Armed Forces Strategic Health Partnership submission to:

Future Reserves 2020: Delivering the Nation's Security Together

January 2013

Thank you for the opportunity to provide this submission towards the Future Reserves 2020 consultation. We are particularly pleased at the flexibility over deadlines you have provided to allow for the outcomes from our recent Reserves Healthcare event to be included in this response.

Background

The Legion and Combat Stress are the Third Sector Strategic Partners of the Department of Health for the Armed Forces and Veterans. The partnership promotes wider understanding of the health issues experienced by both those who serve and those who have served, and cultivates new pathways of care and support. The Partnership brings a wide range of expertise and organisations together to ensure comprehensive input covering all facets of health care for the service and ex service community.

Future Reserves 2020

On 17 January 2013 the Partnership hosted an event to consider the healthcare issues that may emanate from the plan to expand and restructure the Reserve Forces. Some 130 representatives of the MOD, Armed Forces, voluntary, health and local authority sectors attended to increase understanding of the proposals and to discuss the healthcare implications.

Delegates were addressed by the Minister for Defence Personnel, Welfare and Veterans, the Rt Hon Mark Francois MP and Dr Dan Poulter MP, Parliamentary Under Secretary of State at the Department of Health. Major General Smith, Assistant Chief to the Defence Staff (Reserves and Cadets), Dave Rutter, Head of Military Health and Veterans at the Department of Health (DH), and Nicola Fear of Kings Centre for Military Health Research, each set the scene for discussion which included identification of key questions, concerns and possible solutions to the problems surrounding Reservists' healthcare pathways post the implementation of FR2020.

Submission

Discussions were logged and submitted under broad theme headings, for which there is some overlap. Due to the nature of the event, contributions mainly comprise of headline ideas and concerns but they do provide questions for policy makers to consider.

Responsibility for care

Issues

- The need to develop effective care pathways.
- Who owns the duty of care for all categories of Reservists?
- The need to ensure that each category of Reserves is defined and catered for and responsibility for their care designated. What is the role and responsibility of the Army welfare service? Will it be resourced to deliver services to an increased number of reservists?
- What is the role and responsibility of the Third Sector?
- Ownership of case management. Will there be flexibility? Will/should Reservists always be the responsibility of the Defence Medical Services (DMS)? How will case management be achieved in remote/ non military areas?
- Should Local authorities/Health and Wellbeing Boards be part of a joint assessment process? Should unit Medical Officers (MO) link with NHS Clinical Commissioning Groups (CCG)?

Fitness for Service – occupational health

Issues

- The importance of, and the process for, ensuring Reservists are fit for training and mobilisation.
- A definition of 'fit' and 'for what purpose' must be shared by both National Health Service (NHS) and DMS if responsibility for healthcare is to be split. There was concern that the definition used by the NHS implies a lower threshold than that used by the DMS.
- Dependent on role will there be different standards of what constitutes fitness for training or mobilisation? An application of a higher standard of fitness might have policy or resource implications for the NHS.
- Since from an NHS clinical perspective all patients should be treated equally, will the employer (i.e. the MOD) provide fast track or specialist treatment to meet higher military standards of fitness?
- Will there be provision of healthcare at unit level to ensure individuals are fighting fit before mobilisation rather than mobilising "at risk" soldiers and placing the burden of combat effectiveness on units preparing to deploy.
- Will resources be made available to enable Reservists to achieve the required fitness standard? Will Reservists be able to take advantage of DMS and other services available to Regulars, providing for improved recovery time?
- NHS dental care can be difficult to access and expensive: will Reservists dental health be considered under 'fitness to deploy' criteria and facilitated by the DMS rather than the NHS?

- There is evidence that mental health issues are greater amongst Reservists than regular forces (cf. Dr Nicola Fear's presentation). What extra process of follow-up assessments both after operational deployments and before a second deployment will take place?

Information Sharing

There was considerable focus by delegates on the current lack of effective protocols and systems for sharing of patient data and information between the military, the DMS in particular, the NHS and other agencies. Widespread agreement was reached that this poor information flow seriously inhibits the identification and treatment of Reservists' health problems.

Issues

- How will patient information effectively flow both ways between NHS and DMS clinicians? It was argued that whilst MOD currently informs NHS it does not happen in reverse.

- The lack of communication between unit MOs and GPs.

- Lack of formalised process for divulging medical information. When a Reservist needs to access specialist services, e.g. Drug and Alcohol Action Teams, how is this shared with both the GP and Reservists' screening processes?

- When does clinical imperative overtake the medical confidentiality? For example where a civilian clinician has a medical concern, how do they let the MoD know that the Reservist may not be fit for operational duties, without the consent of the Reservist?

- Patient confidentiality and the needs of the Unit prior to deployment can easily conflict.

- Is the lack of communication between NHS and DMS a safeguarding issue? It is essential for both safe mobilisation and for clinical safety that one side knows what medical conditions a Reservist has and who is providing what treatment.

- What are the processes for data management between NHS services – will different parts be made aware that military health records also exist?

- It is not only MOD and NHS providers that need to share information. Other agencies such as voluntary sector organisations also have a requirement to be aware of a Reservist's needs in order to provide effective provision of services.

- Should consent to information sharing between providers be a condition of enlistment?

- Should the primary duty for ensuring different providers are fully informed fall on the individual Reservist?

Mental Health

The conference heard from Dr Nicola Fear that Reservists, for some groups of conditions, report higher rates of mental health issues than Regulars. Delegates raised a number of issues which need to be addressed to both minimise the occurrence of mental health disorders and their impact amongst Reservists.

These included:

- Improvement of on-going engagement regarding post operational stress management for Reservists.
- Increased focus on 'normalisation' alongside decompression.
- A need to reduce the stigma associated with reporting or admitting to mental health issues.
- Improving both Reservists' and their families' awareness of mental health conditions.
- Overcoming the problem of isolation experienced by some Reservists.

Other Issues

- Concern that Reservists, anxious to avoid being declared non-deployable, may be reluctant to report conditions to DMS themselves.
- Attribution of a mental illness to civilian/military experience, which affected the determination of responsibility for treatment, NHS or DMS. (Attribution is difficult to determine and can complicate the process of prognosis and delivery of care. Therefore all members of the Armed Forces should be entitled to DMS mental health services.)

Reservists' awareness of available support

Issues

- A lack of awareness and clarity amongst Reservists of the health care process, the range of support available and how to access services.
- A proliferation of services and materials making it confusing for individuals to understand and navigate care pathways.

Suggested solutions were:

- Streamlining the range of services provided.
- Providing a central portal of information and information on what is available locally.
- More effective utilisation of social media and easily accessible on-line resources for engagement with Reservists.

- Better use of the chain of command

Awareness amongst practitioners of military needs

Issues

- A lack of understanding of the Armed Forces amongst NHS medical staff regarding
    - Needs
    - Entitlements
    - Roles and requirements of the military.

  (There is reputedly an NHS 'ignorance of the consequences of medical decisions… on military output'. In addition there is concern that the NHS as an organisation does not properly understand the different roles of military personnel. Some delegates felt that all members of the military are viewed as infantry by NHS practitioners, thereby failing to recognise other requirements that an individual may have. One group felt that there is a need to "educate civilian GPs and other NHS staff so that they are able to contextualise the experience of the Reservist" and fully understand their needs.)

- Low awareness of Priority Treatment entitlements: CCGs must be at the forefront of efforts to improve knowledge.

Responsibility of Reservists

Issues

- Should Reservists bear some responsibility for ensuring healthcare is effectively provided particularly with regards to the disclosure of information to relevant parties?
- Should Reservists be made responsible at enlistment for declaring conditions?
- Should Reservists be made responsible for including disclosure to the NHS about their status as a reservist?
- To incentivise Reservists to disclose should they be provided with free prescriptions and dental care, like Regulars, but via their local NHS rather than DMS?

Family

Issues

- The importance of support to families and assisting Reservists to ensure their family members are adequately provided for.

- The provision of information to families, to assist with recognising symptoms of mental health injuries and where to go for assistance.

- The isolation of Reservist's families, in contrast to those of Regular forces, not typically living in close proximity to other Reservist families, geographical spread of Reservists. The Army Families Federation stated that they found it hard to reach these families due to their geographical spread. The Royal Navy, however, are more experienced in providing support to dispersed communities and it was suggested that lessons could be learned from their welfare and support systems.

- Ensuring an adequate and modern definition of family in terms of eligibility and access to support, welfare and information was also thought to be important. The typical nuclear family of 'wife and children' was thought to be too narrow. Instead consideration must be given to support for siblings, step-children and even ex-partners. A number of participants highlighted the important role parents play in supporting Reservists, particularly where he or she is young and single.

Resources

Issues

- Adequate provision of funding and resources to meet the increased demand for healthcare provision from Reservists following FR2020 for, both NHS and DMS providers.

- Communities and health services that have increased numbers of Reserves to support must receive more funds.

- DMS must be ready for Reserve Forces expansion and not be simply planning for the needs of the shrinking Regulars.

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