PRIORITY TREATMENT OF EX SERVICE PERSONNEL (MILITARY VETERANS) POLICY

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1. INTRODUCTION

1.1 In 1953, hospitals run by the Ministry of Pensions for the treatment of war pensioners were transferred to the NHS. The Government gave an undertaking that there would be priority examination and treatment for war pensioners in NHS hospitals for the condition or conditions for which the war pensioner received a pension or gratuity.

1.2 In 1997 guidance, a war pensioner who is to be treated as a priority, has previously been classified as someone who has served at least one day in the UK armed forces and receives a pension (or another form of compensation) for disablement caused during the 1914-18 and 1939-1945 wars and service since 1945. This included merchant seamen and civilians who receive pensions for wartime injuries.

1.3 The latest guidance (2007) states that:

- The term ‘war pensioner’ now extends to cover people who were injured or disabled as a result of service in the armed forces either before the First World War or between 10 October 1921 and 25 September 1939 (the ‘inter-war years’), and that
- Priority treatment now extends to all veterans requiring treatment whether or not they receive a war pension (or similar compensation) for injuries sustained during service and
- Veterans should not need to have first applied and become eligible for a war pension before receiving this treatment.

1.4 In December 2007 the NHS Chief Executive wrote to all PCT’s issuing guidance that updates, and extends existing guidance on priority treatment for war pensioners which should be implemented from 1st January 2008.

1.5 The previous guidance (HSG (97) 31) issued in 1997 set out the principles for access for war pensioners and these are still in use and should therefore be used in conjunction with the latest guidance.

2. PURPOSE

The Trust is committed to ensuring that the prioritisation of treatment of ex service personnel (military veterans) when related to their military service is understood and implemented across all services. The purpose of the policy is to ensure that staff are aware of the arrangements for the priority treatment of military veterans.

3. SCOPE

This policy is applicable in all clinical staff who provide any Adult services throughout the Trust.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Board of Directors

It is the responsibility of the Board to have policies and procedures in place to meet legislation and to promote best practice. The Lead director for this policy is the Chief Operating Officer.
4.2 **Line Managers**  
Line managers are responsible for making staff aware of this policy and its contents.

4.3 **All Staff**  
All staff are responsible for ensuring they are aware of the requirement to prioritise military veterans for treatment related to military service where appropriate.

4.4 **Patient Experience Team**  
The team are responsible for informing service area managers when they are aware of any breach of this policy.

5. **PROCEDURE/IMPLEMENTATION**

5.1 **When Should Priority Treatment Be Implemented?**

The guidance states that some veterans have service-related health conditions i.e. health problems related to their military service. These health conditions sometimes do not manifest themselves until long after service is terminated. Veterans with service-related health conditions should be given priority treatment unless there is an emergency case or another case demands clinical priority.

It is suggested that veterans are most likely to present with service-related conditions requiring:

- Audiology Services
- Mental Health Services
- Orthopaedic Services

Priority should apply to new referrals and should not apply to anyone who is already undergoing treatment as to prioritise them at this stage could affect other people who have already received dates for appointments.

5.2 **Evidence Required To Prove Veteran Status**

GP referrals may be received which state that the patient is a veteran and has a condition related to military service. Otherwise it is the responsibility of the patient to raise with clinicians that they think their condition is related to military service. The clinician should then decide whether priority should be given. Clinicians are not expected to systematically ask patients whether they are veterans suffering from a condition which they believe is related to their military service.

Evidence of veteran status may be in a variety of forms such as: GP referral letter, war pension documentation, or a letter on headed notepaper from the Ministry of Defence. Further information can be obtained from the Veterans website: [http://www.veterans-uk.info/vets_issues/healthcare.htm](http://www.veterans-uk.info/vets_issues/healthcare.htm)

6. **TRAINING IMPLICATIONS**

There are no specific training requirements. Staff will receive instruction and direction regarding Ex Servicemen (Military Veterans) Policy from a number of sources:

- Line manager
- Other communication methods (e.g. Team Brief/team meetings)
- Clinical supervision sessions
7. MONITORING ARRANGEMENTS

<table>
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<th>Area for Monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
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<tr>
<td>Breaches to this policy</td>
<td>Through any complaints, PALs or IR1’s</td>
<td>Patient Experience Team and Statistic coordinator/Safety Section Administration Manager</td>
<td>Clinical Effectiveness Committee</td>
<td>Quarterly on an exceptions basis</td>
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8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on the Equality and Diversity webpage of the RDaSH website [click here](#).

8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

Indicate how this will be met

No issues have been identified in relation to this policy.

9. LINKS TO OTHER PROCEDURAL DOCUMENTS

- Complaints Policy
- Risk Management Strategy

10. REFERENCES

- Health Service Guideline (97) *31 Priority Treatment for War Pensioners*, NHS Executive, June 1997
Dept.of Health Gateway 9222: *Access to Health Services for Military Veterans*, December 2007

WPA – Leaflet – 2 Notes for people getting a war pension living in the UK