



## **Serving those who have served**

Uncovering the health and social care needs of veterans and service leavers across Wakefield District

# Contents

Summary.....	3
Thank you.....	4
Background .....	5
Methodology.....	10
Survey findings .....	12
In-depth interviews .....	22
Specific demographic groups analysis.....	29
Recommendations and what's next?.....	31
Demographics.....	33

**“Veterans are a hidden population, especially those who have been involved in conflict, they don’t want to talk about it to anybody except other veterans as they don’t know how they will be received, if that makes sense. The thing people don’t understand about veterans is it takes time to get their trust.”**

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# Summary

Over recent years there has been an ever greater focus on the specific needs of veterans, following the introduction of the Armed Forces Covenant.

“The Armed Forces Covenant is a statement of the moral obligation which exists between the nation, the Government and the Armed Forces. It was published in May 2011 and its core principles were enshrined in law, for the first time, in the Armed Forces Act 2011.”

“The Armed Forces Act 2021 introduced a new requirement for some public bodies, including the NHS and local authorities, to pay due regard to the principles of the Covenant when carrying out specific public functions in the areas of housing, healthcare and education.”

Source: ‘The Armed Forces Covenant and status in law’, Research Briefing, Published Thursday, 24 November 2022. House of Commons Library, UK Parliament.

Wakefield Council, Mid Yorkshire Teaching NHS Trust, South West Yorkshire Partnership NHS Foundation Trust, and Yorkshire Ambulance Service NHS Trust have signed up to the Covenant.

There is also an accredited Veteran Friendly GP scheme, run by the Royal College of General Practitioners and NHS England. This helps GPs provide better care for veterans through training and resources.

NHS services such as Op COURAGE for mental health, and Op RESTORE for physical health, offer specialised support for veterans.

In April and May 2024, Healthwatch Wakefield carried out a piece of engagement with veterans across Wakefield District. The aim was to find out how much veterans and their families knew about specialist services, and their experience of using these services. We also wanted to learn about the health and care needs they have and the support they might need.

A survey was produced and publicised, 74 people completed this. Five in-depth telephone interviews were also carried out.

The engagement revealed a very low awareness and understanding of the veteran specific pathways and accreditations, with most respondents not having heard of them.

Most respondents had not accessed any veteran specific services for physical or mental health, although 22 organisations were mentioned by them.

There was positive feedback for GP and hospital services.

There was also positive feedback for several mental health services including Turning Point and Rock 2 Recovery.

Key issues identified were difficulty in getting appointments with GPs, dentists and hospitals. There was a call for better communication from GPs.

A recurring theme was the need for more information and better advertising of veteran specific services for both physical and mental health. An issue with this could be that many veterans do not identify as such.

Some felt that they were left on their own with a lack of ongoing support following access to services.

## Thank you

We would like to thank all the veterans, their friends and family members, who took part in this piece of work.

A particular thank you to the five people who agreed to be interviewed and so openly and honestly shared their experiences with us.

Your experiences and input will help us in trying to improve local health and care services.

Thank you also to the following people.

Andy Bacon, a veteran and former Assistant Head of Armed Forces Health at NHS England, for his help, support, and advice on the language used in the survey and our background research.

Brenda Wardle, Programme Manager at Age UK Wakefield District, for helping us reach local veterans.

Julie Dawes, Armed Forces Covenant Officer at Wakefield Council, enabling us to reach the members of the Wakefield District Armed Forces Covenant Forum.

Nicole Siswick, a Primary Care Manager at West Yorkshire Integrated Care Board who sits on the Armed Forces Covenant Strategic Partnership, for sharing the project and survey through her networks.

# Background

## What is a veteran?

Veterans are defined as anyone who has served for at least one day in the Armed Forces, Regular or Reserve, or Merchant Mariners who have seen duty on legally defined military operations. Many people who have served do not define themselves as 'veterans', therefore the term 'service leaver' is also often used. A service leaver is someone who is in transition from, or has ceased to be a member of, the Armed Forces. In this report the word 'veteran' will be used to represent all former Armed Forces personnel.

## How many veterans are there in Wakefield District?

The 2021 census was the first to ask people aged 16 and over if they had previously served in the UK armed forces, including both regulars and reservists. This inclusion aimed to better understand the veteran community and improve the targeting of funding and support services.

Census data tells us that 4.1% of the population of Wakefield District are veterans. This equates to 11,723 people.

Source: UK armed forces veterans, England and Wales Census 2021.

[www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity](https://www.ons.gov.uk/peoplepopulationandcommunity/armedforcescommunity).

# 11,723 local veterans

## What health and social care issues might veterans face?

Veterans in the UK may face a range of health issues, some of which are more prevalent or severe due to their military service. Common health issues among UK veterans include the following.

- **Mental health:** a significant number of veterans experience Post Traumatic Stress Disorder due to exposure to traumatic events during service.
- **Depression and anxiety:** these conditions are common among veterans.
- **Substance abuse:** some veterans may turn to alcohol or drugs as a coping mechanism.
- **Physical health:** musculoskeletal disorders, injuries and physical strain from service can lead to chronic pain and musculoskeletal issues.
- **Hearing loss:** exposure to loud noises such as gunfire and explosions can result in hearing loss.
- **Chronic conditions:** cardiovascular disease, stress and physical exertion during service can contribute to heart disease and related conditions.
- **Diabetes:** there is a prevalence of diabetes among veterans, which may be linked to lifestyle factors post-service.
- **Injuries and amputations:** some veterans suffer from limb loss due to injuries sustained in combat or accidents.
- **Access to care:** veterans often face challenges in accessing appropriate healthcare services, which can exacerbate their health issues. This includes difficulties in transitioning from military to civilian healthcare systems and navigating complex healthcare needs.

Source: Royal College of General Practitioners online Veterans' Health Hub

In 2024 a survey asking the views of over 5,000 veterans was commissioned by the Royal College of General Practitioners and the Office for Veterans' Affairs. It found that more than half of all veterans had experienced a physical or mental health issue since leaving the armed forces.

Despite this, one in seven had not asked for help from a healthcare professional, with the most common reason given being that they felt that they wouldn't be understood by a civilian health professional. Over half said that they would be more likely to ask for help if they knew that their GP practice was signed up to the Veteran Friendly Accreditation.

# What support is there for veterans with their health and social care?

## The Armed Forces Covenant

The Armed Forces Covenant is a promise by the nation that those who serve or have served in the armed forces, and their families, are treated fairly and are not disadvantaged due to their service. The Covenant recognises the sacrifices made by military personnel and aims to support them in various aspects of life, including healthcare, education, housing, and employment.

A key aspect of the Armed Forces Covenant is that veterans should receive priority treatment for service related conditions, subject to clinical need, and are to have access to mental health services tailored to their specific needs.

The Covenant is implemented through a range of initiatives and commitments by central and local governments, businesses, and charitable organisations.

The government is committed to supporting veterans by working with a range of partners who have signed the covenant or have a legal duty to consider it. This includes, local government, businesses, the NHS, schools and charities.

Major local health and care providers including Wakefield Council, Mid Yorkshire Teaching NHS Trust, South West Yorkshire Partnership NHS Foundation Trust, Yorkshire Ambulance Service NHS Trust, have signed the Covenant. Healthwatch Wakefield has also signed, amongst others.

The full list of who has signed the Covenant can be found here:

[www.armedforcescovenant.gov.uk/show-your-support/sign-the-covenant](http://www.armedforcescovenant.gov.uk/show-your-support/sign-the-covenant).

### The Covenant aims to:

- Encourage local communities to support the Armed Forces community in their areas.
- Nurture public understanding and awareness amongst the public of issues affecting the Armed Forces community.
- Recognise and remember the sacrifices faced by the Armed Forces Community.
- Encourage activities which help to integrate the Armed Forces Community into local life.
- To encourage the Armed Forces Community to help and support the wider community, whether through participation in events and joint projects, or other forms of engagement.

## Accredited Veteran friendly GP Practice Scheme

This is a scheme run by the Royal College of General Practitioners and NHS England. It recognises and supports GP practices to deliver the best possible care and treatment for veterans.

The programme supports practices to deliver the best possible care and treatment for patients who have served in the armed forces. Accredited practices have access to free online training, support to identify and code their veteran patients, and advice on referrals. Accredited practices must nominate a clinical lead; however, training is suitable for all staff. Practices are asked to stay up to date via a quarterly newsletter which provides easy access to the latest information and learning.

GPs are expected to record veteran status on their system as standard, however this will currently be extremely inconsistent, both locally and nationally.

The new Armed Forces Covenant Duty came into force in 2022. The duty is a legal obligation for certain public bodies such as healthcare to have 'due regard' to the principles of the Armed Forces Covenant.

Becoming an Accredited Veteran Friendly GP practice is key to ensuring compliance with the new duty for GPs.

### Current Wakefield District Accredited Veteran Friendly Practices

- College Lane Surgery
- Friarwood Surgery
- Kings Medical Practice
- Langthwaite Surgery
- Lupset Health Centre
- Northgate Surgery
- Orchard Croft Medical Centre
- Ossett Surgery
- Park Green Surgery
- St Thomas Road Surgery
- Stuart Road Surgery
- The Grange Medical Centre
- White Rose Surgery



## Op COURAGE

Op COURAGE is an NHS mental health specialist service designed to help veterans and their families. It can help with recognising and treating early signs of mental health problems, as well as more advanced conditions and psychological trauma. It can provide support and treatment for addictions and help you to access other NHS mental health services if you need them, such as talking therapies. It can also liaise with charities to support wider health and wellbeing needs such as help with housing, finances, relationships and employment.

Op COURAGE is an NHS service supported by trained professionals who are from, or have experience of working with, the Armed Forces community.

## Op RESTORE

Op RESTORE is the physical health and wellbeing service for veterans. It is an NHS service providing specialist care and treatment to veterans who have physical injuries or problems attributed to their time in the Armed Forces. It stands alongside Op COURAGE.

The Veteran's Mobility Fund gives veterans with physical disabilities grants for mobility equipment not usually available on the NHS. This can be accessed through Op RESTORE.

Find out more about Op COURAGE, Op RESTORE, and other healthcare and welfare support initiatives at the NHS website here [www.nhs.uk/nhs-services/armed-forces-community/veterans-service-leavers-non-mobilised-reservists](https://www.nhs.uk/nhs-services/armed-forces-community/veterans-service-leavers-non-mobilised-reservists).

# Methodology

## Survey

A survey was produced on SmartSurvey, paper copies of this survey were also printed.

Seventy four surveys were completed either online or on paper.

## Communication and Engagement

The key communication messages and one to one engagement for the project took place throughout April 2024.

Our Communication Officer made sure the language we used in our key messages appealed to as many veterans as possible. We also paid close attention to how we presented the opportunity visually.

The survey was regularly promoted through all Healthwatch Wakefield communication channels including social media, website, and our mailing list.

The first engagement task was to identify where and how to find and contact veterans across the district. Using existing partners and networks, we initially contacted local armed forces and veterans organisations including The 5 Towns Veterans Hub, Royal British Legion branch contacts, and Armed Forces Covenant Officers at Wakefield Council.

Following this, community Facebook pages and groups were targeted specifically with dedicated posts about the project as well as a pinned post on the Engagement Officer Facebook profile, and regular posts about the project. This helped us to get the views of veterans as well as local armed forces or veteran related organisations such as the Minden House Buglers, Kings Own Yorkshire Light Infantry, also known as KOYLI, and a local veteran's allotment project in Knottingley.

The Programme Manager at Age UK, Brenda Wardle, organised for the survey to be distributed at the Wakefield and Castleford Veterans Breakfasts. Brenda is also a member of the Wakefield District Armed Forces Covenant Forum and has done work over several years with veterans in the District. She was able to give us a good insight into the opportunities and potential difficulties of reaching and engaging with veterans. Through this work she had identified veterans who had used Age UK Wakefield and District services and she kindly agreed to send the survey out through their email distribution list to these people. Healthwatch also attended the Age UK Time 4 Tea events throughout April.

Face to face engagement was carried out in April with the Engagement Officer attending events, groups, and organisations where veterans may be in attendance as well as meeting with community contacts and partners to identify any veterans to complete the survey with.

The 5 Towns Veterans Centre in Featherstone opened its doors to Healthwatch Wakefield and helped us to promote the project. We attended the weekly Wellbeing Group and Coffee and Chat mornings in April to chat about the project and complete surveys with people there.

Through Julie Dawes, the Armed Forces Covenant Officer at Wakefield Council, we were able to reach all the members of the Wakefield District Armed Forces Covenant Forum, as well as Nicole Siswick, a Primary Care Manager at West Yorkshire Integrated Care Board who sits on the Armed Forces Covenant Strategic Partnership. Nicole also shared the project and survey through her networks.

Our Business Support Officer and a Healthwatch volunteer took posters promoting the project, and paper copies of the survey to the GPs surgeries which are accredited as veteran friendly.

## Interviews

Our Research Officer carried out five telephone interviews with people who had said they would be happy to take part in a more in-depth conversation about their experiences.

# Survey findings

Seventy four surveys were completed. Sixty one were completed by a veteran, 11 by a family member or friend of a veteran, and two by non-mobilised reservists.

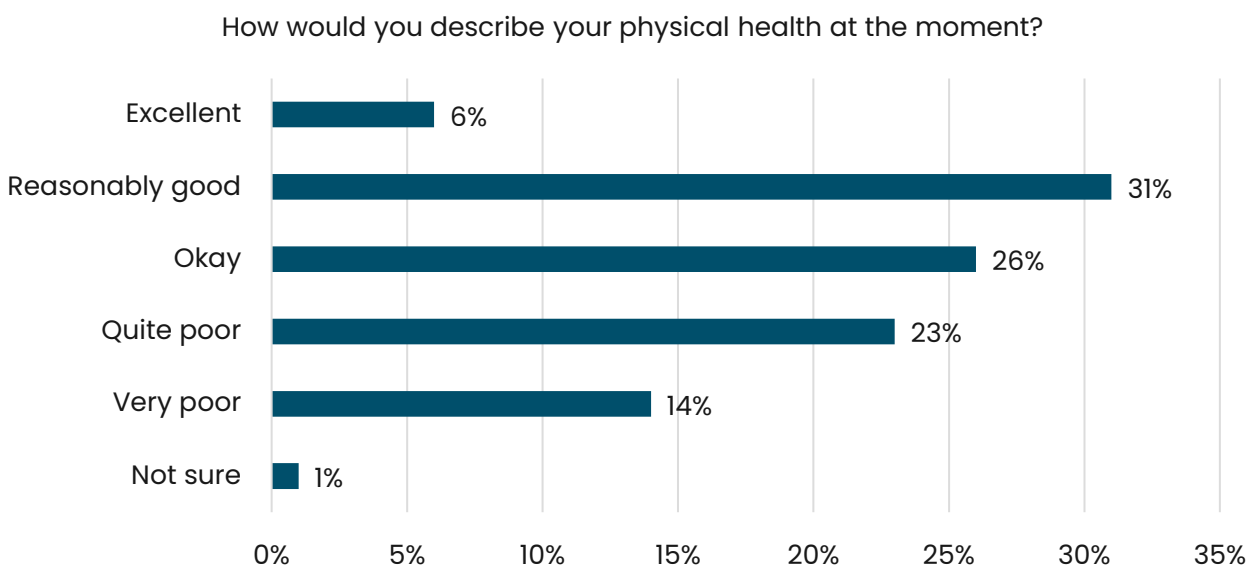
## 74 surveys completed

### How would you describe your physical and mental health?

Respondents were asked how they would describe both their physical and mental health. There was a similar range of responses for both, with most respondents describing both their physical and mental health as either 'reasonably good' or 'okay'. See graphs 1 and 2.

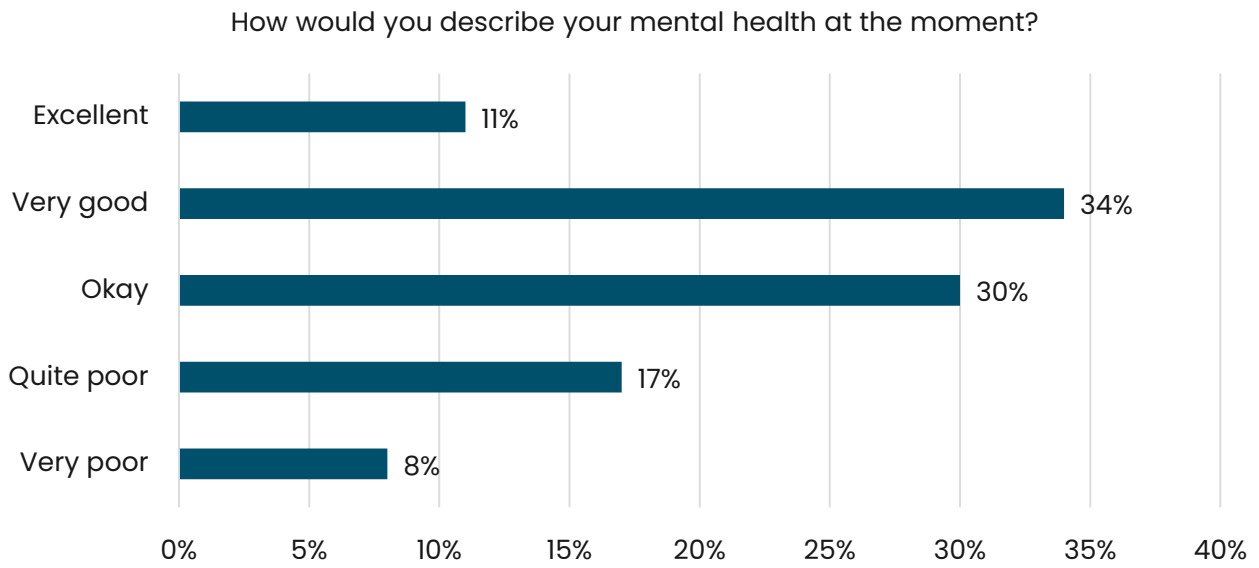
#### Graph 1 How would you describe your physical health now?

Excellent 6%, Reasonably good 31%, Okay 26%, Quite poor 23%, Very poor 14%, Not sure 1%.



## Graph 2 How would you describe your mental health now?

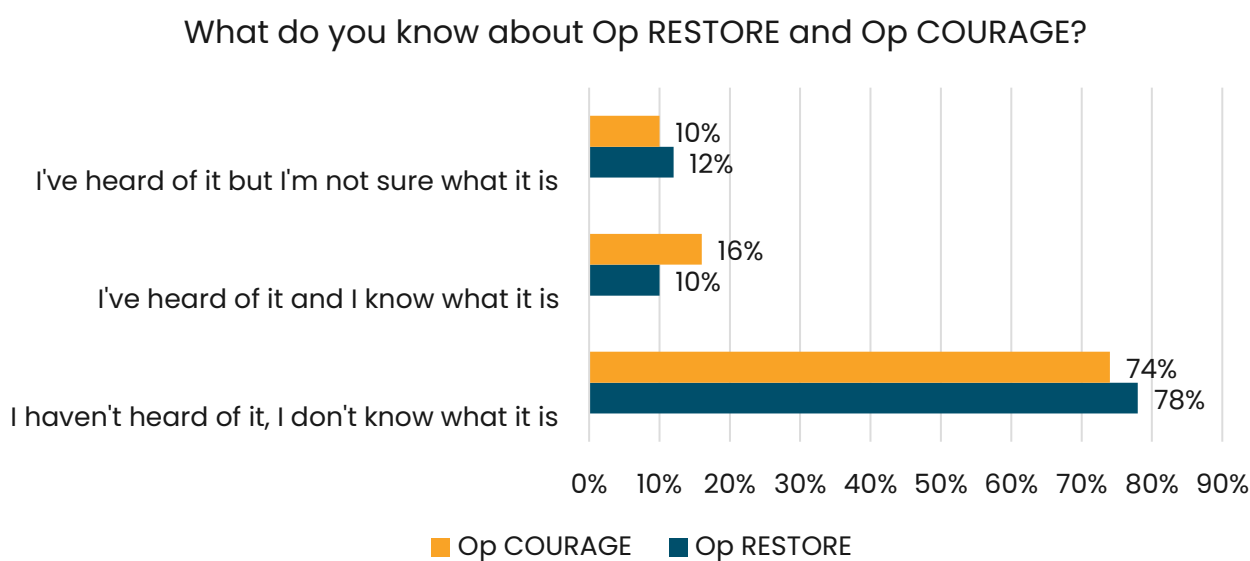
Excellent 11%, Very good 34%, Okay 30%, Quite poor 17%, Very poor 8%.



## Do you know what Op RESTORE and Op COURAGE are?

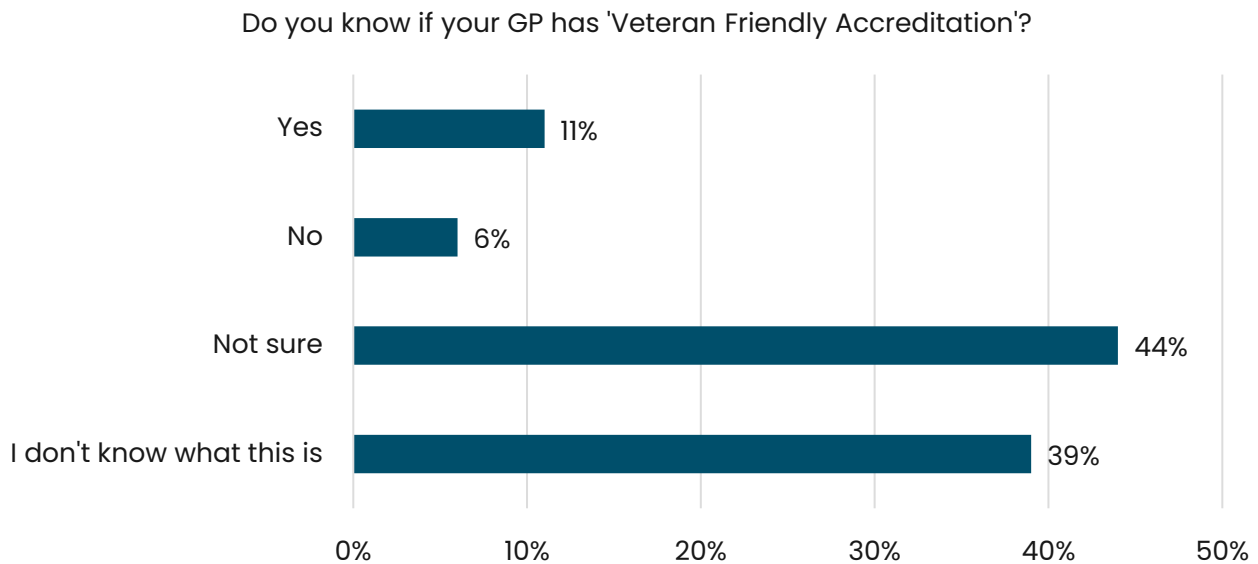
Respondents were asked if they had heard of, and knew what Op RESTORE and Op COURAGE are. The responses were very similar for both, with most people, over 70%, saying that they hadn't heard of either and didn't know what they were. Ten per cent of respondents had heard of Op RESTORE and knew what it was, 16% had heard of Op COURAGE and knew what it was. See graph 3.

Graph 3 What do you know about Op RESTORE and Op COURAGE?



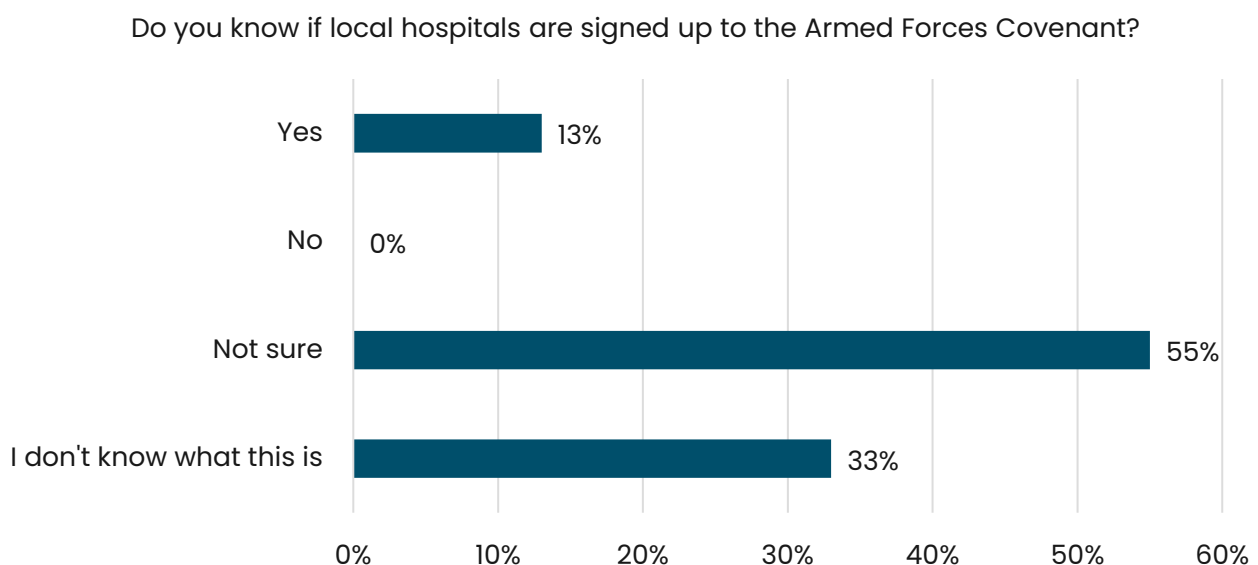
## Do you know if your GP has 'Veteran Friendly Accreditation'?

Sixty six people responded to this question. Most either weren't sure if their GP had the Veteran Friendly Accreditation or didn't know what it was. Seven people said that their GP had the accreditation and four people said that their GP did not have it.



## Do you know if local hospitals are signed up to the Armed Forces Covenant?

Out of the 67 people who responded to this question, most either didn't know whether local hospitals were signed up or did not know what it is. Nine people answered 'yes' that local hospitals are signed up to the Armed Forces Covenant.



## Have you accessed any veteran specific services or support for your physical or mental health, or social care needs?

Fifty four people answered this question, 32 people said they hadn't accessed any veteran specific services, and a further six people said that they didn't know of any veteran specific services.

### **“None. General health needs for veterans isn't a priority.”**

Of the remaining 16 respondents, 22 organisations or places were mentioned as somewhere people had received support. These were:

- Veteran's centres and hubs
- Pinderfields Hospital
- Age UK
- Senior citizen's group
- Turning Point
- Go
- Help for Heroes
- Hidden Wounds
- Psychological therapies
- Therapist
- Rock 2 Recovery
- Purston Park
- Regimental services
- Ministry of Defence Veteran's Website
- Combat Stress
- British Legion
- Department of Community Mental Health, specialist outpatient mental health care, military centres dedicated to treating serving personnel
- Leeds United Breakfast Club
- Occupational Health
- BLESMA, The Limbless Veterans
- RAF Club Batley and Wakefield
- OP COURAGE, OP Nova, and OP Restore



**“I only know about the services at the veterans centre, like when the citizens advice come, the person from forces UK. You can get support there though I wouldn't say it is physical health. You can access mental health stuff, like the wellbeing group that the Coalfields Regeneration person does. They help with your wellbeing there. Don't know of any NHS or social services stuff mind.”**

Could you tell us about a good experience you have had with services that help your physical health, for example doctors or hospital?

Thirty people gave examples of a good experience that they had with help for their physical help. Fifteen people mentioned positive experiences with GPs and 12 people said hospitals. Other responses were mental health counselling, musculoskeletal services, pharmacy and dentist.

**“...the doctor was great he explained everything to me, in a positive manner. Very informative and made me feel confident . It turned out to be not as bad as thought and he really helped with that.”**

**“I went to Pontefract hospital [A&E]... It was actually good. I mean it was straightforward enough, the whole process. I got seen at reception and processed quickly. Went through to get treated quite quickly. Nurse was excellent, very clear, very professional. I was sorted in no time.”**

Could you tell us about a good experience you have had with mental health services?

Fifteen people gave examples of mental health services or treatments where they had had a good experience. The services mentioned were:

- Pinderfields hospital, two people
- GP, two people
- Veteran's centre wellbeing hub
- Medication and therapy

- Turning point
- Recovery college
- Self-help groups
- SSAFA, Soldiers', Sailors' & Airmen's Families Association
- Rock 2 Recover
- Alzheimer's Society
- Talking Therapy
- Patient involvement
- CBT, cognitive behavioural therapy

**“Turning Point, it has made me feel a lot clearer and positive just by talking. I was feeling low and nightmares and actual memories from my time in the army. I didn't think to go to my GP, and it was only stumbling across a Turning Point person at an Age UK event that I am now getting the help I need. Talking about things.”**

**“I had CBT which was good. Problem is that it might be great but once it finishes, it finishes, and that is that. There needs to be more ongoing long term stuff.”**

**“Excellent [from] Rock 2 Recovery. Counselling during some challenging life events. My GP was also supportive.”**

Could you tell us about a good experience you have had with social care services?

There were five responses to this question. One person specifically mentioned a member of staff at Pontefract Social Care Team who they thought had done a good job. Three people mentioned positive experiences receiving care either for themselves or partner and the final person mentioned receiving mobility equipment.

**“I had a life-changing accident.... I fell down some stairs and shattered both wrists and broke my neck, I had to have surgery and five months of rehabilitation. A bed and commode were put down in my mother's living room and I had three carers coming in everyday to wash and dress me and to make a meal and drinks when I needed them. Overall, the service was good. I experienced carers who had time for you and went above and beyond the duties and I had carers who were rushed, and they were in and out...”**

Is there anything that could make accessing services for your physical health easier? For example, attending doctors or hospitals?

Many respondents weren't sure of anything that could make accessing physical health services easier. However, among those who did have suggestions, several common themes emerged.

Several people talked about the difficulty of getting appointments with GPs, dentists and hospitals. For GPs in particular, long waiting times were mentioned alongside problems with the telephone systems. Others said that they would prefer to be able to book appointments online.

**“We do have problems getting through to GP, It is about an hour at least on the phone when you phone up, seeing GP isn't that bad. If you could get an NHS dentist that would be good for a start as I have a rotting tooth and can't find one anywhere. Can't afford private.”**

Communication was also mentioned, with a couple of people commenting that GPs should take a bit more time to listen to problems rather than rushing through appointments. It was also suggested that GPs could speak more slowly and clearly to ensure patients can fully understand the information being provided.

**“Having GPs who have the time to listen and possibly to more than one problem. I know they are busy but sometimes it is not easy to talk quickly about stuff.”**

People also talked about the need for more information about services that are available, particularly ones that are specifically for veterans.

**“Maybe more knowledge about these special services you are talking about in this would be good.”**

There were some concerns about transport and accessibility with mention of difficulty getting to hospital and issues for one person who had difficulty using dental chairs as they are a leg amputee.

## Is there anything that could make accessing your mental health services easier?

Most people weren't sure of anything that could make accessing mental health services easier, or they didn't have direct experience. Those who did have suggestions provided various insights on what could make accessing mental health services easier. A recurring theme was the need for more information and awareness. Several people suggested that wider advertisement of mental health services and clearer information on what services are available and how to access them would be beneficial. There was a consensus that information should be more easily found or just known about, as current methods often require individuals to dig around to find anything useful.

**“As I said, more information about what these are and how to access them. Seems that everyone talks about mental health these days but what are the services around, they don't tell you that.”**

Accessibility issues were also highlighted, with long waiting times and the difficulty in finding relevant information being barriers. Some people said that knowing where to start and having the ability to self-refer were crucial yet challenging aspects of accessing mental health services.

Personalised support emerged as a key area for improvement. Suggestions included having someone with service experience available to assist, particularly for military personnel who may find it difficult to speak to someone without similar experiences.

A couple of people also talked about feeling that they were left on their own.

**“I’ve been in and out of mental health services for over 30 years and when I’m in services I ask for other help, which never happens, and then I’m left in limbo land once again struggling on my own.”**

Is there anything that could make accessing social care services easier for you?

There were six suggestions which focused on the need to make social care services easier to access, these people mainly talked about not knowing how to access care and that there should be more advertising and information about the services available. One person also mentioned not being able to afford “digital care support” in their home.

# In-depth interviews

All names have been changed.

## Jack – man, early thirties

Jack was medically discharged several years ago and has various physical health issues including compartment syndrome, back problems and issues with his teeth. He has also suffered with mental ill health in the past. Jack had not heard of Op RESTORE and has had a poor experience of physical health services. For example, he has been unable to get his compartment syndrome diagnosed due to the pain from the necessary tests. Because he does not have a diagnosis he is unable to access potential treatment for this which could ease his pain. He can manage his condition through his own experience of what he is able to do and knowing what kind of things make the pain worse. Jack has never been asked by his GP or hospital if he is a veteran and is unsure whether this is something that is recorded with his GP.

**“The NHS do their best, but veterans can’t get what they need, they’re underfunded, it’s a problem. There are so many charities out there that fill the gap, BLESMA, British Legion, Walking with the Wounded, Help the Heroes, Scotty’s Little Soldiers, and so many others. If it wasn’t for the charities, suicide rates for veterans would be even higher.”**

Jack has had lots of issues with his teeth including painful abscesses and missing teeth. He does not currently have an NHS dentist and is unable to find one. In the past, Jack has accessed emergency dental treatment through contacting NHS 111 when he was suffering extreme pain.

**“The dental side, that's horrific. When I left, I had to get a doctor, but I didn't have to get a dentist, so I went to the back of the queue like everyone else. From being able to go and see a dentist at camp whenever I needed to, when I left that wasn't there. It sounds like nothing but it's a massive thing that's overlooked. I've been forced to go private now and cost wise to replace my teeth is about £2,100, I'm not doing it.”**

Jack had heard of Op COURAGE and was extremely positive about the experience he had and the support and services he had accessed for his mental health.

**“When I was in crisis, my wife organised for me to see the doctor and I had my tablets less than an hour after I spoke to her. I’ve also seen occupational therapists, speech therapists, and a psychologist, most of these were booked within a day, they’ve been fantastic.”**

Jack talked about the problem of people realising that they have a problem that they could get help with before it gets to crisis point.

Also, the importance of getting the figures and statistics right, he feels that at the moment a lot of the figures are not accurate and do not show the extent of the issues that are being faced by veterans, particularly around mental health problems and suicide.

**“It’s kind of playing down what the need is...what the actual need is.”**

Jack told us that once you leaved the armed forces they don’t check up on you, he felt that this is something that is missing and it would be helpful for someone to check in with you every year for the first few years.

## Stuart – man, early sixties

Stuart served nearly 25 years in the armed forces, leaving in 2000. He has lost some of his high frequency hearing. Because this happened more than three years after he finished serving, he is not able to claim for this as the army have said it is not due to his time serving. He doesn't feel that his hearing test was done correctly at the time.

He also has issues with his knees which he has had some work done on whilst he was serving. Stuart used to receive injections to his knees on a regular basis, these really helped with his pain and gave him some relief. The injections were stopped several years ago as the GP said they were 'too expensive' even though Stuart believed them to be covered by his army pension. He has followed this up since then but has again been told that he is not able to have the injections, and this is very disappointing for him.

Stuart told us that he had been to hospital over the last few years; to do with other issues and nobody had ever asked him if he was a veteran. He was unaware of Pinderfields Hospital being signed up to the Armed Forces Covenant and was also unaware of Op RESTORE and Op COURAGE.

He feels that once you leave the army you are just left to get on with things and there isn't any support. Also, a lot of people once they leave, don't necessarily identify as a 'veteran'. They don't want to talk about their time in the Armed Forces, or go to groups, they want to have a clean break and cut all ties, this can make it hard to promote what help is available.



## Linda – woman, early sixties

Linda served in the Armed Forces some time ago and also has family members who served and are currently serving. She talked about how there can feel like there is a lack of support when you become a veteran.

**“Veterans are a hidden population, especially those who have been involved in conflict, they don’t want to talk about it to anybody except other veterans as they don’t know how they will be received if that makes sense. The thing people don’t understand about veterans is it takes time to get their trust.”**

Linda talked about the importance of trying to find out where veterans are and sharing opportunities for them to come along to local groups where they can feel comfortable talking to other veterans but can also access signposting to other services.

**“People join the forces because they want to belong and feel part of something, then when they leave they’re left on their own, not fitting in anywhere properly except with other veterans.”**

Since leaving the Armed Forces, Linda has had positive experiences with the NHS, receiving treatments for things not related to her time serving. She speaks highly of the NHS and her GP; however, she says she has never been asked whether she is a veteran at any of her appointments and feels that it should become the norm that this is something that is asked.

## Paul – man, late sixties

Paul joined the army aged 15 and left when he was 40. When he left he had tinnitus that was caused by the time he served. His discharge medical report recognised that he had 'noise induced hearing loss'. Paul has a hearing aid which he has checked every few years. Paul also had a heart valve replaced a few years ago.

Paul keeps up to date with veteran matters, for example he is part of a veteran's Facebook group. The group also arranges meet ups although he is unfortunately unable to attend these. Although Paul feels that he keeps himself up to date with veteran matters, he was not aware of the existence of Op COURAGE or Op RESTORE before completing the Healthwatch survey. He was also unaware as to whether his GP had the veteran friendly accreditation. He felt unsure about what all of these things would actually mean to him and other veterans.

**“We might find out about these things and all the different accreditations but what does that give us? It's not that we want to jump the queue, it's the detail that we're missing though. About three weeks ago I registered the fact that I'm a veteran with my GP, but what do they do with that information? Most people don't even know that there is anything available and they've never been asked by their GP if they are a veteran. I have a veteran's ID card, I got it about a month ago and that's why I showed it to the GP.”**

Paul also talked about the difficulties of identifying veterans.

**“Some people don't even identify as veterans if that makes sense, especially the younger ones. They just think... I want to put that in the past.”**

## Sheila – woman, mid seventies

Sheila has been involved with the Royal British Legion as a volunteer for many years. She is from a service background. Her father was in the Royal Air Force and her two grandfathers were in the Army. Her brother was also in the Royal Air Force. As a trained nurse, she joined the Royal Auxiliary Airforce and served for around 20 years and very much enjoyed it.

Sheila describes her mental health as good, but her physical health as not very good. She has had many appointments with her GP and the hospital over the last few years for her physical health problems. One particular issue is that she feels she has symptoms which suggest an underactive thyroid. She feels that the tests that were done by the GP were very limited and that the right tests may not have been done.

**“If you don’t have the right tests, you don’t get the results. If doctors could look outside the box it would be really useful.”**

Sheila also has another physical health condition which she is now paying to have investigated privately as she believes that she has not received satisfactory investigations on the NHS. She feels that her condition has wrongly been diagnosed as a psychiatric one rather than a physical one.

**“Within about five seconds of me talking, they [the private doctor] knew what I was talking about and the relief I felt was huge. Somebody actually believes me.”**

She has also had issues with attending private medical appointments and the notes not being added to her NHS notes.

**“You would think that would all be added to your medical notes so that people have got all the information that they need, and that’s really pertinent for veterans as they have often been to countries that most other people wouldn’t have.”**

Sheila feels that a lot of her medical issues could be linked in some way to her time in the Armed Forces, however she has never been asked whether she is a veteran at any of her medical appointments. Sheila is able to do a lot of research herself into her symptoms, what tests could be done and potential treatments, she worries for people who aren't able to do this. She feels that NHS doctors have been trying to help her but haven't necessarily had the specialism to be able to. Her mental health has been affected by her experience and her feeling that she has been dismissed and not believed.

Sheila had heard a little about the different help available for veterans through her association with the British Legion, but she was unsure of what these things actually are and how they help veterans.

**“What does it actually mean for me in terms of what I can access or what extra support I might get?”**

# Specific demographic groups analysis

Respondents were asked to identify if they fell into any particular health inclusion groups, for example having a long term condition, having a mental health condition, or having limited spare money available. Respondents provided this information at their discretion and may fall into one or more categories. The feedback from people was filtered according to these groups to see if any themes emerged.

## I am married or living with a partner

Thirty nine people were married or living with a partner. This group reported more positive levels of mental health than the group overall. Fifty nine per cent reported 'excellent or good' mental health compared with 45% of all respondents. Seven per cent reported 'poor' mental health compared with 25% of all respondents.

## I struggle with addictions

Two males said that they struggled with addictions. One was single, the other divorced. Both of these people had 'quite' or 'very' poor physical health and 'very poor' mental health. Neither had heard of Op COURAGE, Op RESTORE, the Armed Forces Covenant, or the GP Veteran Friendly accreditation. Both mentioned positive experiences with their GPs. The things that they felt would make accessing services easier were knowing about what is available and also help with travel.

## I have a physical or mobility impairment

Twenty four people had a physical or mobility impairment, however a quarter of these, six people, still described their physical health as 'reasonably good' and a further six people described it as 'ok'. Half of this group had some experience of accessing veteran specific services for their physical or mental health, and nine talked about positive experiences with their GP. Ten people said that better access to GPs and dentists, and easier appointments, would improve access to services.

## I have a sensory impairment

Nine people had a sensory impairment. This group were more likely to have less knowledge of what veteran specific services are available. Things that would make it easier for them to access services were easier appointments, more information about specialist services, and help with travel.

## I have a long term health condition

Thirty three people had a long term health condition, however many of these described both their physical and mental health as being 'very good' or 'okay'. From the respondents who had a long term health condition there was slightly higher knowledge of services. For example, 22% knew whether their GP had Veteran Friendly Accreditation compared with 16% of overall respondents, and 19% of this group knew that local hospitals are signed up to the Armed Forces Covenant compared with 13% of overall respondents.

## Standard of Living

Those who reported having a good or high standard of financial living reported much better physical health, with 49% saying their health was 'excellent or reasonably good' compared with 13% of those with a low standard of financial living. Seven per cent of those with a high standard of living reported their physical health as being 'very poor' compared with 24% of those with a low standard of living.

There were also stark differences when filtering mental health for standard of financial living. Sixty per cent of those who reported a good or high standard of financial living said they had 'excellent or very good' mental health compared with 15% of those with a low standard of living.

Seven per cent of people who had a high standard of living reported 'poor' mental health compared with 57% of those who had a low standard of living.

# Recommendations and what's next?

We will share the information in this report with providers and commissioners of services. We will be asking them to tell us what they could do to improve the service they offer to veterans.

A key finding is that veterans have limited understanding of the services that are available to them, therefore the primary recommendation is that service providers work to:

## **Increase awareness, visibility, and knowledge of veteran specific services and pathways.**

This recommendation applies to increased awareness for both staff and members of the public. This could be done through the following.

**Making sure that access to services is as easy as possible**, particularly with GPs and dentists, including making sure that straightforward systems for making appointments and being able to self-refer are available.

**Improved promotion and visibility**, for example ensure that health care providers websites include useful and consistent links alongside information, GPs with veteran friendly accreditation display this information prominently both on their websites and in waiting areas. Work on promoting information about services, particularly mental health and social care services and specialist physical health services for veterans. This could be done through services that have registers of veterans, for example veteran friendly accredited GPs or Age UK.

**Increase the number of GPs with Veteran Friendly Accreditation.** Also make sure that staff across the practices that have this accreditation are aware of what it is and understand what it means for veterans.

**Share examples of good practice within Primary Care.** For example, College Lane Surgery has an excellent website with information specifically for veterans.

**Veteran Identification**, encourage all healthcare providers to routinely ask about veteran status during patient registration and consultations. Consider the language used in order to reach as many veterans as possible.

**Education and training**, for example, training sessions for healthcare providers to familiarise them with the specific needs of veterans and the services available to them. The training should include recognising and recording veteran status.

**Involve veterans** in the planning and development of services and information and promotion of services.

Themes that survey respondents identified that would make accessing services easier.

## Physical health services

- 8** people said better access to GPs
- 7** people said easier appointments
- 6** people said more information about specialist services
- 3** people said better access to dentists
- 2** people said quicker hospital appointments
- 2** people said better communication
- 2** people said more local services
- 1** person said generally more help
- 1** person said continuity of care
- 1** person said more physiotherapy
- 1** person said help with travel

## Mental health services

- 10** people said more and better information
- 10** people said better follow up
- 2** people said someone who has armed forces experience delivering the service
- 1** person said being able to self-refer
- 1** person said comfortable environment and waiting area

## Social care services

- 3** people said more information and advertising of what is available
- 2** people said knowing how to access social care services
- 1** person said more affordable



# Demographics

## Gender and Age

Seventy per cent of respondents were male, 30% were female. Most respondents were aged 65-79 years with 29 people falling into this category. Twenty three people were aged 50-64, seven people were aged 25-49 years, and five were aged over 80 years. One person was aged 16-17 years.

## Marital status

Around 60% of respondents were either married or living with a partner. A further 15% were widowed and 15% were divorced. Around 10% were single.

## Ethnicity

All respondents that answered this question said that they were White. Two people said, 'White other', one person said, 'White Gypsy, Roma, Traveler or Irish Traveler', the rest said, 'White British: English, Northern Irish, Scottish, Welsh.'

## I have... I am...

Nearly half of all respondents said that they had a physical or mobility impairment with over half having a long term health condition.

- 11** people had a mental health condition
- 9** had a sensory impairment
- 3** people did not have a support network around them
- 3** were out of work
- 2** people were neurodiverse
- 2** people were member of the LGBTQ+ community
- 2** people struggled with addictions
- 1** had a cognitive impairment or learning difficulty
- 1** person was an ex-offender
- 15** people said that none of the above applied to them

## Standard of living

The majority of respondents, 39, said they are 'quite comfortable' with enough money for expenses and a little spare to save or spend on extras. Nineteen people were 'just getting by' with two people saying that they were 'really struggling'. Four people were 'very comfortable' with a lot of spare money for extras.

## Postcode area

There was a good spread of postcode areas of respondents.



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