



# Service and Care: The Healthcare Journey of the Armed Forces Community

Engagement: November 2024 – February 2025

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## Summary

**Veterans, reservists, serving personnel and military families shared their stories of accessing healthcare, and how the NHS could improve the support they receive.**



**Mental health services lacked understanding of the unique experiences of this community.** We also heard the negative impact serving in the armed forces had on their mental health and the difficulties in accessing support. Others had a stoic attitude and were reluctant to accept help.



**Healthcare professionals need more training, knowledge and understanding of the armed forces community.** Many felt they experienced the same issues in accessing NHS services as the civilian population, however some veterans shared difficulties receiving priority treatment despite being applicable.



**NHS services need to provide more signposting and support to the armed forces community.** Many had not received any signposting from NHS services and were not aware of the Veteran Friendly or Veteran Aware accreditation schemes. They also felt NHS services should provide information about navigating the NHS, and ensuring military families are aware of the help available to them.



**GP practices need to be proactive in identifying members of the armed forces.** Many had not informed their GP practice or their military background and/or did not know if this information was on their patient records.



**The NHS and the military need to work more effectively together.** Veterans and reservists shared the challenges they faced in obtaining their medical records and emphasised the need for better collaboration between the NHS and the military.



**GP practice and NHS Trust websites need to have more information available for this community.** 40% of Veteran Friendly GP practices had no information on their website about registering as a member of the armed forces community and 45% had no signposting. NHS Trusts also had very limited information available on their websites.

# Recommendations

Our findings have highlighted a range of suggestions to improve the experiences of the armed forces community. We advise the Hertfordshire and West Essex Integrated Care Board (ICB) Transformation Committee to consider how best to implement the following recommendations:



Increase **awareness of mental health support** and encourage the armed forces community to access help available to them. Priority treatment for this care should be granted if eligible.



Improve **training, awareness and knowledge** amongst professionals to enable better understanding of the needs of the armed forces community.



**Signpost** the armed forces community to military charities, organisations, local support groups and NHS specific services. This should include ensuring information is readily available within healthcare settings and webpages.



**Audit and measure the effectiveness of Veteran Friendly and Veteran Aware accreditations** to ensure the required standards are being met.



Review access to **priority treatment** to ensure those eligible are receiving care. Awareness and understanding of eligibility should also be improved amongst professionals and patients.



Consider implementing “**Veteran champions**” within healthcare services and promoting Veteran Friendly and Veteran Aware accreditations (if awarded) to **build trust** with the armed forces community.



**Ensure patients are invited to register** as a member of the armed forces community and patient records are accurately maintained.



Collaborate more effectively with the military to ensure better **data sharing** and maintaining of patient records.



Consider working with the military to support service leavers with integration and **navigating** the NHS system.

## Healthwatch Hertfordshire

Healthwatch Hertfordshire represents the views of people in Hertfordshire on health and social care services. We provide an independent consumer voice evidencing patient and public experiences and gathering local intelligence to influence service improvement across the county. We work with those who commission, deliver and regulate health and social care services to ensure the people's voice is heard and to address gaps in service quality and/or provision.

## Hertfordshire and West Essex Integrated Care System

The Hertfordshire and West Essex Integrated Care System (ICS) was established as a statutory body on 1 July 2022. Integrated Care Systems are geographically based partnerships that bring together providers and commissioners of NHS services with local authorities and other local partners to plan, coordinate and commission health and care services<sup>1</sup>. The Hertfordshire and West Essex ICS is made up of two key bodies – an Integrated Care Board (ICB) and Integrated Care Partnership (ICP).

### Integrated Care Board

The Integrated Care Board (ICB) is an NHS organisation responsible for planning and overseeing how NHS money is spent across Hertfordshire and West Essex, with the aim of joining up health and care services, improving health and wellbeing, and reducing health inequalities. The board of the ICB includes representation from NHS Trusts, primary care and from Hertfordshire County Council and Essex County Council<sup>2</sup>.

This report will be sent to the Hertfordshire and West Essex ICB Primary Care Transformation Committee to inform how it can further support the armed forces community.

### Integrated Care Partnership

The Integrated Care Partnership (ICP) is made up of representatives from different organisations involved in health and care. This includes NHS organisations, local authorities and the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector. The partnership is responsible for developing an Integrated Care Strategy which will set out the priorities for Hertfordshire and West Essex for the next 10–20 years<sup>3</sup>.

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<sup>1</sup> [Integrated care systems: how will they work under the Health and Care Act? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/integrated-care-systems-how-will-they-work-under-the-health-and-care-act-2022)

<sup>2</sup> [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://hertsandwestessexics.org.uk)

<sup>3</sup> [Health and wellbeing decisions – Hertfordshire and West Essex Integrated Care System \(hertsandwestessexics.org.uk\)](https://hertsandwestessexics.org.uk)



## Hearing patient views

Healthwatch Hertfordshire and Healthwatch Essex have been commissioned by the Hertfordshire and West Essex ICS Primary Care Workstream to undertake a series of research and engagement projects. The aims of the projects include:

- Gathering lived experience to feed directly into the workstream
- Supporting and enabling Hertfordshire and West Essex ICS to achieve wider participant engagement
- Engaging patients and the public on programs covering key priorities and areas of importance at a regional and local level
- Making recommendations to the Hertfordshire and West Essex ICB Primary Care Transformation Committee so improvements can be implemented

Using patient and public feedback, each project will focus on improving the relevant service(s) within different areas of primary care by making recommendations to the Hertfordshire and West Essex ICB Primary Care Transformation Committee.

From November 2024 – February 2025 the Director of Primary Care Transformation at the ICB requested Healthwatch Hertfordshire and Healthwatch Essex to explore the views and experiences of the armed forces community, hearing directly from the following groups:

- Veterans
- Serving personnel and reservists
- Families of those who have served, or are serving in the armed forces

The aim was to hear from the armed forces community about their experiences of accessing healthcare, and what information and support would help them to receive better care. Most research and engagement has focused solely on the experiences of veterans, this project strived to take a broader approach, by speaking with other members of the armed forces community – including serving personnel, reservists and family members.

## Aims

- To engage with the armed forces community about their experiences of accessing healthcare
- To understand how the NHS can better signpost and support from the armed forces community
- To make recommendations to the Hertfordshire and West Essex ICB Primary Care Transformation Committee to improve service provision for the armed forces community

## Methodology

Interviews and focus groups were adopted to enable an in-depth understanding of the complex issues affecting the armed forces community. To accommodate different preferences, respondents had the choice to participate in a focus group, or to take part in a one-to-one interview via telephone or online.

We conducted one focus group and 15 in-depth interviews between November 2024 and January 2025. In total we heard from **19** members of the armed forces community. This included nine veterans, seven reservists (active and non-mobilised), one serving personnel and two family members.

The engagement opportunities were promoted via social media and shared with the NHS and other statutory services, and the VCFSE sector across Hertfordshire to share and distribute via their own networks, contacts and social media channels. Targeted communications was also undertaken, contacting over **50** stakeholders supporting the armed forces community.

A website audit was also undertaken to explore how well healthcare providers signpost and support the armed forces community. The audit included:

- **96 GP practices** (41 of which were unaccredited and 55 were accredited as Veteran Friendly)
- **Three hospital trusts** (Princess Alexandra Hospital NHS Trust, East and North Hertfordshire Hospitals NHS Trust and West Hertfordshire Teaching Hospitals NHS Trust – all of which are accredited as Veteran Aware)
- **Two community trusts** (Hertfordshire Community NHS Trust and Central London Community Healthcare NHS Trust – both of which are Veteran Aware)
- **Two mental health trusts** (Hertfordshire Partnership University NHS Foundation Trust and Essex Partnership University NHS Foundation Trust – both of which are Veteran Aware)
- **One ambulance service** (East of England Ambulance Service – this is Veteran Aware accredited)

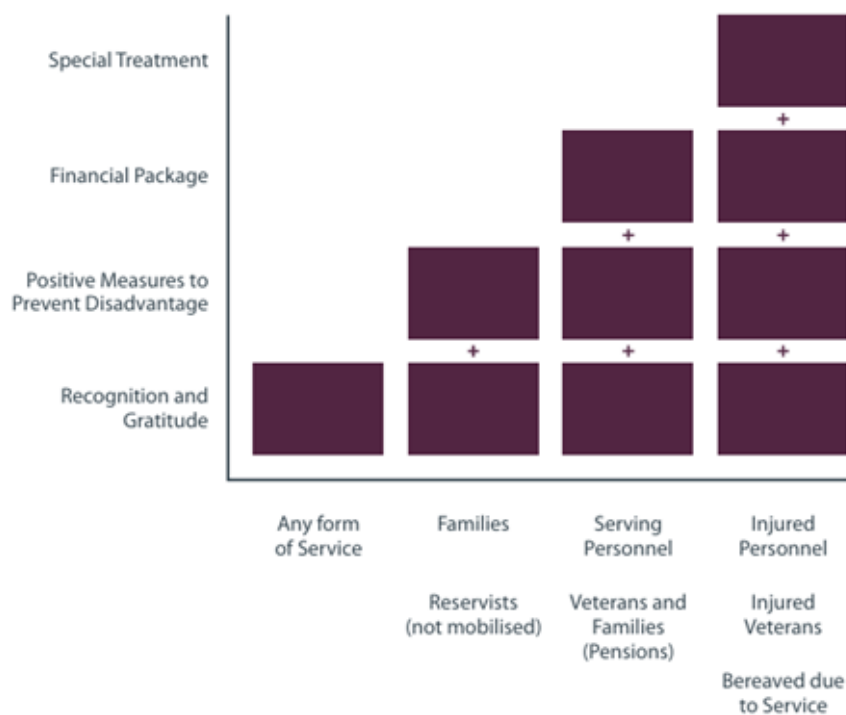
## Background

The armed forces community<sup>4</sup> is defined as including:

- Serving personnel
- Reservists
- Veterans
- Families of regular personnel, reservists and veterans
- Bereaved

The levels of support available to the armed forces community is as follows<sup>5</sup>:

**Figure 3: Levels of Support Available**



As shown in the diagram, the armed forces community should expect to receive additional support, dependent on their relation to the military. To date, most research and engagement activity has explored the barriers experienced by veterans in accessing healthcare. There is limited evidence identifying the needs, views and experiences of serving personnel, reservists and families.

<sup>4</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf)

<sup>5</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf)



## Local picture

According to the 2021 Census, Hertfordshire is home to **25,849** veterans. Although it is not a garrisoned county, there are various military units in Hertfordshire, including Northwood Headquarters. It is not clear how many reservists or families live in Hertfordshire.

As of July 2024 more than half of GP practices across Hertfordshire and West Essex are now officially accredited as “veteran friendly” practices<sup>6</sup>. In 2021 only 8 GP practices were accredited, highlighting a significant improvement.

Likewise, in 2021 none of the NHS trusts based in Hertfordshire were accredited as “veteran aware” whereas now every NHS trust has this accreditation.

Locally we have information about the experiences of veterans in accessing healthcare, however we have limited evidence relating to reservists, serving personnel and families.

## Experiences of veterans and non-mobilised reservists

Veterans and non-mobilised reservists receive healthcare from the NHS. Many studies have identified common barriers and challenges faced by veterans in particular:

**Lack of awareness:** studies have identified that veterans can lack awareness with how to access NHS services and what support services are available to them<sup>7</sup>. Often when leaving the armed forces, veterans are not given any information about navigating the NHS. Equally, NHS services also often lack awareness of how they can signpost and support veterans<sup>8</sup>.

**Identification:** veterans often do not know that they should inform their GP practice that they have served in the armed forces, and the importance of sharing this information<sup>9</sup>.

**Stigma and lack of understanding:** stigma amongst the veteran community when seeking support can lead to reluctance to access healthcare services<sup>10</sup>. Veterans can see accessing mental health support as a weakness and have been taught to maintain a “tough exterior”.

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<sup>6</sup> More veteran friendly practices across Hertfordshire and west Essex – Herts and West Essex ICS

<sup>7</sup> Veteran help-seeking behaviour for mental health issues: a systematic review

<sup>8</sup> <https://www.hertfordshire.gov.uk/media-library/documents/hertfordshire-heroes/hafcb-annual-report-2022-2023.pdf>

<sup>9</sup> <https://www.hertfordshire.gov.uk/media-library/documents/hertfordshire-heroes/hafcb-annual-report-2022-2023.pdf>

<sup>10</sup> Transition from service to civvy street: the needs of armed forces veterans and their families in the UK – E Fulton, D Wild, J Hancock, E Fernandez, J Linnane, 2019

**Lack of trust:** studies have found that veterans can be reluctant to access healthcare services, believing that the NHS does not have an adequate understanding of the armed forces community and the unique needs they may present with<sup>11</sup>.

**Difficulties accessing priority treatment:** research has found that despite having an injury related to their service, veterans have not received priority treatment. One study found that only 35% of health and social care staff had a “good” understanding of the Armed Forces Covenant and their duties to uphold it<sup>12</sup>.

Our previous research (2021) engaged with veterans and explored the barriers they faced to accessing healthcare in more detail and can be found [here](#).

There is limited evidence exploring the experiences of non-mobilised reservists. Often this is because their experiences are very similar to that of the civilian population.

### **Veteran Friendly GP Practices**

The Royal College of General Practitioners (RCGP) is working with NHS England and NHS Improvement to accredit GP practices as ‘Veteran Friendly’. Being accredited means that a practice can better identify and treat veterans, refer them, where appropriate to dedicated NHS services, and capture better epidemiological data to improve future health provision. It also means that the NHS is more able to meet the health commitments of the Armed Forces Covenant<sup>13</sup>.

### **Veteran Aware accreditation**

The Veteran Covenant Healthcare Alliance (VHCA) is also working with the NHS to accredit NHS Trusts as “Veteran Aware” to improve standards of care for veterans. Benefits of the accreditation include: signposting and referring veterans and their families to the appropriate services, identifying and treating veterans, training staff to be aware of veterans’ needs and ensuring veterans are not disadvantaged when receiving healthcare<sup>14</sup>.

### **Experiences of accessing healthcare for serving personnel**

The Ministry of Defense (MOD) is responsible for providing general healthcare and some areas of specialist healthcare for most serving personnel and mobilised reservists. General and day-to-day check-ups and treatments are provided by the Defence Medical Services (DMS).

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<sup>11</sup> [The influence of psychosocial factors in veteran adjustment to civilian life.](#)

<sup>12</sup> [Transition from service to civvy street: the needs of armed forces veterans and their families in the UK – E Fulton, D Wild, J Hancock, E Fernandez, J Linnane, 2019](#)

<sup>13</sup> <https://www.rcgp.org.uk/clinical-and-research/resources/a-to-z-clinical-resources/veteran-friendly-gp-practices.aspx>

<sup>14</sup> [Veterans Covenant Healthcare Alliance – Veterans Covenant Healthcare Alliance](#)

Serving personnel and mobilised reservists tend to only use NHS services when they are in a situation where they cannot use DMS to receive healthcare. This may include being too far away from a military medical centre. In these circumstances, serving personnel and mobilised reservists will temporarily register with an NHS GP practice.

They may also receive emergency or routine specialist treatment in the UK if it is easier to be treated here than overseas.

Serving personnel and mobilised reservists can also use out-of-hours care such as A&E, 111 and urgent care<sup>15</sup>.

A recent study by Sharp et al (2023) found that while the majority of those who serve in the armed forces do not experience negative health outcomes from their service, they may be at a higher risk of mental health problems and alcohol misuse. Likewise, a study from Mills et al (2023) found that serving personnel are not always aware of or willing to access sources of mental health support, and are more likely to access non-medical sources of support, such as friends and family<sup>16</sup>. However, understanding of their experiences of accessing DMS are limited.

### **Experiences of military families**

Most families of serving personnel, reservists and veterans access and receive their healthcare through the NHS. Military families can register as an armed forces family member with their GP practice and this will be recorded on their medical records. Registering can make it easier for a new GP surgery to continue providing treatment if they need to move due to a new posting. However, research has identified that many military families are not aware of the importance of registering<sup>17</sup>.

Studies have found that families have experienced difficulties accessing NHS healthcare after being posted. One study found that 39% of families who moved whilst undergoing treatment with a GP had challenges with continuing their treatment in a new location. Likewise, 53% had difficulties continuing treatment with hospital services, and 51% had difficulties accessing mental health support<sup>18</sup>. This is despite the Armed Forces Covenant stating that families should not be disadvantaged and placed at the bottom of waiting lists.

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<sup>15</sup> [Accessing NHS healthcare while in active service - NHS](#)

<sup>16</sup> [Awareness of and willingness to access support among UK military personnel who reported a mental health difficulty | Journal of Military, Veteran and Family Health](#)

<sup>17</sup> [Transition from service to civvy street: the needs of armed forces veterans and their families in the UK - E Fulton, D Wild, J Hancock, E Fernandez, J Linnane, 2019](#)

<sup>18</sup> [Health-Briefing-note.pdf](#)

Various studies have also identified the challenges military families can face – including separation, accommodation, access to healthcare, poor mental health and children's education<sup>19</sup>.

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<sup>19</sup> [Understanding the experiences of military families – Northumbria University Research Portal](#)



## Key findings

### Identification: Awareness of military status amongst healthcare services

*Most members of the armed forces community had either not informed their GP practice of their military status and/or were uncertain whether this information had been recorded on their patient record. Respondents called for GP practices and other healthcare services to be more proactive in identifying the armed forces community to enable them to provide better care.*

Respondents were asked whether they had informed their GP practice or other healthcare services of their service history and/or relationship to the armed forces. Around half of our respondents had provided this information.

Some veterans shared that they had not informed their GP practice and/or other healthcare services of their military history.

***“There’s nothing really to tick that I remember ever ticking when I first signed up to say I’m a veteran so that needs to be more clear because I didn’t know.”***

***“They never seem to inquire if you’re a veteran. It would be something you have to volunteer.”***

Reservists in particular said there was not an option for them to share their military status with NHS services and felt this was an area that could be improved.

***“I’m not sure if I’m registered with them – I can’t recall whether or not I had that option given to me or not. I don’t know how I go about it, do I literally just phone them up and tell them or I don’t know, I’m not sure.”***

***“I haven’t declare that to the receptionist that I’m a reservist.”***

***“As a reservist, quite a lot of the time when I look at things I do see either serving armed forces or retired, often reservist is left out. The tick boxes in which you state where you are from in the military community, they are generally quite binary, it’s either full-time serving or retired.”***

A few veterans and reservists shared that they have not told their GP practice about their military history. Reasons included reluctance to declare personal information, lack of trust in the NHS, and not seeing the value in declaring this with NHS services.

***“I haven’t shared with them that I’m in the armed forces...because I don’t know if that’s going to have any repercussions. We have generally been advised to be more discreet about the military. It’s not something to tell people about or brag at all, that’s why I’ve become more reserved about sharing this.”***

***“I don’t see what value the value is of a GP practice knowing you’re a veteran, unless you have a particular condition that needs to be addressed. Because when you come back to the UK you are in the local community.”***

On the other hand, some veterans and reservists had informed their GP practice about their military service, however they were uncertain whether this information had been recorded on their medical records.

***“I have no idea if it’s on my records and it doesn’t show on any NHS app either.”***

***“My GP practice does not seem aware of my military background as I have had to remind them repeatedly.”***

***“Well I did register with a code, whether they put it on my notes or not, I don’t know.”***

Most respondents shared that they have not seen any information in GP practices or other healthcare settings encouraging the armed forces community to notify them of their military background, and why this is important.

***“You said that Princess Alexandra in Harlow is Veteran Aware, I’ve been there a couple of times and I have never seen anything that says, like a sign up, saying if you are a veteran please let us know.”***

***“In the surgery they have a big noticeboard in the waiting room, there is nothing about if you are a veteran.”***

The majority of respondents felt it was crucial that GP practices and other healthcare services identified members of the armed forces community and noted this as a key area for improvement.

Respondents recommended that GP practices and other NHS services could be more proactive in encouraging the armed forces community to inform healthcare services of their military background. Suggestions included providing information in waiting areas, directly asking patients if they are part of the armed forces community, and greater accountability for ensuring patients are appropriately registered.



***“I think there’s probably an element of two-way and possibly, again, organisations or the practice capturing or being proactive about opening up to their patients and saying if you are a veteran or reservist, let us know.”***

***“Standardised questions where they ask in assessments, be it new registrants or whatever, ‘are you a veteran’, ‘are you an active non-mobilised reservist’ because having that data would then feed into future work that can be done.”***

***“The only thing they could do is from the top down – the ICB has to issue an announcement to all GPs saying you must be aware of veterans and make sure that they’re registered at your practice as veterans.”***

***“Noticeboards in hospitals or GP practices, let us know you are a veteran and then any additional support you would need from that.”***



### **Case study: Identification**

Toby\* is a veteran and has informed his GP practice. Despite this, Toby is not convinced that their GP practice has recorded this on his patient records. Toby emphasised the importance of ensuring the armed forces community is identified by healthcare professionals and understanding the needs of this community.

*“The GP locally knows nothing about anybody having any military service. They’re not veteran friendly. When I moved to this particular GP practice, I tried telling them and I tried at the desk and the interest rate was, let’s say zero or negative. The last GP I saw nearly two years ago, he said he would try and upgrade the records but I have no idea if that happened and it doesn’t show on the NHS app either.”*

*“[They need to] acknowledge the fact that we are veterans, that would be a first step. People say ‘well have you complained about them about them not knowing that you’re a veteran?’ no, because frankly it’ll go in one ear and out the other.”*

*\*Please note a pseudonym has been used to protect their identity.*



In addition, some of our respondents are reservists and work or have worked in the NHS. They suggested that enabling flags on patient records and medical systems could be used to highlight whether a patient is a member of the armed forces community. They added that having this additional understanding would help them provide better care to their patients.

***“I don’t work full-time in the NHS anyone so it may have changed but I don’t think it has. I’ve never seen a flag that would tell me that this person is serving or armed forces.”***

***"I don't know think that is a tag on the system, we have things like dementia, people with child protection plans. It would be quite useful to have tags on the system because I would communicate with somebody differently."***

## **Information sharing: Information sharing between healthcare services and the military**

*Many veterans and reservists shared the difficulties they faced in obtaining their medical records and called for better collaboration and sharing of patient data between the NHS and the military.*

The NHS advises service leavers to register with an NHS GP practice and to let them know that they have served in the armed forces and to share any information they received from their military medical officer. This is to ensure their GP understands their service history and can signpost to appropriate services<sup>20</sup>.

However, a couple of veterans shared the difficulties they faced in obtaining their medical records to give to their GP practice.

***"I never had my medical notes. In hindsight the soldier needs to come out with 20 years, or at least 5 years of medical so that I can give it to a doctor, here's my medical notes, do what you wish with them, but at least you know my background."***

***"It's really hard to get a copy of them, It's almost like the army would lose them on purpose. I know I started having hearing loss in there but trying to find my medical notes was never-ending. It might have changed now but it was really hard to get them and say look I want a copy of my medical notes."***

Veterans said that their medical records when leaving the army should have been transferred to their GP practice, however this process was not always straightforward. Likewise, a couple of reservists said it has been difficult obtaining their medical records. Respondents suggested that there needs to be better collaboration and sharing of patient data between the NHS and the military.

***"Records from the med centre into civvy, you know patient record systems, they don't share that I think. The MOD are very outdated with their medical applications, especially when it comes to different forms. They don't talk to civvy<sup>21</sup> systems so that would probably be good if that was something."***

***"I think some of it as a reservist, which is quite unique, is about having your medical records accessible both ways. It's a little bit of a faff getting it one way and then the other. I had COVID vaccines at one point when I was away but they weren't prepared to put that on my NHS record."***

<sup>20</sup> [Step-by-step guide for service leavers - NHS](#)

<sup>21</sup> "Civvy" is a colloquial term used by military personnel to describe civilian life after leaving the armed forces.

***“I would say the biggest barrier was trying to get effective communication between the records held by military doctors and those records that were also held by the NHS – they should be able to share that data between parties respectively.”***

Linked to this, a few respondents suggested that a database or system should be established which easily identifies those who have served in the armed forces.

***“They could come up with a simple system so that when your records move from military into civil service, they should possibly have red dot on them – indicating you were in the forces.”***

***“Going forward – I don’t know if there should be a national, standard policy, whereby once you finished being mobilised or a service personnel, once you have stopped being in the army, there should be some kind of database which carries over from the MOD to the NHS.”***

## **Accessing NHS services: Experiences of receiving care amongst the armed forces community**

Veterans, reservists and family members generally experienced the same issues in accessing primary and secondary care services as the civilian population. However, some respondents shared their reluctance to receive mental health support, difficulties accessing mental health services, and the need for healthcare professionals to have a better understanding of the unique experiences of the armed forces community.

### **Accessing primary care services<sup>22</sup>**

Veterans and family members felt that they have experienced the same issues accessing GP services as the civilian population – including difficulties accessing appointments and long waiting times. They did not think these challenges were unique to the armed forces community but rather a national challenge.

***“Dreadful, you can’t get appointments. I’m now obviously a state pensioner and it’s so very hard to access the GP and to see a doctor. For one, you have to go online which I think is wrong because there’s a lot of older people who don’t have the facilities to access the online system.”***

***“It’s the same as it is around the country with trying to actually get appointments and that because the waiting lists for citizen GPs are really bad.”***

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<sup>22</sup> Primary care services provide the first point of contact in the healthcare system, acting as the “front door” of the NHS. Primary care includes general practice, community pharmacy, dental and optometry (eye health) services: [NHS England » Primary care services](#)

Likewise, reservists shared that their experiences of accessing healthcare services are the same as the civilian population. However, one reservist shared that they avoided having surgery in fear of being medically downgraded.

***“Pretty much like any other civilian, there’s nothing extraordinary around that being part of the armed forces.”***

***“With reservists, we are very much just like anyone else when accessing healthcare. We are very much just another member of the public and accessing services just like anybody else.”***



### Case study: Reservist experience

Megan\* is a reservist and said she avoids updating the military about her health because she does not want to risk being medically downgraded. She shared that she even avoided having surgery as she knew this would prevent her from being deployed.

*“I’m meant to keep the military updated but there’s no active way to let them know. If I’m downgraded medically I don’t get any work whereas if you’re full serving you’d be put into another role or something that is suitable. Whereas me, I can do some bits but I can’t get deployments. I can’t do this, that and the other. I had some problems and tried to manage it because I knew the moment I had surgery I would be downgraded for awhile and I wouldn’t be able to do anything.”*

*\*Please note a pseudonym has been used to protect their identity.*



In terms of accessing pharmacies, opticians and dental practices, again respondents felt that their experiences were similar to that of the civilian population. Respondents generally had positive experiences of using pharmacies and opticians to get the care they need.

***“My experience with dental care post-service has been ok. I have been able to register with an NHS dentist.”***

***“I couldn’t fault the pharmacy I use, they’re very good.”***

Respondents thought they had the same challenges to accessing dental care as the general population. In particular respondents shared they had to access private dental care because they were not able to register with an NHS dentist and/or due to long waiting lists.

***“I registered with one, it’s not even in my hometown, I lived there for a bit and I haven’t changed it so I have to go to Harlow because there’s literally none available. I can’t***

***even get my daughter – she’s 6 – she’s never been to the dentist, I can’t even get her into mine.”***

***“About a year ago I had a look and went to the NHS website which had a list of all the ones taking on NHS patients and it said contact this one and I tried two or three of them and they said they weren’t taking on patients anymore. I don’t know if it’s the NHS not updating their site or if it’s the dental surgery not telling the NHS that they are not taking anymore, so the information is a bit out of date.”***

Others said the price of dental care is not affordable. Given dental care is free in the military, one respondent suggested that service leavers should be given more information about the cost of NHS dentistry.

***“Haven’t seen a dentist since leaving the army. Everyone I have been to is like we don’t do NHS anymore and the prices are like wow, I’m not sitting there for someone to be like that’s going to cost hundreds and hundreds of pounds.”***

***“Soldiers could also be advised that you have to pay when coming out because like you say, you have to pay, whereas in the army, you don’t.”***

All respondents shared that they have not informed these primary care services of their military background, and questioned whether this would be necessary. They also said they had not been given the option to provide this information.

***“I used a private optician recently. I don’t think it ever came up in conversation or when I had my eye test that I’m a reservist. I’ve never said anything about my military service but then I don’t know how relevant it would be at the point of needing it.”***

***“Don’t know, don’t think so. I’ve never seen a box to tick that says you’re a veteran.”***

### **Accessing secondary care<sup>23</sup>**

For secondary care, again, most respondents felt the barriers and challenges they experience were no different to anyone else. Despite this, the majority praised NHS staff for the care and support they provide.

***“I have problems with my ears and I am awaiting a claim from the MOD for hearing loss, going through a solicitor. I was referred to ENHT in December 2023 and I’m still waiting.”***

***“I really do value what the NHS do for people. Staff’s initiative and willingness to solve the problem is exceptional.”***

However, due to long waiting lists for treatment, three veterans said they have, or are considering, accessing private treatment to get the support they need. They shared that

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<sup>23</sup> Secondary care includes: planned or elective care (usually in a hospital), urgent and emergency care, and mental health support: [The healthcare ecosystem – NHS England Digital](#)

they are not sure whether their injury is related to their service, and so do not think they are entitled to any priority treatment.

***"I'm convinced they're waiting for me to go away and go private and pay £4000 for a private hearing aid. Which I may have to do."***

***"I go to Specsavers and they first picked up on my cataract and they did an immediate referral. It was typical NHS versus private. The consultant said I can do your left eye but your right eye isn't ripe enough. I went back and had the second one done, unfortunately private rubs up against the NHS."***

***"I'm considering that I might need special treatment because I've been waiting for over a year for an appointment with a specialist for my hearing."***

### Mental health services

Some respondents shared the negative impact serving in the armed forces has had on their mental health, and how transitioning to civilian life has equally be a strain of their emotional wellbeing.

***"Everybody moves on but they don't emotionally move on from it because that's all they've known over the years."***

***"For me, I went from this strong, young lady to depression and anxiety with no help. There's no check-up on you when you leave the services to make sure you're doing ok. Because we're all damaged, mentally, physically, whatever, we're all damaged, whether we admit it or not. You've gone from civilian life to a really disciplined – away from your friends, your family, you see things that you can't talk about, you do things you can't talk about. And then you're left on your own to deal with that."***

However, a few respondents have accessed support for their mental health. Some received help from the NHS while others had to access private treatment due to long waiting lists. One respondent said they were not aware of the mental health support available to them which prevented them from accessing help.

***"You try to avoid going through the NHS because you know it's slow, you know the resources aren't there so you have to go private."***

***"I have not sought mental health support since leaving the armed forces...factors such as lack of awareness of available services and difficulty accessing them have deterred me from seeking support."***

***"To get an appointment to see anybody, a psychiatrist or what, or to have therapy sessions, there is a very, very long wait. I do know there is quite a lot of people out there who have taken their own lives through not having this support for their mental health."***



However, some respondents did not think they and/or their family needed support with their mental health. For a few veterans, they recognised they left the armed forces many years ago and mental health was not discussed as prominently as it is now.

***"I have all the mental health support I need right now."***

***"I haven't needed it, to be honest with you. I left the air force back in 1977. I never needed or never thought that I needed the assistance of any mental health practitioner."***

Many respondents, particularly veterans, had a stoic attitude towards accessing mental health support. They said they it is hard to admit that they need help, and are used to having a "stiff upper lip" and seeing themselves as a "protector" – putting the needs of others before themselves.

***"Well we tend to do a stiff upper lip – we don't like to break down in front of people and admit that things are going on. I don't like having to break down in front of a doctor because you feel like you're wasting your tears. You have to be brave, you have to get on with your work and if you don't then your family will suffer."***

***"I haven't got time to sit down in the front room of my pub in tears – I live on my own, it isn't going to achieve anything."***

***"If you do this, if you do that, you're weak. It's a horrible stereotype but you do feel that way and you keep plodding on and plodding on, it's hard to step back and be like I need help, I need to do this."***

***"I think being in the military is the role of a protector, as well as being male. You have it ingrained that it's your job to protect, it's ingrained in you. It's your job to protect other people, not the other way round."***

Others commented on the stigma surrounding mental health, and shared the difficulties they and others face in sharing their feelings and emotions.

***"A bloke getting emotional or anything like that was a no go, or a bloke going for help it was never seen. If I was to see a bloke cry, it sounds really bad, but I'm thinking what's he doing? It's quite hard for a bloke to come out and let his feelings out because that stereotype of a soldier, you're hard-nosed, it's all there."***

***"I mean you didn't do that in those days. I mean PTSD is something that is talked about now but in those days it was a stigma. It wasn't talked about at all."***

***"With a lot of veterans and a lot of men – it's almost like a stigma of asking for help, especially those who are in their early 40s."***

To improve, some respondents suggested that healthcare professionals working in mental health services need to have a better understanding of the mental health issues

affecting the armed forces community. A few said they would prefer to receive support from military charities and organisations rather than the NHS as they are more likely to provide specialist care.

***“If the mental health issue came about through service then it’s hard to get non-military organisations to help them. I definitely think it has to be a unique military mental health or talking therapies approach to military-specific personnel and their issues, if they have any.”***

***“If it was related to military service then I would look to use either my support network in the military, so trying to access mental health support in the military, as it would be better to be looked after by someone who has an understanding of the armed forces.”***



### Case study: Mental health

Kevin\* is a veteran and was diagnosed with a mental health condition. He was initially referred for cognitive behavioural therapy (CBT) but did not find this helpful.

*“I previously went to my GP with the same kind of symptoms and they referred me for CBT. I went back to the GP and the same sort of thing, got referred for CBT again. It was only the third or fourth time the symptoms that it was causing got a lot worse and I felt I needed something different.”*

*“When I got sent for CBT with the specialist we were talking about the same thing every time, it wasn’t geared towards a veteran thing. It didn’t really look deeply into my case, they used a one size fits all approach rather than a specific approach that looks at the person and their background.”*

Kevin eventually received a referral to Walking with the Wounded which he found far more helpful.

*“There was a referral sent from my GP to some mental health NHS trust and they did some kind of referral to a charity called Walking with the Wounded and through there I got funding for EMDR therapy which I had.”*

*\*Please note a pseudonym has been used to protect their identity.*



In addition, respondents felt that the provision of, and access to, mental health services for the armed forces community needs to be improved. Respondents shared that waiting times needs to be reduced, and the treatment needs to be more in-depth and specialised to the needs of the armed forces community.

***“One of the things I get very frustrated about is if you need to see a counsellor you’re given a six-week slot. After that you get nothing. We need to do something deeper than***

***what is being offered at the moment to everybody, which is poor to say that least. I think mental health is dreadful – but for the forces it's just ridiculous."***

***"For veterans, the biggest thing we need is mental health."***

***"Eventually we break. We do break – it just adds up and there isn't the support there, I don't think."***

***"With the mental health side, it's got to be people that are more specialised in your lived experience than the general population."***

Indeed, serving personnel had a very different experience of accessing healthcare, as this is primarily provided by the military.

***"He doesn't really use civvy services. He's always used the medical services on camp, he's only ever stepped foot in a civvy GP for our daughter."***

***"We've got our own military doctors and the military branches – a medical branch serving everybody internally."***



### **Case study: Serving personnel**

Thomas\* is currently serving in the armed forces and receives his healthcare from the military. Although mostly positive, Thomas shared that serving personnel can be reluctant to access mental health support in case it has a negative impact on their career.

*"Dentistry for me is really good because I know how bad it is for people who try to access NHS dentists whereas mine is on the naval base and they seem to be pretty easy to get appointments at. And it's mandatory to have an annual check-up, I'm chased by work if I'm late for my check-up."*

*"The armed forces do have their own internal provision of mental health support and it's actually pretty good, I think. I think a problem that often comes is that serving people don't want to access it because they worry that if they do it will impair their job, but that's not true. I think there's definitely a lot of people in the armed forces that feel there isn't support, when it does exist, but they don't access it because they worry about the consequences to their career if they do."*

*\*Please note a pseudonym has been used to protect their identity.*



## Understanding and awareness: Awareness of the specific needs and challenges of the armed forces community amongst healthcare services

*The armed forces community shared that healthcare services often do not have any knowledge or understanding of the armed forces, and emphasised the need for greater training amongst professionals.*

Most respondents shared that the healthcare professionals they have interacted with have not had any knowledge or understanding of the armed forces. As a result, they found it difficult to explain their specific needs. These respondents also emphasised that healthcare professionals can lack awareness, understanding and knowledge of the armed forces community.

***“I don’t believe I have met anybody who had a military background so therefore it might have been hard for them to understand what I was trying to drive at.”***

***“I believe GP practices generally lack sufficient understanding and awareness of the armed forces community.”***

Respondents identified that a key area for improvement would be for healthcare professionals to receive more training to increase their awareness of the unique experiences of the armed forces community. They also suggested that this improved awareness would enable healthcare professionals to better signpost and support patients.

***“Provide comprehensive training to NHS staff about the armed forces community’s specific challenges, fostering a more supportive environment.”***

***“I think there needs to be more training for GP surgeries and hospitals on the type of care the military personnel need. It’s something I feel really strongly about.”***

***“The NHS needs to understand us really. Because we have done lots of stuff and I was never one for going ‘yep I served in the forces and I should be above everyone else’ that’s not how it is, but we also feel lost in the system.”***

***“If the person that you deal with has the right knowledge experience of dealing with it, they would be able to signpost a lot better than someone who has not come across someone of that background.”***

In particular, respondents emphasised the need for healthcare professionals to have a better understanding of and receive more training on the mental health challenges that may face the armed forces community.

***“Maybe they should go on training sessions to see the type of mental health scenarios that affect veterans.”***

***“It’s funding, everything is down to funding. Maybe if the government allocated x amount of money for GP practices to be trained and to be aware of obviously the mental health aspect.”***

***“I think they need to have a better understanding...it’s the complexity – because it may be that they’ve had several traumatic experiences but some of the detail of those are lifechanging.”***

***“Civilian organisations have less of an understanding, military personnel who may encounter mental health issues have a separate and unique presentation and needs that I feel can only really be addressed by people who know the military. And it’s very difficult for military personnel to relate to civilian organisations.”***

Two respondents suggested that it would be beneficial if the NHS could refer patients to healthcare professionals who also have a lived experience of the armed forces and as a result, could provide better care and understanding.

***“Hopefully the NHS would have a certain database where they can try and link you up to somebody themselves who is an army reservist and they would have a better idea.”***

***“The military have a lot of doctors and nurses so maybe have a dedicated or designated military team in the NHS. I’ve got no problem travelling halfway across the country if it was people that understand what we’re going through.”***

In terms of GP practices, a couple of respondents suggested that they could have a ‘Veteran Champion’ or ‘Armed Forces Liaison’, a member of staff with more training and understanding of the needs of the armed forces community and can be a point of contact for patients for signposting information and support.

***“We have a thing at work, a neurodiversity champion...I don’t know if there’s a similar thing they can do with a veteran champion type of thing, someone who has dealt with veterans or worked with them so if you have a veteran come in you can email this person for advice so they know where to signpost people and have more information than everyone else – like a single point of contact.”***

***“Access to a dedicated armed forces liaison within GP practices could have facilitated a smoother transition...appoint dedicated staff within NHS facilities to act as liaisons for veterans, ensuring their unique needs are understood and addressed.”***

Three respondents who are reservists working within the NHS emphasised how valuable it is to know whether a patient is part of the armed forces community. They shared that having this information enables them to adjust their approach, language and demeanour, and can help build trust and rapport between themselves and the patient.

***“We used to have a regular patient and I found out she was a Falkland veteran and possibly part of the way they turned out was possibly because of the things they***

***experienced as part of that conflict. Knowing the military background you can very quickly have that conversation. I don't think I was serving at the time but both my parents are ex-forces so I was able to have that understanding and communication with her."***

***"It is useful to have that flag. It will definitely be useful for community-based NHS services to know that the person they're treating is part of the military community, because if it happens to be that they're being treated by someone who is also part of the military community, it really does help break down that patient-professional barrier."***

In contrast, a couple of respondents argued that healthcare professionals are already overstretched and do not need to have a thorough understanding of the armed forces community.

***"I don't personally think that all mental health services in the NHS should really have a strong understanding of the armed forces, purely because it's a bit of a niche and I don't expect them to have an understanding of every ethnic background or social background."***

***"I know that the armed forces community is really small so if you look at the total numbers I would question whether it's actually something that is needed and is missing."***

## **Priority treatment: Difficulties in accessing priority treatment**

Veterans who had experienced physical and/or mental health problems as a result of their military service shared their frustrations in not receiving priority treatment. However, other respondents felt that the armed forces community should be treated in the same way as other patients accessing the NHS.

Most respondents shared that notifying services that they are a member of the armed forces community had not affected their experience of accessing care.

In particular veterans who had experienced physical and/or mental health problems as a result of their military service were frustrated that healthcare services consistently failed to acknowledge their military background and its impact. A few also said they felt very unsupported by the NHS.

***"Since leaving the armed forces my experience with GP practices has been challenging. Despite being medically discharged due to a service-related injury and having a 21% disability rating, healthcare professionals have not consistently acknowledged my military service or the reasons for my discharge. This oversight has led to frustration and a sense of being overlooked."***



***"I was talking to an army guy, an ex-squaddy<sup>24</sup> last week and he was saying to me that he actually got no support whatsoever. So he was telling me he turned to drink because that was the only comfort he could get because nobody out there, healthcare professional, was willing to listen to him and he's a young guy."***

***"Telling them has not made any difference and also when I've gone to the hospital appointments it's not made any difference."***

***"I don't trust the NHS, no. I've been wrongly diagnosed too many times and I've seen other people wrongly diagnosed too many times and no support given."***



### **Case study: Priority treatment**

Leanne\* is a veteran and was medically downgraded due to damage to her limbs. Despite this, Leanne did not receive any support from the NHS. She said she does not feel listened and has "no faith" in the NHS because of this.

*"It's both my knees, it's now affecting my hips, my ankles, my back. So everything is shot. But I go to the NHS and I'm like 'ok this is hurting' and it takes me ages to because I've got no faith. I know my body but all I get told is 'X-rays are fine, MRIs are fine, there's nothing wrong with you' so that's affected my mental health over the years, I've been in and out for depression and anxiety."*

*"I've got to wait at the NHS but they're saying there's nothing wrong with me. No one's believing me. I know everyone's in the same boat, we're all waiting for the NHS, but we've served our country, we gave up our life for years and it kind of feels we're at the bottom of the list. I feel like I'm lost in the system. We're not a priority because we're not in the services and doing our duty."*

*"The NHS is so slow and I've had to pay privately for physios and mental health and chiropractors to try and sort my body out. I'm a single parent now and I can't afford to keep going private."*

*\*Please note a pseudonym has been used to protect their identity.*



Linked to this, a few veterans shared that they had injuries related to their service, but have not been able to get the help they need from the NHS.

***"I got referred with my knee because I have arthritis coming in and my surgery, they referred me for the NHS part, so they offer a certain amount of stuff and after that amount it goes back to the NHS part. When I went years ago they were talking about keyhole surgery but when I got to the NHS part, the NHS said we are not paying for it, you have to wait until it's even worse. I originally injured my knee in Afghanistan."***

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<sup>24</sup> Ex-squaddy: is a colloquial term for someone who used to serve in the armed forces.

***"I have problems with my ears and I am awaiting a claim from the MOD for my hearing loss. I was referred to ENT in December 2023 and I'm still waiting."***

When asked about priority treatment<sup>25</sup>, around half of respondents felt members of the armed forces should be given this. Veterans in particular were more likely to feel this way.

One respondent suggested that the NHS should be more accommodating to the armed forces community, emphasising that having to move around the country should not put them at a disadvantage in terms of waiting lists. One reservist recognised that there may be times in which they need priority treatment, such as before deployment.

***"We've served out country, we gave up our lives for years and it kind of feels like we're at the bottom of the list, you get nothing. We're not a priority."***

***"We used to move around the country every 6 months. I think it's having a flexible enough system that allows people, not necessarily to have more of an advantage, but not to be disadvantaged if they move all the time."***

***"For regular members of the armed forces and those people about to be deployed, there are times where they will need to be prioritised."***

However, the remaining half of respondents felt the armed forces community should not be entitled to priority treatment and should be treated the same manner as any other patient, especially considering the pressure and constraints the NHS is facing.

***"I don't like giving preference to armed forces personnel – they're the same as any other worker. They suffer the strains depending on what their job was."***

***"I don't see how reservists, veterans, family members get treated any differently than the public because I don't know how they look at it, but I thought you were in one bracket, you're civilians all trying to access."***

***"With reservists, we are very much like anyone else when accessing healthcare and so we should be."***

Although others felt that particular diagnoses relating to military service should be an exception and entitled to priority treatment.

***"I'm not into preferential treatment unless someone has a particular diagnosis which would relate to things like serving in active community or in activities overseas and therefore come back with potentially PTSD or stuff like that."***

***"I haven't been deployed yet and I don't think it's fair me having priority over someone else who's done four tours and got his leg blown off. I don't know how the priority***

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<sup>25</sup> Under the Armed Forces Covenant the armed forces community should not face disadvantage compared to other citizens in the provision of public and commercial services; and special consideration is appropriate in some cases, especially those who have given the most such as the injured or bereaved.

***system works but surely if there is one there should be a structure of levels if there is a priority."***

A few respondents were not clear about what priority treatment is and suggested that the NHS could provide more information about entitlements and how it can be accessed.

***"Information on accessing priority NHS services for service-related conditions."***

***"Increased awareness of entitlement to priority treatment for service-related conditions would have been helpful."***

***"Never heard of it, but maybe it relates to people that have more damage or people that have suffered from serious injury."***

### **Signposting: Importance of healthcare services providing information, advice and signposting to the armed forces community**

*Most respondents had not received any signposting from healthcare services and found this support independently. Respondents called for healthcare professionals to play a more proactive role in supporting and signposting the armed forces community.*

Across all respondents, many were not aware of services available to support the armed forces community, including NHS services such as Op COURAGE and Op RESTORE<sup>26</sup>.

***"I am not aware of these specific services or the support they provide."***

***"Never heard of them and I'm informed by the NHS!"***

A few respondents said they were aware of these services but had not personally felt a need to access them. However, many respondents also shared that they did not receive any signposting or information from their GP practice and/or healthcare services to these services and other groups for the armed forces community and had found out about support available through their own research.

***"I've heard stuff about it but again, I don't know how that impacts or affects me. I've not followed up on it because I've never felt the need to."***

***"I'm aware of other organisations for the forces but not because I've been told by my GP, I would imagine that could be improved. The fact I've not received anything or any support yet I guess highlights that."***

<sup>26</sup> Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. Op RESTORE is an NHS service providing specialist care and treatment to veterans who have physical health problems as a result of their time in the armed forces.

A key area for improvement across all respondents was to improve signposting. They suggested that the NHS could do more to signpost and provide information and advice to the armed forces community.

***“There is a huge gap between the available resources, the people that need them, or the people that could benefit from using them, and making the connection between the two.”***

***“It’s not advertised much. With a lot of things people might not know about it, but if you don’t tell them, no one’s going to know. I think it needs to be more visible.”***

***“I think there’s two issues. One, identifying the person and their affiliation and two, where do they get signposted to. I think those are the elements that are lacking at the moment across most community and primary care services, actually.”***



### Case study: Signposting

Jessica\* is a non-mobilised reservist and has not informed their GP practice of their military background. This is largely because she did not know how or that this could be relevant.

*“I can’t recall whether not I had that option given to me, even now, I don’t know how I go about it.”*

Jessica has not seen or received any signposting information from their GP practice about support for the armed forces. She suggested that GP practices could do more to improve their understanding and awareness, and to provide more signposting support to the armed forces community.

*“They need a plan in place for that practice about how they’re going to advertise their care, it could be a website with armed-forces friendly charities or signposting organisations and having that kind of obvious, even if its in the GP surgery waiting area or their website. And then make regular announcements or communications, putting a monthly email, this is what we offer from a GP surgery standpoint or a primary care standpoint.”*

*“The military are very good in terms of promoting charities within their own internal comms around seeking help, should someone require that. I think from a military standpoint, they’re a little more ahead of civilian organisations in terms of holding a common place or a platform – like a one stop shop where information is available.”*

*\*Please note a pseudonym has been used to protect their identity.*



In particular, respondents suggested that the NHS could provide more information and posters in waiting areas, offering information packs, and sending out communications to patients.

***“A clear guide on the NHS services available to veterans would be beneficial.”***

***“Implement regular newsletters highlighting available support services, health initiatives and events tailored towards veterans. This would keep the community informed and connected.”***

A few respondents suggested that there should be a single point of contact – whether that be a website or staff member – for people to access to find the support and resources they need. These respondents shared that initiatives are too “siloed” and difficult for the armed forces community to navigate, and emphasised that having a central place could improve access to support.

***“If you have too many people trying to do stuff you forget which one does what and it all gets muddled and you get lost in the system and who to go to for this or that. If you have a single person to go to, a specific site, and it has all the information there and it’s laid out, it’s much easier for you to go to that support. If it’s easier, you’re much more likely to go and seek it.”***

***“There’s siloed initiatives and it can get very messy and the messaging isn’t clear across the board. I think there needs to be a Trust-wide single point of contact, be it a website, a service, a portal, an app, whatever it is – so that’s the point of contact in terms of resources that are available and it’s updated accordingly.”***

***“It’s almost like one page needs to exist and then GP surgeries pull off of that and include it in their internal communications.”***

One respondent suggested that the Armed Forces Connect app could be used, as this highlights available services to the armed forces community in the relevant county – however Hertfordshire is not currently listed on this app.

***“I’ve got an app on my phone called Forces Connect and you can select where in the country you are and it tells you what services are available in that area. But what’s interesting is that Hertfordshire doesn’t appear on this.”***

Many respondents shared that they are members of various military charities and organisations. They said that these groups provide invaluable information and support, and were often beneficial to their mental health. Some also said that the groups provided them with opportunities to meet with and share their experiences with other members of the armed forces community.

***“I’m also a member of Bishops Stortford armed forces and veterans club. So first and third Sundays of the month we meet up in spoons for breakfast and you’re talking with people who went through the same stuff.”***

***“I think a lot of the armed forces community already belong to private groups as there is an awful lot out there and there is a lot of advice given on those closed groups to help people.”***

***“It’s a just a bunch of blokes who have a shared experience...you chat about things you normally wouldn’t chat about with your next door neighbour because you haven’t got the same experience.”***

In fact, some respondents said military organisations and groups would be their first point of call if they needed support, rather than the NHS.

***“My go to would be the Royal British Legion if I needed help in any form.”***

Given the value of military organisations and groups, respondents suggested that healthcare services could signpost the armed forces community to these forms of support.

***“If you have someone that has depression or low mood or whatever, just make them aware, give them a number so that they can go down there. It’s about signposting.”***

***“Establish and promote local groups within Hertfordshire to ensure accessibility is not a barrier.”***

***“It’s not just about the charities or support that the GPs can offer, but it’s things like that where they can signpost to breakfast clubs, saying have you ever thought about going to this club.”***

Two respondents said that GP practices could organise drop-in sessions for members of the armed forces to provide support, but also to build trust with the community.

***“Holding sessions where they can actually go, members of doctors surgeries, if they opened their surgeries once a month to armed forces veterans and they advertised it, then they would start getting the trust of many ex-armed forces. All the ones I’ve spoken to don’t have anything positive to say about the NHS.”***

***“Maybe they could do drop-in clinics where veterans could actually go and speak about issues that they’ve got, problems, medical, that would be a really, really good thing.”***

Serving personnel and reservists shared that they receive signposting information and support from the military, and felt the NHS could improve in this area.



***“We do get briefed on them relatively regularly. We know about SSAFA<sup>27</sup> and we have a spot on most bases and HIVE<sup>28</sup>, which is a hub where they have all of their community-based stuff and links and networks, so I know if needed support, I’d go through that. The military is quite good at knowing where we can get support.”***

## **Accreditations**

Respondents were asked whether their GP practice is veteran friendly accredited. Most respondents said their GP practice is not accredited, while others were not sure. A few said they have not heard of the Veteran Friendly and/or Veteran Aware accreditation schemes within the NHS. Those who had heard of these schemes often worked for the NHS or were affiliated with the NHS in some way.

***“As far as I know, no. No and when I have gone there’s nothing to say they’re accredited.”***

***“I have come across it before, only because I too am a healthcare professional so I’m aware of the veteran friendly programme.”***

***“I wasn’t aware that these things existed.”***

A few respondents felt that these accreditation schemes appear to be treated as a tick-box exercise, rather than making a positive difference for the armed forces community.

***“It’s more of a tick-box, it comes down to the actual people that work there.”***

***“It’s all well and good having an accreditation but there is no, this now means we will do x, y and z. I think that kind of hard contrast between we’ve got this and now we’ve done this, I think that’s lacking across Hertfordshire.”***

***“I’m really sceptical about accreditation, unless I see the hard facts, like what have you actually done that enables you to have that award, and on a day-to-day basis, how does that benefit staff and patients?”***

One respondent suggested that any accreditations granted should be audited and monitored to enable effective evaluation and progression.

***“It comes back to communication and also audit or accountability – saying ok, prior to this, our situation with our organisation was this. We’ve now got the accreditation and this is what we’ve achieved in the first 6 months, 12 months, first 24 months. You know, it’s having that declaration whether internally or externally – well certainly auditable***

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<sup>27</sup> SSAFA (Soldiers’, Sailors and Airmen’s Families Association) is a charity which supports the armed forces community.

<sup>28</sup> HIVE Information Centres are provided by the army to give information support to all members of the service community.

***so should a third party want to look at it and ask what has been done since the accreditation."***

Nonetheless, most respondents felt it was important that GP practices and hospitals become accredited to provide better support to the armed forces community. One reservist shared that they chose to register with a GP practice because it is Veteran Friendly accredited.

***"Encourage GP practices to obtain veteran friendly accreditation to improve the quality of care for veterans."***

***"Will you be asking the local GPs, hospitals and everything directly – asking them why they're not veteran friendly, in order to get them to do something."***

***"The one I joined it said that it serves the armed forces community and it has a good relationship with them o when choosing GPs I looked at 5 or 6. I did pick that one because it said it had a relationship with the armed forces community."***

If a hospital and/or GP practice is accredited, respondents emphasised that there should be greater awareness and promotion of this. Positively one respondent shared that their GP practice is proactive in advertising its accredited and support available to the armed forces community.

***"Stanmore Medical Group has this advertised on the TV in the waiting room. It was on the tele, it cycles through and there was something about them being vet friendly and I think it even said about Op COURAGE so that awareness is there just cycling around their TV and this was only a few months ago."***

***"It's probably about having a logo on their paperwork and stuff like that, because if you are a veteran, you know what a veteran friendly logo might look like. If not, you might have the word veteran in there. You might look at it and be interested."***

## **Transition to civilian life: Experiences of leaving the military amongst the armed forces community**

Most respondents who no longer serve in the military shared the challenges they faced in integrating into civilian life, and emphasised the need for the more information, including on how to navigate the NHS.

Almost all respondents shared the challenges they experienced transitioning from the military life. Respondents said that it was "difficult" and that they felt "isolated" and unsettled.

***"It ruined my life and it's just thieved my life to constantly need therapy. I've been in out and so of so many because of leaving the services which I didn't want to do and being lost."***

***"I still think we can do a lot more because to go from having a group of friends to being isolated on the streets is one of the cruellest things that could possibly happen."***

***"When you're in the military you have a massive family and then you leave and you're lost – you've got no family. You have your family but you don't have your military family – the discipline, the structure."***

Respondents emphasised that those leaving the armed forces need to be better prepared for civilian life. Respondents suggested that more information, guidance and education needs to be provided to help people navigate life outside of the military.

***"We need educating when we come out. You can't keep telling us that what we do is exactly the same as civilian life – it's not, it's ten times different."***

***"So you've gone from a regimented thing to nothing, there's no guidance on how you're supposed to navigate the civilian life."***

***"There's nothing to tell you what it's like when you're outside and how you're going to cope. There's nothing to make sure you've got somewhere to live or if there's any help you need outside. It's taken me 21 years, so 21 years is a long time to try and get support that I need."***

Suggestions included providing a booklet containing a range of information, establishing a "de-programming structure" for integrated into civilian society, and creating a central website with useful links and resources.

***"Even if they just gave me a little booklet and one section that says you need to apply for housing here, if you need to apply for a GP, here. Then you have the information to look back on. They should just give you a booklet and be like these are all the things you need."***

***"Once either end of mobilisation or end of service when you become a veteran there's not a very good system of de-programming or kind of letting somebody better integrated into society. I think the army needs to identify better that they need to have a sort of de-programming structure for service personnel before they leave."***

***"In Lancashire on their County Council website there's links to the Lancashire Covenant Hub and it has a list of all the charities that support veterans, stuff about employment, mental health, finances, education, you click on the link for whatever you need. It even has one for different districts in Lancashire."***

Likewise, many respondents found it difficult to transition from using military healthcare to the NHS and some initially struggled to access NHS services. Others said it was challenging to understand that you could not receive care on the same day.

***"When I first got out, it was a big culture shock. In the army if I was ill on the morning I could phone up my medical centre and could get an appointment in that day."***

***“Transitioning from military to NHS healthcare was challenging.”***

***“Now I’m aware of how it works, it was just the shock, when I was in the army if I had a cough and didn’t feel well I would be seen on that day. Now you can’t see someone for weeks.”***

However, many veterans said they had left the armed forces between the 1970s and early 2000s and recognised that although they didn’t receive any support, this may have changed in more recent years.

***“Presumably now when people leave the forces there is some kind of exit strategy. There was nothing when I left.”***



### **Case study: Transition to civilian life**

Fergus\* left the armed forces in 2014 and found the transition from the military to civilian life a culture shock, and suggested there needs to be more support with re-integration.

*“When I first got out it was a big culture shock because I joined when I was 17 and a half years old and I thought the army did the same as the civilian side. So if I was ill on the morning I could phone up at half 7, 8 o’clock to my medical centre and I could get an appointment that day. You phone up now and then you can’t see anyone until next week.”*

*“I didn’t even know I had an NHS number as well. When I first to the NHS and I didn’t have my NHS number, it was a very big jump and culture shock. She was telling me I should have an NHS number and I was telling her I haven’t.”*

*“You realise there is quite a different life source outside the army and it works quite differently, but you are told it runs the same, it’s not.”*

*“It’s education from the military side, that when you come out it’s not all green grass, we need that aid even before we get out the army or when we do get to the civilian side of it, even if they give you a number and say if you phone this person they can make an appointment for you or you can go see them.”*



*\*Please note a pseudonym has been used to protect their identity.*

Regardless, most respondents suggested that those leaving the armed forces should receive more information about how to navigate the NHS. A few respondents said the NHS could give talks, and/or veterans themselves could play a part in educating serving personnel.

***“The NHS could go to regiments and give presentations to service personnel and barracks across the UK and it will allow service personnel to have a much better knowledge and when they should engage with the NHS.”***

***“What might be good is if the NHS did maybe roadshows about explaining what care can be provided, I think that would be valuable, and if maybe veterans could accompany them and talk about their stories.”***

***“I remember receiving a discharge booklet and that would be the opportunity to include the available help to you as an individual when you leave. The helplines, the websites, whatever it is, that’s the place of it to be.”***

## **Support for families: How military families have been supported by healthcare services**

*Family members had not informed their GP practice or other healthcare services of their military background and were not aware of resources and support. Respondents recommended that efforts should be made to ensure military families are aware of the help available.*

The family members we engaged with had not told their GP practice that their loved one serves, or has served in the armed forces. They did not feel it was necessary and/or were unaware of the support they could receive.

Likewise, veterans, reservists and serving personnel said they were not aware that their family members could inform healthcare services that their loved one serves, or has served in the armed forces.

***“I don’t think so. I don’t think she was asked, because obviously military spouses come under the umbrella of the armed forces community but I don’t think she was ever asked, no. I’ve never seen that written down, that are you the wife or husband of someone that’s serving.”***

***“I was never given any information about it, so I could never give her any of the information about it. If she’d known she might have been able to go to such and such and get help that way. She wasn’t aware of anything and I wasn’t given any information to pass onto her.”***

However, a few respondents recognised that it would be helpful for healthcare services to know if they have a loved one who is serving in the forces, or has served in the past.

***“From a healthcare perspective, if you know the people you’re looking after, their mum or dad has been deployed, that is helpful for conversations, especially mental health services if you’re looking after children who are in families who move around the country or move abroad regularly or parents who have been killed overseas or died during active service.”***

Respondents also shared that their loved ones are not aware of what resources and support may be available to them, and what entitlements they may have.

***“My family is not well informed about the resources and support available to them.”***

***“My parents do not know, they themselves won’t know of any support.”***

***“I don’t know if she knows what her entitlements are. I don’t think that’s something a lot of people know about, everyone thinks it’s geared towards the veterans. No one thinks about the partners, kids or brothers, sisters. I don’t think they would think of themselves either.”***

In particular, respondents acknowledged that families could be disadvantaged in terms of waiting lists and moving around the country.

***““You’ve got a lot of stuff about families and the fact they’re at the bottom of the waiting list and they might move house every 2 years and how do they navigate those sorts of things if they want to start healthcare and stuff like that.”***

***“It’s like people like the families are moving around, you can’t end up at the bottom of every waiting list around the country, you know. Because the clock starts again.”***

Respondents also suggested that there should be more support provided to children, and to improve access to mental health support in particular for loved ones.

***“Although I was never in a combat situation my ex-husband was and so I’ve seen things on the post-traumatic stress side of how combat affects other people, as a wife and also how it affects your children. For instance, we lived on a quarter where one of the bombs went off and my eldest son would never get into a car unless he actually checked underneath our family car because obviously he’s seen his dad do it.”***

***“Improve access to mental health and social support services for families.”***

A common recommendation made was to increase the knowledge, understanding and awareness of what support may be available to loved ones.

***“Be more informed as to what they are allowed to get. This is a grey area and I don’t think it’s very well advertised and I think it would help alleviate any potential stress of anyone that is serving in the army.”***

***“It’s just getting information out there and letting them know what is there, I would say that is the main thing, the information being out there, accessible and easy to find, so they know what is available.”***

***“Increase outreach and awareness campaigns targeting families of the armed forces community.”***

***“They’re not aware and I should probably make them aware that if anything was to happen to me, there are services that could support them, should they need that. But in***

***Hertfordshire there isn't a one stop shop, it's hard for people to even start to find information."***



### **Case study: Support for families**

Lisa\* is part of a military family. She shared that from her perspective, people are not given enough support when they leave the armed forces. Lisa also emphasised that military families need support, and are often not aware of what is available to them.

*"I think their mental health and their wellbeing is really, really important. They don't get to see a doctor, they don't get to see a dentist, and they're just left out in the cold."*

*"It's no good going down the normal counselling route, I don't think it can work because they've got no understanding. I don't think they're qualified enough to understand the complexity of their issues."*

*"I think it's really intense and I think if you're in a partnership – the lack of sleep, sometimes the violence and it's also for the children because they don't understand – some of them – why their father or mother has changed so much and that's really frightening. I think the families at home need a lot of support and perhaps that's another issue to be dealt with, because it's not just the forces, it's the family."*

*\*Please note a pseudonym has been used to protect their identity.*





## Results from the audit

### GP practice websites

The website audit found that of the 55 accredited GP practices, **40%** (22) had no available information about registering with the GP practice as a member of the armed forces community. Over half of these GP practices made this information easy to find by having it available via their homepage logo, banner or another form of text.

For these GP practices, information for the armed forces community was in one place and relatively easy to find. If the practice website did not have a homepage link available, a search using the term “veteran” or “armed forces” would bring up the relevant information. In some cases, the search was only possible using the word “veteran”.

Of these GP practices, **85%** (28) did not have a form available on the website for patients to register as a member of the armed forces community. Instead patients were instructed to contact the GP practice directly should they want to register.

Positively, **97%** (32) explained why it is important to register with the GP practice as a member of the armed forces community. Although two GP practices had very little detail compared to others.

Good practice included listing a named clinician at the GP practice to ask for. Some practices had this on their website but not the majority.

Of the 55 accredited GP practices, **45%** (25) did not have any signposting information for the armed forces community available on their website. Where information was available, this was easy to find. Good practice included signposting to a range of local and national organisations, such as Combat Stress, Hertfordshire Heroes and Walking with the Wounded. Some practice websites had signposting information but the weblinks were broken.

In addition, **29%** (16) of accredited GP practices did not state on their website that they are Veteran Friendly accredited. Of the 39 practices that did say they were accredited, **21%** (8) did not explain what this meant.

Only eight GP practices mentioned military families on their website.

### NHS trusts

Hospital trusts only had information in their News section, and mostly discuss how they are employers of ex-veterans.

Both community trusts had information on veterans, but this was not pertinent to patients. Instead it explained how it is an employer of ex-veterans. Central London Community

Healthcare NHS Trust (CLCH) did declare that Veteran Aware plaques will soon be displayed across many of the CLCH sites.

Both mental health trusts had much more information and support for the armed forces, with dedicated pages available on their websites. Essex Partnership University NHS Foundation Trust (EPUT) has the Op COURAGE service in its Service section – this also covers Hertfordshire and enables self-referral. Hertfordshire Partnership University NHS Foundation Trust (HPFT) says it displays Veteran Aware plaques.

East of England Ambulance Service (EEAST) website displays the Veteran Aware logo and is more focused on being a Veteran Friendly employer than what it offers for patients. However, the website does offer a range of news articles and signposting.

## Conclusion

Existing literature and research has mostly focused on veterans, and this engagement enabled us to take a broader approach and hear from the armed forces community as a whole, and their experiences of accessing NHS services and receiving support.

Although respondents felt they experienced the same issues accessing NHS services as the civilian population, some veterans shared the challenges they faced in receiving priority treatment, despite having an injury resulting from their military service. Mental health is a challenge for this community, with some respondents expressing their difficulties in accessing mental health support, while others shared a reluctance to use mental health services due to stigma and a desire to uphold a stoic attitude.

Respondents also shared that GP practices should be more proactive in inviting patients to register as a member of the armed forces community and that healthcare services in general should have a better understanding of the specific needs and experiences of the armed forces community to enable them to provide better care. In particular, respondents felt professionals should have greater awareness of mental health challenges and eligibility for priority treatment.

Lastly, respondents indicated that NHS services do not provide information, advice or signposting for the armed forces community. This was echoed by our website audit which found that 40% of Veteran Friendly GP practices had no information on their website about registering as a member of the armed forces community and 45% had no signposting and NHS Trusts also had very limited information available on their website.