

SCOTTISH GOVERNMENT HEALTH AND SOCIAL CARE DIRECTORATE
ARMED FORCES PERSONNEL AND VETERANS HEALTH JOINT GROUP
IMPLEMENTATION GROUP
MEETING: MONDAY 10 JUNE, 14:00, GN.07, SAH
MINUTES

Name	Organisation	Attending / Deputy / Apologies
Jason Leitch	Scottish Government Clinical Director of Healthcare Quality and Improvement (Chair)	Attended
Neil Morrison and Jim Wilson	Veterans Scotland – Health representative	Jim Wilson attended
Warwick Shaw and Sandra Pratt	NHS Borders Armed Forces and Veterans Champions (Warwick Shaw is outgoing Champion, Sandra is his successor. Both attended the first Implementation Group meeting)	Attended
Mairi McKinley	NHS Fife Armed Forces and Veterans Champion	Attended
Claire Woods	NHS Highland Armed Forces and Veterans Champion	Apologies received
Craig Cunningham	NHS Lanarkshire Armed Forces and Veterans Champion	Attended
Ian Cumming	Chief Executive, Erskine	Attended
Adrian Carragher	Head of Audiology Healthcare Science National Lead for Physiological Science University Hospital Ayr	Not a group member - Attended this meeting to speak about hearing aids
Dr Mike Dolan	Head of SMART Services, the SMART Centre at the Astley Ainslie Hospital	Not a group member - Attended this meeting to speak about wheelchair provision

1. Welcome, Introductions and Apologies

Jason Leitch, Chair, welcomed members to the meeting and advised of apologies. Jason explained that this was the first meeting of the Armed Forces Personnel and Veterans Health Joint Group’s Implementation Group (IG) and reminded members of the Group’s remit.

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Jason also introduced two 5th year students from James Gillespie's High School, participating in the Career Ready programme which includes a 4 week internship within the Scottish Government, and were attending this meeting as part of their learning.

2. GOING FORWARD: ToRs OF IMPLEMENTATION GROUP

Jason referred to paper IG 19-02, which sets out the draft Terms of Reference for the Group and invited comments. The group confirmed that they were broadly content with the ToRs, however a few amendments were suggested around the quorum of members and the process of adding agenda items.

Action Points:

Secretariat: To amend the ToRs in line with comments received.

3. ACTIONS FROM STRATEGIC OVERSIGHT GROUP, MAY 2019

Jason referred members to the minutes of the Strategic Oversight Group (SOG) meeting in May 2019 which outlines the specific areas that have been identified from discussions as work that the Implementation Group should progress. An update is to be given to the SOG in November 2019 and again at the next meeting of the SOG in May 2020.

Wheelchairs

Jason invited Dr Mike Dolan, Head of SMART Services, the SMART Centre at the Astley Ainslie Hospital, to give a brief overview of the issues facing the service, before summarising the main points for the IG to address. This relates to Armed Forces personnel being provided with a wheelchair by the MOD that can't be maintained on the NHS because of restrictions within Scottish Government (SG) guidance. It was proposed that a "task and finish" group could be created to provide advice and actions to the IG, led by Mike.

Mairi McKinley suggested that Mike might usefully involve BLESMA, the military charity for limbless veterans, who support individuals by providing grants to allow them to purchase wheelchairs.

Ruth advised the group that there would be a bigger piece of work going forward in terms of looking at the long term provision policy once the new Chief Allied Health Professional is in post within SG.

Action Points:

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Implementation Group: Mike Dolan to set up task and finish group to initiate review of guidance

Secretariat: To facilitate this, as necessary.

Hearing Aids

Jason invited Adrian Carragher, Head of Audiology, Healthcare Science National Lead for Physiological Science, University Hospital Ayr, to give an update on hearing aid provision. Adrian began by explaining that the provision of hearing aids within the NHS was good and most people are getting a like-for-like service when they require a replacement hearing aid. However, he added that he felt there needed to be a discussion to ensure equity across Scotland as some audiologists within Boards do not provide like-for-like replacements. Adrian stated that there is a stigma around wearing over-the-ear hearing aids and that audiologists should bear that in mind when issuing hearing aids.

Jason suggested co-writing a letter with Adrian to issue to Boards to ensure equity of provision across Scotland and like-for-like service is administered. Adrian agreed and advised that there was a National Leads meeting w/b 17 June, where he would update leads on the letter, with a view to this being issued soon after.

Action points:

Implementation Group: Adrian to send list of National Leads to Secretariat

Implementation Group: Adrian to provide a draft letter, co-authored by Adrian and Jason, for Jason's input

Secretariat: To facilitate a final version then issue letter to National leads

Managed Clinical Network (MCN)

Ruth outlined current progress of the MCN for veterans, explaining that it was currently at stage 3 of the application process and will be considered at the National Professional Patient and Public Reference Group (NPPPRG), with final consideration in December 2019. Ruth suggested that Jason might like to meet with Kate Burley of NHS NSS who is leading on this application process, to discuss further and how the IG might feed into the business case to ensure clarity on the remit of the Network.

The group agreed with this approach, as they raised questions around the terminology of the Network, as Managed Clinical Network suggested the focus of the network would be narrow, while veterans face a wide range of health issues. Suggestions were received by members about changing the name to a Managed Care Network which could encompass a whole range of services and would ensure equity.

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Action Point:

Secretariat: To facilitate meeting between Jason and Kate Burley

Priority Treatment

At the SOG meeting in May, there was a discussion about the definition of Priority Treatment. Since then, and independently of the SOG, a draft definition has been prepared by the UK Government's Department of Health (DH) and Welsh Government counterparts, with a view to establishing an improved UK-wide definition. The secretariat had circulated this to members of SOG and IG for comment, to be fed back to DH. The draft on which members were asked to comment was:

'All Armed Forces veterans are entitled to receive priority access to NHS care in England/Scotland/Wales (including hospital, primary or community care) for any conditions (mental and physical) which are likely related to, or resulting from their military service (service related). This priority is over patients with a similar level of clinical needs and ONLY for service related conditions. Veterans should not be prioritised over those with greater clinical need. Dedicated veteran specific services are also available for veterans transitioning into civilian life and for veterans with complex health needs which are not resolved through mainstream NHS services.'

Mairi felt that the terminology was not going to suit both clinicians and veterans, meaning it risked not meeting the objective of being a balanced definition. Although she appreciated the need for non-specific language, in places this may be overly vague and result in a lack of clarity. Ruth added that we need to proceed with caution around changing the definition given how this may be perceived by stakeholders.

Members also stated that there was a need to raise awareness with GPs, and that a UK wide definition would be useful to avoid any cross-border issues.

Sandra asked if there were any plans around communication of the new definition of priority treatment and how we would publicise the work. Members suggested that once the new definition was agreed, NHS inform and ALISS (A Local Information System for Scotland) were potential platforms as well as internal SG comms and NHS Scotland comms, and Jason said that communication of priority treatment in Scotland is something that could be looked at by this Group or the wider SOG in the future.

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Katie thanked members for comments received so far and encouraged any additional comments. Subsequent to the meeting, these were fed back to DOH on 11 June. Next steps are to be confirmed.

Action Points:

Secretariat: Katie to liaise with DoH around definition of Priority Treatment and update the Group as appropriate.

V1P

Jason advised the group that Ministers were currently reviewing options around V1P. In addition, Mental Health officials were due to meet the Minister for Mental Health on the subject imminently. An update can be provided to the group at the next meeting or before.

Craig stated that V1P services were extremely important to his board area (Lanarkshire) and confirmation of funding of services beyond 2020 is essential, with an increasing risk of staff seeking more stable employment.

All group members were in agreement that the V1P service is very important and await an update with interest.

Action Points:

Secretariat: To provide group with update on meeting with Minister for Mental Health in relation to V1P

NHS Armed Forces and Veterans Champions Network

At the SOG meeting it was agreed that a Champions Network should be developed to ensure a consistent approach across Scotland and provide peer support to all Champions.

Jason advised that the Secretariat had issued a survey to gather Champion's thoughts on what the network might look like and that these would be shared in due course. Once a more concrete structure has been agreed, the secretariat will update the IG and SOG.

Craig suggested that the Champions Network could be aligned to and assist with the work of the MCN. Warwick also made a suggestion of using the model of the Equality Network, which implements a rotating Chair, which the group were receptive to.

Action Points:

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Secretariat: To arrange a network structure based on the results of the survey

Secretariat: Provide update to the IG when network is in place

AOB

Jason invited any other business.

Communication around the new definition of priority treatment was raised. Suggestions were received around using NHS Inform and utilising Champions in their board.

Craig raised the issue of access to services for children who had mobile service families. Craig asked if this group could explore further to see if there are any wider links to be made. He concluded by stating that the movement of children was having a wider impact not only on health but education.

Sandra raised cross-border referrals as an item for discussion, referencing a current process that allows for ease of referrals across boards and across the UK. She asked if this could be looked at through the MCN as it could make the process more straightforward.

Ruth advised the group that she had a request from Sharon Callaghan who is the Operations Manager for Defence Primary Health Care (Scotland & North). Sharon works for Joint Force Command (JFC) which is a tri-service command outwith the single service commands: Air Command, Navy Command and the Army and has offered to sit on the Implementation Group to advise on tri-service issues. Ruth asked if the group was content for Sharon to sit on the group as a member. The group agreed.

Jim asked the NHS Champions present if they could raise awareness of and be in support of the new Step into Health initiative as this is a good way of showcasing the value of veterans. Champions agreed that they were supportive of the programme and would be happy to assist with any promotion within their boards.

Mairi raised Veterans Accredited Hospitals/ GP Practices, stating that the initiative in England is working well and asked the group if they would be interesting in progressing. Approval is needed to use material and translate to NHS Scotland wording. Ruth agreed that this would be a good approach and undertook to get in touch with Kate Davies, NHS England to investigate this. On this subject, Jason advised that it would be good to speak to NHS Chief Execs for backing, and that this can be done quickly.

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Action Points:

Secretariat: Invite Sharon Callaghan to be a member of the group.

Secretariat: Ruth to liaise with NHS England on Veterans Aware initiative and feed back to group.

Implementation group: To think about cross policy links for issues impacting service children

Next Meeting

As the Group is required to provide an update to the SOG in November, Secretariat will canvass members for dates for the next meeting, which will take place in early October.

Jason made clear that although the Group will meet approximately three times per year, communication channels are open and they should feel free to contact each other directly if this would be useful. Jason would also be open to having additional meetings if members thought necessary.

Action Points:

Secretariat: Arrange next meeting in October 2019

**Armed Forces and Veterans Health Policy team
June 2019**