

Improving Healthcare for Veterans in Central Bedfordshire

Who Served'



July 2025

healthwatch Central Bedfordshire

Content...







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Introduction

In April 2025, Healthwatch Central Bedfordshire (HWCB) launched an engagement initiative to better understand the healthcare experiences of local veterans. This work was prompted by concerns from the community and local support organisations, including reports that some veterans were struggling to access services, were not always identified as veterans by their GP practice, and felt their service-related health needs were not being fully acknowledged or addressed. HWCB sought to explore these issues in more depth, identify barriers, and highlight opportunities to improve how services can support the Armed Forces.

A veteran is defined as anyone who has served in the UK Armed Forces, including the British Army, Royal Navy, Royal Air Force (RAF) and Reserve Forces, regardless of age, length of service, or current employment status. Under the Armed Forces Act 2021, public bodies, including the NHS, must give due regard to the Armed Forces Covenant, which seeks to ensure that veterans and their families are treated fairly and with respect in the communities they have served.

To support this commitment, the Royal College of General Practitioners (RCGP) introduced the Veteran Friendly Accreditation Programme, which helps GP practices improve veteran care by identifying veteran patients, appointing a clinical lead, completing veteran-specific training, upholding the Armed Forces Covenant, and referring to specialist services where appropriate. This aligns with national priorities set out in the Veterans Strategy Action Plan (Blesma, 2025), the NHS Long Term Plan (NHS, 2025), and Healthcare for the Armed Forces Community: A Forward View (NHS England, 2021).

Central Bedfordshire is home to 8,598 veterans, according to the 2021 Census. While 15 of the area's 24 GP practices have achieved RCGP Veteran Friendly Accreditation, experiences vary. HWCB sought to capture first-hand accounts to identify barriers, highlight good practice, and recommend improvements.



Methodology

Between 12th April and 31 July 2025, HWCB developed and distributed a snapshot survey to explore the health and wellbeing of local veterans. The survey was promoted through multiple channels, including HWCB's website and social media platforms, the Veterans' Community Network (VCN) for Bedfordshire, Luton and Milton Keynes, and local Town and Parish Councils.

To reach veterans who may not engage online, HWCB also carried out face-to-face engagement. This included attending a **VCN** (Veterans' Community Network) breakfast meeting in Houghton Regis, a monthly support group for veterans, and a community café event in Ampthill.

The survey explored a broad range of topics, including:

- Service history and healthcare registration – length of military service, current employment status, registration with a healthcare provider, and whether respondents had disclosed their veteran status to their GP.
- Access to and awareness of services

 barriers to accessing healthcare,
 knowledge of veteran-specific services,
 the presence of disabilities or long-term
 health conditions, awareness of local
 support services, and perceptions of
 gaps in provision.
- Demographic information age, gender, ethnicity, place of residence, carer status, and disability registration.

The combination of online and face-to-face engagement ensured the survey reached a broad cross-section of the veteran community, capturing diverse perspectives and experiences to inform this report.



Summary of Results

A total of 28 surveys were completed. Most (22) were submitted online, with the remainder completed in person through face-to-face engagement.

A summary of responses is set out below, with a full survey analysis provided from page 12.

Demographics & Service History

- All respondents (100%) are former regular UK Armed Forces personnel.
- ♦ 77% served between 4–12 years; a small number served more than 23 years.
- Most respondents are male (75%), aged 65-79 and retired (50%).
- Only 4% are currently seeking work; some are Carers or disabled retirees.
- 78% do not consider themselves Carers, but 21% are registered as disabled.

Key Insights:

- The veteran population in Central Bedfordshire is predominantly older, with long service histories and higher likelihood of long-term health needs.
- A notable proportion are living with disabilities, potentially impacting their ability to access or engage with services.

Healthcare Access & GP Engagement

- All respondents are registered with a GP, yet only 4% reported being asked if they are a veteran.
- 96% said their GP had not initiated this question.
- Only 7% feel their GP understands or supports their needs; 53% believe otherwise.
- Only 7% know if their GP is Veteran Friendly Accredited.
- 97% have not been referred to veteran-specific services by their GP.
- ♦ None of the respondents have accessed veteran-specific services at all.

One veteran commented: "Although registered as a veteran at my GP practice I have had to mention it to get an urgent appointment."

Key Insights:

- There is limited proactive identification of veterans within GP practices.
- A lack of GP awareness and referral pathways is contributing to missed opportunities for veteran-specific support.

Mental Health & Disability Support

- Only 29% feel their mental health needs are being met; 43% are unsure.
- Diagnosed conditions include angina, emphysema, back/spinal issues, cancer, and more.
- Undiagnosed or untreated issues include hearing loss, arthritis, and depression.
- Some veterans report financial barriers to continuing treatment.

One veteran said they would like "Access to a Benefits Professional for guidance and assistance."

Key Insights:

- Veterans are living with a combination of diagnosed and undiagnosed conditions, some of which are untreated.
- Mental health support is inconsistent, and financial challenges can prevent ongoing care.

Awareness & Access to Services

- ♦ 64% are aware of their eligibility for priority NHS treatment; 32% are not.
- ♦ Half have experienced challenges in accessing healthcare.
- 82% believe better awareness of services would improve access.
- 64% would like more veteran-specific support within GP practices.
- Only five veterans had used local veteran services; three reported no positive impact.

Veterans said "There is not enough advertisement done to make people aware of services available" and "Explain what's available to veterans."

Key Insights:

- Awareness of entitlements and services is inconsistent, even among those eligible.
- Existing veteran services have low visibility and limited perceived impact.



Suggestions from Veterans

Top needs identified:

- More awareness campaigns about available services.
- Veteran-specific GP training and identification protocols.
- Local drop-in centres, helplines, and peer support.
- ♦ Access to legal advice, weekly check-ins, and carer support.

One veteran said, "Veterans always try and work things out themselves."

Key Insights:

- Veterans value practical, accessible, and face-to-face support options.
- A perception of self-reliance may be contributing to underuse of available help.

Engagement and Future Participation

- ♦ 32% would be interested in taking part in a focus group,
- 68% would not.

Key Insights:

- There may be engagement fatigue or low trust in the impact of consultation.
- Alternative approaches to ongoing engagement may be needed to build trust and participation.





Conclusion

Engagement with veterans across Central Bedfordshire has revealed significant gaps in healthcare provision, awareness of entitlements, and coordination of support. This survey provides a valuable snapshot of veterans' experiences, with the views of 28 respondents offering meaningful insight into how veterans feel about their access to services and support. While the sample is small, these voices represent real experiences and should be taken seriously when shaping future policies and provision.

One veteran reflected a sentiment echoed by others: "I did advise a consultant at a recent out-patients appointment that I was a veteran. He did state in his reply that this was the National Health Service and that wouldn't make any difference." This highlights the need for greater cultural awareness within healthcare settings, ensuring that being a veteran is recognised and that entitlements and tailored pathways are actively promoted and applied.

Identification in Primary Care is Limited

Although all respondents were registered with a GP, almost all reported not being asked about their veteran status. This lack of proactive identification is a missed opportunity to connect veterans with relevant services and ensure their needs are understood.

Awareness and Use of Veteran-Specific Services is Low

No respondents had accessed specialist NHS veteran services such as OpCourage or OpRestore, and very few knew if their GP was Veteran Friendly Accredited. This indicates both low awareness among veterans and weak promotion by healthcare providers.

GP Understanding of Veteran Needs is Inconsistent

Over half of respondents felt their GP did not understand their service-related health needs. This reflects a need for targeted training, greater cultural competence, and consistent application of Armed Forces Covenant commitments across practices.

Unmet Mental and Physical Health Needs are Common

Many respondents reported living with chronic and complex conditions, including untreated or undiagnosed issues. Mental health needs are not consistently being met, and some veterans face financial barriers to continuing treatment.

Low Awareness of the Armed Forces Covenant

Only a small proportion of veterans were aware of the Covenant and their NHS entitlements, pointing to a lack of promotion both within healthcare settings and the wider community.

Social Isolation and Fragmented Provision Persist

Veterans expressed a desire for improved service navigation, more opportunities for social connection, and better integration between statutory, voluntary, and community services.





Recommendations

1. Strengthen Veteran Identification in Primary Care

- All GP Practices must routinely ask both new and existing patients about their armed forces service status and record this information accurately to ensure veterans are properly identified and supported with appropriate care and services.
 - Encourage all practices to achieve RCGP Veteran Friendly Accreditation supported by clear guidance and incentives.

2. Build Skills and Awareness Among Healthcare Professionals

- Deliver veteran-specific training for GPs and practice staff, covering common service-related conditions, mental health, and Armed Forces culture.
 - Raise awareness of the Armed
 Forces Covenant and NHS
 entitlements across all
 frontline health and
 social care staff.

5. Establish Local Veteran Hubs and Drop-In Points

- Develop community-based hubs providing social connection, health advice, benefits guidance, and access to multi-agency support.
- Partner with local and national veteran charities to deliver outreach and activities.

6. Introduce Veteran Navigators or Care Coordinators

 Embed dedicated roles within Primary Care Networks (PCNs) or Integrated Care Systems (ICS) to help veterans navigate services and secure timely support.

3. Improve Access and Referral Pathways to Specialist Veteran Services

- Promote services such as OpCourage, OpRestore, and the Veterans Trauma
 Network through GP practices, community venues, and targeted communications.
- Establish clear referral pathways and strengthen links between primary care, specialist NHS services, and veteran charities.

4. Create and Maintain a Local Veteran Support Directory

- Develop an accessible, regularly updated guide to healthcare, social care, and community support for veterans.
- Distribute through GP practices, libraries, community hubs, veteran networks, and online platforms.

7. Strengthen Strategic Collaboration and Accountability

- Build on partnerships between HWCB, Central Bedfordshire Council, BLMK Public Health, and veteran networks to coordinate delivery of Armed Forces Covenant commitments.
 - Use these findings to inform local commissioning priorities and future Armed Forces Health Needs Assessments.

8. Monitor Progress and Impact

- Repeat veteran engagement annually to measure improvements and adapt actions.
- Set measurable targets for GP practices and local services relating to veteran identification, referrals, and satisfaction.

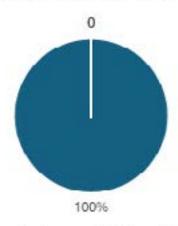


Full analysis of survey results

Question 1 - People were asked if they had previously served in the UK Armed Forces;

All respondents (100%) were former members of the UK regular Armed Forces

Have you previously served in the Armed Forces?



- yes previously served in the regular forces
- yes previously served in the reserve forces
- No



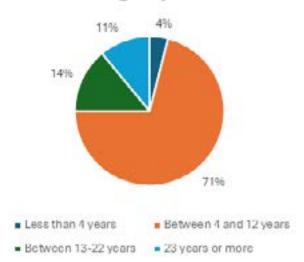
Question 2 - Veterans were asked how long they had served in the UK Armed Forces;

- ◆ The majority, 72%, said they had served between 4-12 years.
- ♦ 10% of respondents had served over 23 years
- ♦ 15% of respondents had served between 13-22 years.
- ♦ 3% of respondents had served for under 4 years.

Key Insights:

Most veterans surveyed (72%) had a mid-length service history of 4–12 years, with relatively few serving less than 4 years (3%), or more than 23 years (10%), indicating a strong representation from those who completed a substantial but not full military career.

How long did you serve?



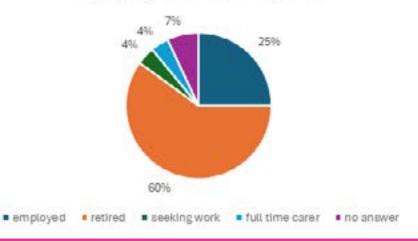
Question 3 - What did respondents use their Pharmacies for?

- ♦ **50%** of veterans were retired, **17%** of which are disabled.
- 25% were employed.
- ♦ 4% was seeking work.
- 4% was a full -time carer.
- ♦ 7% people did not provide a response.

Key Insights:

The majority of veterans are retired, with a smaller proportion engaged in employment or actively seeking work. This highlights that half of veterans are retired (including those with disabilities), while relatively few are employed, seeking work, or providing full-time care, indicating potential implications for economic support and engagement programs.

Veterans were asked if they were currently employed, retired or seeking work.

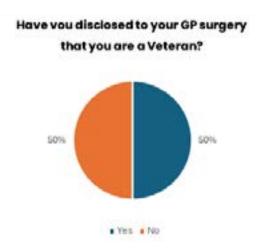


Question 4 - Veterans were asked if they are currently registered with a GP surgery;

♦ 100% of respondents are currently registered with a GP surgery.

Question 5 - Veterans were asked if, when visiting their GP surgery, had they disclosed if they were a veteran?

• 50% had disclosed their veteran status to their GP, while the other 50% had not.



Key Insights:

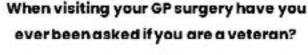
Half of veterans do not disclose their status to their GP highlighting the equal split in disclosure, and underscores the potential impact on tailored healthcare provision.

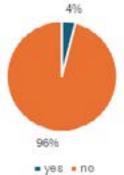
Question 6 - Veterans were asked if, when visiting their GP surgery, they had ever been asked if they were a veteran;

- 96% said, 'no', they had not been asked.
- Only 4% said, 'yes' they had been asked.

Key Insights:

Veteran status is rarely identified during GP visits. This reflects that almost all veterans are not routinely asked about their service, limiting opportunities for tailored care and access to veteran-specific support.





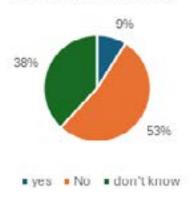
Question 7 - Veterans were asked if they felt their GP practice understands and supports their specific needs as a veteran;

- Only 9% of veterans said they felt that their GP understood and supported their specific needs
- Over 53% of veterans said they felt their GP didn't understand or support their specific needs,
- ♦ 38% said they didn't know.

Key Insights:

There is a limited recognition and understanding of veteran-specific needs in primary care. This reflects the low proportion of veterans feeling understood or supported by their GP, with a majority perceiving a lack of understanding and a significant proportion uncertain about the support available.

Do you feel that your GP practice understands and supports your specific needs as a veteran?



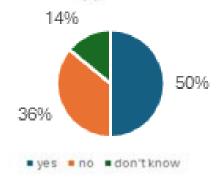
Question 8 - Veterans were asked if they experienced any challenges when trying to access healthcare services, e.g. appointments, referrals, mental health support?

- 50% of veterans that responded said they had experienced challenges when trying to access services.
- ♦ 36% of veterans said they had not experienced challenges.
- ♦ 14% said that they didn't know.

Key Insights:

Half of the veterans surveyed (50%) reported difficulties accessing healthcare services, highlighting a significant barrier for many, while just over a third (36%) reported no issues and 14% were unsure.

Have you experienced any challenges when trying to access healthcare services eg. appointments, referrals, mental health support?



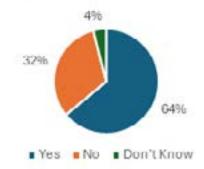
Question 9 - Veterans were asked if they were aware they may be eligible for priority treatment within the NHS for injuries related to their time in the service; (*subject to clinical need);

- 64% of veterans said they were aware of their eligibility for priority treatment within the NHS.
- ♦ 32% said they were not aware of this.
- ♦ 3% did not know.

Key Insights:

Awareness of NHS priority treatment for service-related conditions is incomplete. While most veterans are aware of their eligibility, a substantial minority remain uninformed, suggesting a need for clearer communication about entitlements.

Are you aware that veterans may be eligible for priority treatment within the NHS for injuries related to their time in the service (subject to clinical need)?



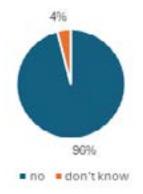
Question 10 - Veterans were asked if their GP had ever referred them to veteran specific services where appropriate? For example, OpCourage, OpRestore, Veterans Trauma Network?

- 96% of veterans that responded had not been referred by their GP to veteran specific services.
- ♦ 4% did not know.

Key Insights:

There is minimal GP referral to veteran-specific health services. This reflects the extremely low rate of referrals, highlighting a missed opportunity to connect veterans with tailored support pathways.

Has your GP ever referred you to a veteran specific service where appropriate?



Question 11 - Veterans were asked if they had ever accessed veteran specific services;

♦ 100% said that they had not accessed veteran specific services.

Question 12 - Veterans were asked if their mental health needs were being adequately supported;

- 28% of veterans that responded said they felt their mental health needs were adequately supported.
- 28% felt it wasn't supported.
- ♦ 44% said they didn't know.

Key Insights:

There is uncertainty and mixed experiences in mental health support for veterans. This highlights that while some veterans feel adequately supported, an equal proportion do not, and many are unsure, indicating inconsistent provision and unclear pathways to mental health care.

Do you feel your mental health needs are being adequately supported?



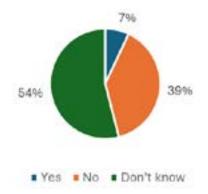
Question 13 - Veterans were asked if they knew if their GP Practice was accredited as 'veteran friendly';

- 53% of veterans that responded said they did not know if their GP surgery was accredited.
- ♦ 39% said their GP was not accredited.
- ♦ 7% said their GP surgery was accredited.

Key Insights:

There is low awareness and limited uptake of 'veteran friendly' GP accreditation. This reflects that most veterans are either unaware of their practice's accreditation status or report their GP is not accredited, suggesting a gap in visibility and implementation of this initiative.

Do you know if your GP Practice is accredited as veteran friendly?



Question 14 - Veterans were asked which GP surgery they are registered with;

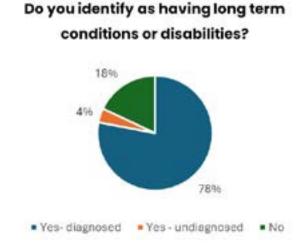
- ♦ 28% of respondents are registered with GP surgeries outside of Central Bedfordshire, for example, they are registered with Luton GP surgeries to include Sundon Hills, Edlesborough, Larkside, Pasture Way, Marsh Farm or Gardenia Avenue.
- The remaining 72% of respondents are registered with GP surgeries within Central Bedfordshire:
 - Six people stated Bassett Road Surgery in Leighton Buzzard.
 - Three people stated Salisbury House Surgery in Leighton Buzzard.
 - Two people stated Shefford Surgery.
 - Five people stated Priory Gardens Surgery in Dunstable.
 - One person was registered to each of the following surgeries: Kingsbury Court, Grovebury Road, Barton Hills, and Kirby Road.

Question 15 - Veterans were asked if they identified as having long term health conditions or disabilities;

- ♦ 78% of veterans identified as having a long term, diagnosed health condition.
- ♦ 18% of veterans did not identify as having a long term health condition.
- ♦ 4% of veterans identified as having an undiagnosed health condition.

Key Insights:

High prevalence of long-term health conditions among veterans. This indicates that the majority of veterans live with diagnosed long-term conditions, underlining the importance of accessible, ongoing, and tailored healthcare support.



Question 16 - Veterans were asked if they had been diagnosed with any long -term medical conditions that had impacted their health or well-being. The following conditions were stated;

Angina, back issues, spinal disorder, Arachnoiditis, kidney cancer, Hyperthyroidism, Crone's disease, enlarged prostate, Chronic Fatigue Syndrome, Emphysema.

Question 17 - Veterans were asked what undiagnosed long term medical conditions affected their health;

Conditions such as hearing loss and tinnitus, arthritis, a spine injury and side effects from a stroke; loneliness and depression were stated by veterans.

One veteran said, "I get depressed sometimes as I find retirement boring."

Another veteran said, "I have foot and alignment problems requiring orthotics – I was treated during my time in military service but now it has to be done privately and I can't afford it, so I am now less able to exercise, have pain and walk less and less as my orthotics are worn out."

Key Insights:

There are a variety of physical and mental health challenges experienced by veterans. This emphasises both diagnosed and undiagnosed conditions, including physical, mental, and functional impacts on daily life.

Question 18 - Veterans were asked which other healthcare providers they had had contact with in the last two years and could choose multiple options;

- ♦ 68% of veterans had contacted their dentist.
- 61% of veterans had contacted the pharmacy.
- 61% of veterans had hospital day appointments.
- ♦ 21% of veterans had contacted NHS111.
- 21% had contacted accident and emergency.
- 14% of veterans had stayed overnight in hospital.
- ♦ 29% of veterans had used the Urgent Treatment Centre (UTC).
- 10% of veterans have contacted the walk-in clinic.
- 10% of veterans had used a Mental Health service.
- None had yet to contact adult social care.

Other responses (18% of veterans) included 'opticians' and a consultation at an outpatient appointment with the veteran adding, "I did advise a consultant at a recent out-patients appointment (that I was veteran). He did state in his reply that this was the National Health Service and that wouldn't make any difference."

Key Insights:

There are patterns of healthcare utilisation among veterans highlighting the most commonly used services, and sets the context for analysing gaps in care or opportunities to improve outreach.



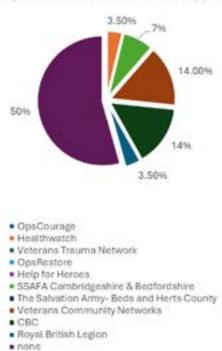
Question 19 - Veterans were asked which organisations they had been in touch with for support within the last two years;

- ♦ 4% had contacted Central Bedfordshire Council (CBC).
- ♦ 4% had contacted the BLMK Veterans' Community Network.
- 5% of veterans had been in touch with each of the following organisations: Royal British Legion and Healthwatch.
- ♦ 7% of veterans had contacted SSAFA (Soldiers, Sailors, Airmen and Families Association)
- ♦ 50% of veterans chose 'other' as an option, which included mainly 'none' as a response. Other responses included 'Blind Veterans Support UK' and 'Helping Hands'.

Key Insights:

Low engagement with formal veteran support organisations. This reflects that only small proportions of veterans have contacted recognised support bodies in the past two years, with many reporting no engagement at all, suggesting potential barriers to awareness, accessibility, or trust in these services.

In the past two years which of these organisations have you been in touch with for support?



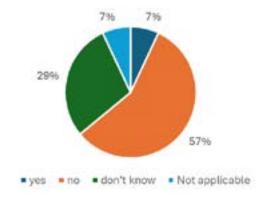
Question 20 - Veterans were asked if they had ever received hospital care, and if their military service was flagged on their records;

- 57% said their military service had not been flagged on their records.
- ♦ 29% did not know if their military service had been flagged.
- ♦ 7% said their military service had been flagged.

Key Insights:

There is a lack of visibility of Veterans' military service in hospital records. This captures the main finding; most veterans either have no military service flag in their medical records or are unaware if one exists, which could impact the care they receive.

If you have you ever received hospital care was your military service flagged on your record?



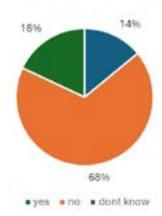
Question 21 - Veterans were asked if they were aware of Central Bedfordshire Council's Armed Forces Community Covenant:

- ♦ 68% said they had not heard of the CBC Armed forces Covenant.
- 14% said they had heard of the CBC Armed Forces Covenant.
- 18% did not know.

Key Insights:

There is an apparent low awareness of the CBC Armed Forces Community Covenant among veterans highlighting the significant lack of recognition and potential need for improved communication and outreach.

Are you aware of the CBC Armed Forces Covenant?



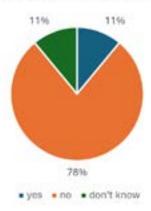
Question 22 - Veterans were asked if they had accessed any community-based support services, e.g., Peer support groups, veteran hubs, housing or employment support;

- ♦ 78% of veterans had not accessed any community-based support services.
- ♦ 11% had accessed community-based support groups.
- ♦ 11% of veterans said they did not know.

Key Insights:

There is limited uptake of community support services among veterans and highlights the low level of engagement, and sets the stage for exploring barriers or opportunities to increase awareness and participation.

Have you accessed any community based support services?



Question 23 - Veterans were asked if they had ever received hospital care, and if their military service was flagged on their records;

Only five people responded, three of them stating that no difference had been made. One person said, ""I don't generally advise of this anymore as no one seems interested when I have."

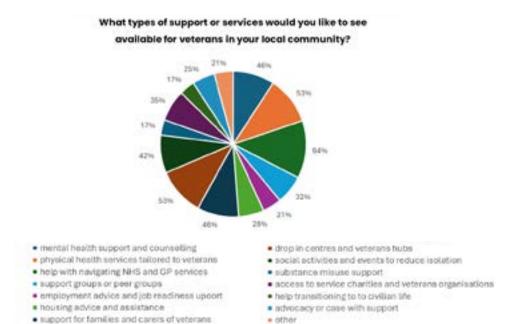
Another person added, "regular phone call-continuity....."

Question 24 - Veterans were asked what types of support or services they would like to see available for veterans in their local community. They could choose more than one option;

- ♦ 46% Mental health support and counselling.
- 53% Physical health services tailored to veterans.
- 64% Help with navigating NHS and GP services.
- 32% Support groups or peer-to-peer networks.
- ♦ 21% Employment advice and job readiness support.
- ♦ **28%** Housing advice and assistance.
- ♦ 46% Support for families and Carers of veterans.
- ◆ 53% Drop-in centres or veterans' hubs.
- ♦ 22% Social activities and events to reduce isolation.
- ♦ 17% Substance misuse support.
- ♦ **35%** Access to service charities and veteran organisations.
- ♦ 28% Access to service charities and veteran organisations.
- ♦ 17% Help transitioning to civilian life.
- 28% Advocacy or casework support (e.g. help with accessing services)
- 21% 'Other' including the suggestions 'legal advice', 'none', 'local general help line' and 'weekly call.'

Key Insights:

Veterans seek comprehensive, locally accessible support covering health, navigation, social connection, and practical needs. This reflects strong demand for tailored mental and physical health services, assistance navigating NHS and GP systems, peer support, family support, drop-in hubs, and practical guidance on employment, housing, and advocacy.



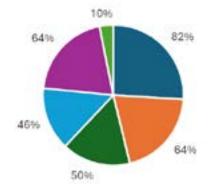
Question 25 - What do you think would make it easier for veterans to access the support they need? Veterans could choose multiple options;

- 82% stated better awareness of services.
- 64% wanted more veteran specific support within GP practices.
- 50% wanted easier referral pathways.
- 46% wanted local drop-in centres.
- 64% wanted more joined up working.
- Other comments included, 'not giving appointment with health workers that have no experience' and 'phone contact help / advice.'

Key Insights:

Improving accessibility through awareness, veteran-specific services, and streamlined pathways. This highlights veterans' desire for greater knowledge of available services, enhanced veteran-focused support within GP practices, more coordinated care, easier referral processes, and local drop-in centres to simplify access.

What do you think would make it easier for veterans to access the support they need?



- Better awareness of available services
- More veteran specific support within GP practies.
- · Easier referral pathways between services
- Local drop in centres or support hubs
- · More joined up working between organisations
- Other

Question 26 - Veterans were asked if there was anything else they would like to share about their experiences as a veteran accessing health and wellbeing services;

"Dentists that treat NHS patients. There are currently none in Luton."

"My access has been great, but none have been done by any veteran's services."

"The biggest problem is having moved between different NHS trusts - this was as the civilian spouse of my serving husband (and I am a veteran too) - this meant that when I had a flare of a previous condition requiring secondary care I couldn't be referred back to the original treating service because we had moved, records were missing etc."

"Central Bedfordshire GP Muscular Skeletal referral system needs binning, even Consultants agree."

"Having gone through all this the information we have come across, could be very useful to others."

"Veterans always try and work things out themselves."

"They don't understand ex- service."

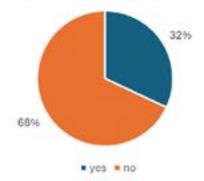
Key Insights:

There are barriers to accessing timely, coordinated, and veteran-aware healthcare services.

Question 27 - Veterans were asked if they would be interested in taking part in a focus group to share their experiences of accessing support as a veteran;

- ♦ 32% of veterans said they would be interested in taking part in a focus group.
- ♦ 68% said they were not interested.

Would you be Interested in taking part in a focus group to share your experiences of accessing support as a veteran?



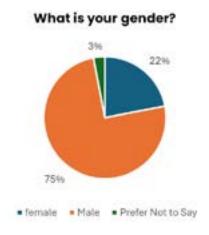
Question 28 - Personal contact details for the veterans interested in a focus group which are not included in this report:



Demographic Information

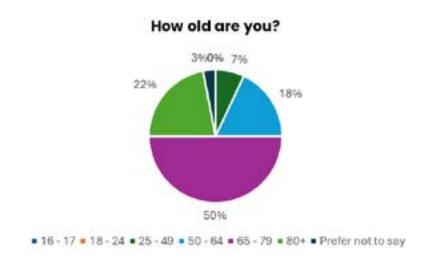
Question 29 - Veterans were asked their gender;

- 22% of respondents are female.
- ♦ **75%** of respondents are male
- 3% of respondents preferred not to say.



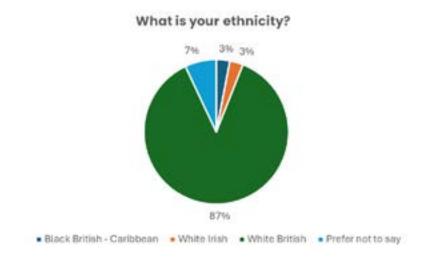
Question 30 - Veterans were asked in which age range they were in;

- ♦ **50%** of veteran respondents are aged between 65-79 years.
- ♦ 18% are aged 50-64 years.
- 22% are aged over 80 years.
- ♦ 7% aged between 25-49.
- ♦ 3% preferred not to say.



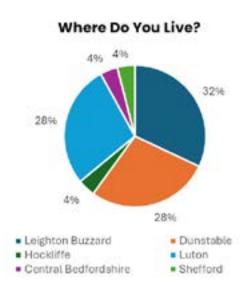
Question 31 - Veterans were asked their ethnicity;

- 87% are White British.
- ♦ 3% is White Irish.
- ♦ **3%** is Black British, Caribbean.
- 7% preferred not to say.



Question 32 - Veterans were asked where they live e.g. Flitwick, Dunstable;

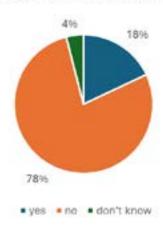
- ♦ 32% live in Leighton Buzzard
- ♦ 28% live in Dunstable
- ♦ **4%** live in Hockliffe
- ♦ 28% live in Luton
- ♦ 4% stated Central Bedfordshire (location not specified)
- ♦ 4% live in Shefford



Question 33 - Veterans were asked if they considered themselves a Carer;

- ♦ 78% did not consider themselves a Carer,
- 18% said they did consider themselves a Carer.
- **4%** said they did not know.

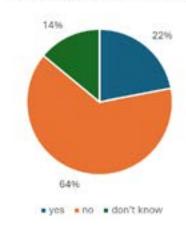




Question 34 - Veterans were asked if they are registered as disabled;

- 22% (6 people)of veteran respondents are registered disabled.
- 64% (18 people) of respondents are not and
- 14% (four people) did not know.

Are You Registered Disabled?





Are you passionate about Health and Social Care?

Volunteers are at the heart of everything we do, from talking to people about their experiences of local health and social care services and helping at our community outreach events.

Volunteering is flexible, so you can talk to us about how much time you want to give.

YOU

T. 0300 303 8554

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healthwatch Central Bedfordshire

About Healthwatch Central Bedfordshire

Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.





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