



**SHORE LEAVE HASLAR SURVEY  
HAMPSHIRE**

**RESULTS FOR HEALTHWATCH**

**ARMED FORCES VETERAN'S HEALTHCARE**

**30 March 2015**

The surveys were either completed on line or in face-to-face situations at various Veteran groups, such as Veterans Outreach and Support.

The 102 survey results are taken from responses within PO postcodes.

The results for all questions, except for free text are attached. Highlights and themes from the free text boxes have been incorporated into the observations below.

**DEMOGRAPHICS**

Although the details of the demographic information obtained are attached, Healthwatch may wish to note the following observations made by Shore Leave Haslar.

**Age**

The majority of those who responded to the survey were within the age brackets 45 to 54 and 55 to 64. There were no responses from those aged 18 to 34.

**Gender**

One third (34%) of responses were from females. This is of interest as the percentage of females within the Armed Forces is around 9%; therefore females are over-represented in this particular survey.

**Ethnicity**

Of those who answered this question all but one Veteran, who described ethnicity as Mixed (Afro-Caribbean), recorded White British.

**Disability**

50% reported no disability; however, almost 30% reported a physical disability and 7.8% a mental health issue. For those who registered as 'other' all but one are physical health issues.

## **SERVICE HISTORY**

Unsurprisingly given the geographical survey area, the majority (83%) of those who responded were RN/RM Veterans.

### **Deployment History**

Of the 61 who responds to this question, the majority (almost 50%) had been involved in the Falklands in 1982. The average number of deployments per responder was 1.8.

### **War Pension**

25% of those who responded indicated that they were in receipt of a War Pension or received payment under the Armed Forces Compensation Scheme. Due to the type of events targeted for the survey and the way this survey was shared, a higher level of positive responses were elicited than would be expected from the whole of the Veteran population.

Interestingly, 62% were not aware of the Priority Treatment Pledge

## **REGISTERING AND INTERACTING WITH A GP/GP PRACTICE**

The majority (68%) of respondents registered with a GP in less than one month and for those who took more than one month, the majority had delayed because they had no need to see a GP. However a significant minority (20%) were unsure of how to find a GP, which then caused a delay in registering.

Only 15% of those who responded felt that their GP knew them well. For the remainder the reasons given were either that they never or rarely saw the same GP twice (56%). The rest (34%) rarely or never visited the GP.

Only 11% rated the service received from their GP practice as Poor, with 61% rating the service as Excellent or Good.

When registering with a GP, 37% registered as a Service Veteran, 36% were unsure if they had or not. Of those who did not register as a Veteran (26%) the overwhelming reasons were that they did not think it mattered, they were not asked or they didn't think it would make a difference.

### **Comments on GP Practice**

There were some **positive comments**:

*All very positive experiences.*

*Surgery and GP were very supportive.*

*Never had cause to visit the doctor until diagnosed with diabetes 2 years ago. The diabetic nurse is very good.*

*No complaints whatsoever, exceptional practice. Always get appointment when needed.*

Veteran's thoughts on **receptionists and the reception** they receive in general are of note:

*Excellent service once the appointment barrier is broken, but follow-up service is appallingly slow.*

*It seems you have to get past an interrogation from the receptionist and could be turned away without seeing a GP.*

*Fobbed off by receptionists 'have you spoken to the pharmacist'. Pharmacists do not conduct examinations, make diagnosis or write prescriptions.*

*GP practice I originally registered with had rude receptionists.*

*Receptionist Customer Service needs improving; discussing health in waiting room and waiting behind the barrier without being acknowledged.*

There were many who commented on **waiting times**:

*Generally good except for the length of time to arrange appointments.*

*Getting an appointment felt like you were asking for the moon.*

*Very difficult to get an appointment.*

*Generally OK, but usually long waiting times for appointments, especially if you wish to see a specific GP.*

*Even when in chronic pain, unable to make an appointment. Reception staff tend to be very unhelpful.*

*Opening hours are not convenient for people who work.*

Others had comments on their **GP**

*Once you get to see the GP you are made to feel as if they don't want you there...no direct eye contact. They only ask why you have come to see them and not how you have been since the last time.*

*They do not seem to listen to patients. Do not want complications. Do not seem to think patients know anything about their body.*

*GP did not take time to read notes (wanted to send me for a scan on internal organs I had removed). Foreign GPs replaced British and I couldn't understand them.*

*Went to see GP with long term condition; while explaining he sat there yawning with no apology.*

*Differing opinions of GPs, when seeing them for the same thing.*

*Not interested in overall health; will only deal with one problem at a time.*

Comments were also made about **Medical History transfer from the MoD.**

*Transfer of medical documents from MoD did not happen, so my medical history is incomplete.*

*My service history and experiences aren't flagged on the computer system so they never know.*

Veterans also made comments on **what could be done to improve the service** they receive:

*Why can't they have a copy of our service medical documents? This would alleviate them starting everything from scratch.*

*GPs need to understand that Veterans have a different attitude towards pain and just getting on with things.*

*GPs need to listen to patients.*

*Receptionist's customer service needs improving.*

*Certainly having the consistency of seeing the same doctor would help.*

*They need more staff so that they can devote more time to dealing with Veterans and complex health issues. I do not blame my surgery as they are generally excellent in providing excellent healthcare however, there are only so many hours in the day for a busy GP. Further training for health professionals in respect of issues that may be specifically encountered by Veterans would be helpful.*

Some Veterans also commented on the issues of **finding the right care and information:**

*I believe Veterans affected emotionally by their experiences find it more difficult to have the care they really need.*

*I left the RN due to problems with my neck which requires regular physiotherapy. I cannot get that on the NHS so I have to pay to go privately. Waiting list to see NHS physiotherapist, via Rheumatologist was over a year. If I don't see the physiotherapist I cannot function.*

*I have often wondered if serving on submarines could have contributed to MS. There is an apparent, though unproven, link between Vitamin D levels and the incidence of MS. .No study appears to have been carried out by the RN although the USN gives Vitamin D supplements to its' submariners.*

<http://www.ingentaconnect.com/content/asma/ase/2005/00000076/00000006/art00009>

<http://ajcn.nutrition.org/content/69/5/842.short>

*I am happy with the way I have been treated overall. Just a pity that I missed out on ten years of service disability payments due to the fact that the Navy never told you on leaving the services that you were entitled to claim for it.. It was only after ten years that a new doctor in the practice who was ex Navy asked if I had made a claim. When I asked him what about, he said that the Navy was liable for my injury and he made a claim on my behalf.*

## **SECONDARY CARE**

48% of those who responded had been referred to Secondary Care, with the majority of those (65%) being referred to General Surgery or Orthopaedics and 45% being referred to the various Medical disciplines.

As with GP practices, just 11% rated their secondary care service as Poor, with 69% rating it as Excellent or Good.

*QA Portsmouth – appointments often overrun. The last time my appointment was bought forward by 2 weeks but on the day was 1 ½ hours late.*

*I have been waiting 10 months for a 10 minute operation. I have been struggling to eat as my jaw is so sore.*

*Although my GP knows I am a Veteran, this information does not appear to go to the hospital or consultant's records.*

## **DENTAL SERVICE**

Although 63% who answered this question had registered with a Dentist within 6 months, 36% had either taken 6 months or longer or had not registered. The main reason given for taking more than one month was that there was no need to see a Dentist. And for those who had not registered the reasons were mainly that they did not need a Dentist or did not know how to find one. Others commented that they could not find an NHS dentist or could not find a suitable practice.

## **WHAT COULD BE DONE DIFFERENTLY**

The final question asked 'What could be done to help Veterans to access and make the most of the healthcare and wellbeing services that they need?'

There were a range of responses to this question and interestingly the most frequent response was for there to be **better information and support before leaving the Services.**

*Provide more information to Service Leavers as to services available to them.*

*A concise website with regional listed services and detailed information provided at local venues i.e. Libraries and CAB.*

*Instructions on leaving on how to register at GP and Dentist and how to highlight service career.*

*Ensure that veterans have a complete "handoff" when they leave the services. This should include helping the Veteran understand what their rights are and helping them to register with applicable health care providers.*

*Make it part of resettlement to learn what services are available and how to access them.*

*It should be part of the resettlement process to sign up for a GP and Dentist.*

*Probably advice on leaving the service on the importance and how to register with GP and dental practice. Also how to locate and access an NHS dentist in your area as they seem to be an increasingly rare species!*

There was also a theme around **dedicated facilities, fast track and enhanced care**

*Having specialist professionals dedicated towards Armed Forces mental health issues, available.*

*For the NHS to keep their promise about priority treatment for Veterans.*

*Dedicated Veterans medical facilities.*

*Dedicated centres for Veterans run by people with some knowledge and understanding of Service life.*

*For the health service to fast track ex service personnel more quickly. You serve your country and you seem to be left on the outside of the normal tracks.*

*All service personnel should get priority treatment at private hospitals if there is a long waiting time in the NHS.*

Another area highlighted was around **knowledge of Veterans and help by healthcare professionals**

*Better knowledge of Veterans needs by healthcare professionals. Especially related to PTSD. No support on discharge. You hand your ID card in and that's it. If you leave and you're ill it's a real challenge to find the right help/support, this needs addressing.*

*I work with homeless people, and some that come into the service from other areas speak of surgeries that dedicate a couple of mornings a week for homeless people and Veterans. I think it is a pity that it is not done in more towns and cities, or even having Veterans access military services.*

However one Veteran had a somewhat **different stance** on Veteran's healthcare

*I think that the help given already is enough and ex-Servicemen and women have to accept responsibility for their own healthcare on leaving their respective Services.*

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