		

**5. Were you receiving mental health support in the Armed Forces?**

Yes  No

**5.a If yes, did that continue after discharge?**

Yes  No

If not why not?

**6. Do you receive any rehabilitation or support for physical or mental health conditions during your transition from Service to civilian life?**

Yes  No

If yes, was it helpful?

**7. Have you identified yourself as part of the Armed Forces family with the NHS and Local Authority Services?**

Yes  No  Not sure

**8. Please rate the following by circling a number (1 being difficult, 10 being easy)**

Ease of accessing health and care services

1 2 3 4 5 6 7 8 9 10

What services have you accessed or tried to access?

Ease of access to information, signposting and guidance

1 2 3 4 5 6 7 8 9 10

Where?

Ease of access to peer support and networking opportunities

1 2 3 4 5 6 7 8 9 10

Where?

**9. Do you think the terms of the Armed Forces Covenant are being met by the Local Authority?**

*“The Armed Forces Covenant imposes a duty of care on the part of the state to ensure that members of the Armed Forces community (including veterans) face no disadvantage, health or otherwise, as a result of military service.”*

Please comment and give your experiences

**10. Are there any organisations in the Borough where you have found key support?**

Please give details

Thank you for taking the time to complete our survey

We would like to thank  
everyone who contributed  
to this engagement work

January 2017

Disclaimer

*Please note that this report relates to findings observed and contributed by members of the public in relation to the specific project as set out in the methodology section of the report. Our report is not a representative portrayal of the experiences of all service users and staff, only an analysis of what was contributed by members of the public, service users, patients and staff within the project context as described.*