Insights to inform a shift

From sickness to prevention

NHS

From Service to Civilian

A local perspective on how support for veterans evolves after discharge from service.

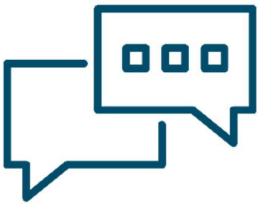
A Healthwatch Kent and Medway report

August 2025

healthwatch Kent

healthwatch Medway

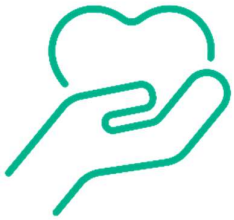
About us



Healthwatch Kent is your local independent champion for health and social care. Our aim is to improve services by ensuring local voices are heard – we want to hear about health and social care experiences to influence positive change for communities across Kent. We have the power to make sure NHS leaders and other decision makers listen to your feedback and improve standards of care.

We use your feedback to better understand the challenges facing the NHS and other care providers, to make sure your experiences improve health and care services for everyone. It is really important that you share your experiences – whether good or bad. If you've had a negative experience, it's easy to think there's no point in sharing and that 'nothing ever changes'. Or, if you've had a great experience, that you 'wish you could say thank you'. Your feedback is helping to improve people's lives, so if you are ready to tell your story, we're here to listen.

Recently, the Government has announced plans to close Healthwatch England and Local Healthwatch as part of a wider effort to streamline patient safety and voice organisations across health and social care. Healthwatch will continue its important work – listening to the public and patients and using those insights to influence the future of NHS and social care – until changes to the Health and Social Care Act come into effect.



We recognise the significant transformation underway across the health and care system, and the challenges that come with it. As we look ahead, we remain committed to working with partners to explore new ways of ensuring people's voices continue to be heard. This commitment is a fitting legacy to our 12 years of independently amplifying the voices of Kent residents.

Healthwatch Kent is hosted by EK360.

Contents

Summary

This project was undertaken following a 2024 update by Kent Public Health to its Armed Forces Needs Assessment, which highlighted how previous engagement to understand veterans' experiences of health and social care had been limited.

115 UK Armed Forces Veterans that live in Kent and Medway completed our research survey, 49 individuals completed the survey in person through a conversation with a staff member, while 66 individuals completed the survey through an online link.

The survey asked individuals to score the information they received on, and the quality of, their health and social care whilst serving and after discharge from the Armed Forces. Individuals were asked to share their experiences of accessing general healthcare, social and mental healthcare, as well as the experiences of their immediate family.

Key reflections and learnings to inform the Needs Assessment:

Physical health

The most frequently mentioned issue – difficulty in getting an appointment or seeing their GP – is a common experience within the wider population. However, by understanding that many veterans have a previous experience of healthcare access being fast and exclusive, a combination of signposting and reframing expectations would improve veteran experiences.

Mental health

Within the veteran community that we spoke to, there is an understanding that there is a set of unique needs, particularly in regard to mental health, whereby specially trained staff or staff with their own experience of the Armed Forces could help achieve better health outcomes.

Wider social issues

Some Veterans link employment as an important part of their health and wellbeing, with a lack of support received around post discharge employment. Consideration of integrating employment support into signposting provided around general veteran health and wellbeing could be considered to address this.

Armed Forces Covenant and Veteran Friendly Accreditation

There is an awareness of the Armed Forces Covenant and Veteran Friendly accreditation, but with differing ideas of what accessing a 'Veteran Friendly' GP or other health service is like for a veteran. Better communication from the surgery to its veteran patients on how they benefit

from the Veteran Friendly accreditation in the care they receive would help alleviate the difference in expectations.

Notable differences within groups of veterans

Nepalese respondents and respondents who are disabled had notably worse experiences. These cohorts would be easy to identify upon discharge from the Armed Forces and in the spirit of the Armed Forces Covenant, pre-emptive measures put in place to mitigate potential negative experiences. The Needs Assessment should highlight that these cohorts currently experience an inequality.

Introduction

During a recent update of the Armed Forces Needs Assessment, the Kent Public Health team noted limited engagement and insight gathering with veterans accessing health and social care within Kent and Medway. We wanted to make sure that the Veteran lived experience was incorporated into the design and delivery of the support being developed for the Needs Assessment This project set about listening to Veterans to understand what they felt the challenges were to receiving care that met their needs and to inform the Armed Forces Needs Assessment.

Desktop research

Roughly 15,000 members of the UK Armed Forces leave service each year, returning to a civilian life and navigating civilian systems to access employment, healthcare and other life necessities [1]. In 2009, the ex-service population (generally referred to as veterans) was estimated to be 3.8 million [2], dropping to 1.85 million in 2021 [3]. Veterans are commonly perceived as being more likely to: have physical or psychological health problems, have suicidal tendencies, engage in high-risk drinking behaviours, abuse illegal drugs, be homeless and struggle to find employment [4].

Transition and resettlement provisions become increasingly generous for veterans with longer service, but costs to the UK of poor transition arrangements are estimated to be over £100million [1]. Early service leavers are identified to be more likely to have adverse health outcomes and risk-taking behaviours than longer serving veterans [2]. Around 20% of veterans claim unemployment benefit shortly after leaving, but these claims are largely driven by socioeconomic factors, rather than military factors [5]. Men, ex-RAF service personnel and non-commissioned officers (NCOs) are found to be more likely to find employment after leaving service [6]. Yet 65% of health and public services staff report a lack of understanding of the Armed Forces Covenant, an agreement adopted into law in 2011 that promises support and fair treatment for veterans [7].

The Armed Forces Covenant was reinforced with the Armed Forces Act 2021, which included a requirement for "Due Regard". This is where bodies that are required to follow the Armed Forces Covenant, including health and social care services, must have due regard of the principles of removing disadvantages that affect veterans arising from their service and that special provision services may be justified for veterans and serving members of the Armed Forces.

The Armed Forces Compensation Scheme, which compensates ex-service personnel and dependents where illness, injury or death was caused by service since April 2005, identifies 6% of claims relating to mental health disorders [1]. However, 23% of veterans report common mental disorders (CMD), a 7% higher prevalence than the civilian population [8]. PTSD is the most commonly reported mental health difficulty, followed by problems with anger and alcohol misuse [9]. PTSD is more prevalent in veterans than the civilian population (8% compared to 5% respectively), as is alcohol misuse (11% compared to 6% respectively) [8]. Veterans meeting the criteria for PTSD and CMD are significantly more likely to report concerns relating to perceived and internalised stigma and barriers to care, including access to mental health services [10]. CMD remained stable for veterans pre- and post-COVID-19 with no statistically significant change (24.5% pre-COVID-19 and 26.1% post-COVID-19) [11]. However, alcohol misuse significantly decreased during this period from 48.5% pre-pandemic to 27.6% post-pandemic [11].

Many veterans with PTSD report a disillusionment about human nature and a more specific rejection of civilian life [12]. A poorly understood but prevalent condition that also impacts a veteran's relationship to the world is moral injury, defined as "perpetrating, failing to prevent, bearing witness to, or learning about acts that transgress deeply held moral beliefs and expectations" [13]. Moral injury is perceived by clinicians to be common amongst veterans and, where present, has a considerable negative impact on mental health [14].

Most veterans report good physical health later in life, which is attributed to the fitness developed during military service [15]. Chronic pain and poor mobility are the most prevalent conditions reported by veterans [16]. A 2018 study found that 76.5% of veterans had a calculated BMI deemed overweight or obese and that obese veterans were two to four times more likely to report prevalent physical health complaints [16]. Many veterans describe challenges in maintaining their desired level of physical activity due to new commitments in civilian life and limited sports facilities from when they left service [15]. Veterans also describe a greater reluctance than the civilian population in seeking medical treatment for physical health difficulties [15]. One quote captured describing this reluctance stated: "You can't be seen to be a wimp! You are a wimp, but you can't be seen… You've got to keep a stiff upper lip… if you go to anything like an injection, there's no way you flinch! It might hurt, but you don't flinch!" [15].

In the most recent Census, approximately 52,542 individuals in Kent reported ex-service status [3]. The highest proportion were residing in the Dover district (5,710 veterans); the lowest proportion were residing in the Dartford district (2,328 veterans) [3]. The total population of veterans in Kent makes up approximately 2.8% of all veterans across England [3].

Method

The fieldwork for this report was centred around a 15-question survey, excluding demographic questions. Of the 15 questions on the survey, 7 were quantitative and 8 were qualitative. The qualitative questions were all optional fields, allowing veterans to contribute their experiences should they see fit. These questions were presented to and agreed with members of the Kent and Medway Integrated Care Board and the Armed Forces Network ahead of engagement. See Appendix 1 for the full survey.

Surveys were answered either online after being provided with a non-unique survey link or in person as part of a one-to-one conversation with a staff member, or within a focus group that was led by a staff member. 49 individuals completed the survey in person as either part of a focus group or within a one-to-one conversation with a staff member, and 66 individuals completed the survey digitally after being supplied with the survey link.

This report considers both the data collected from in-person engagement and through digital survey completion as one single data set because the same survey questions were provided in both the online and in-person versions.

The fieldwork was completed between November 2024 and February 2025.

Demographic profile of participants

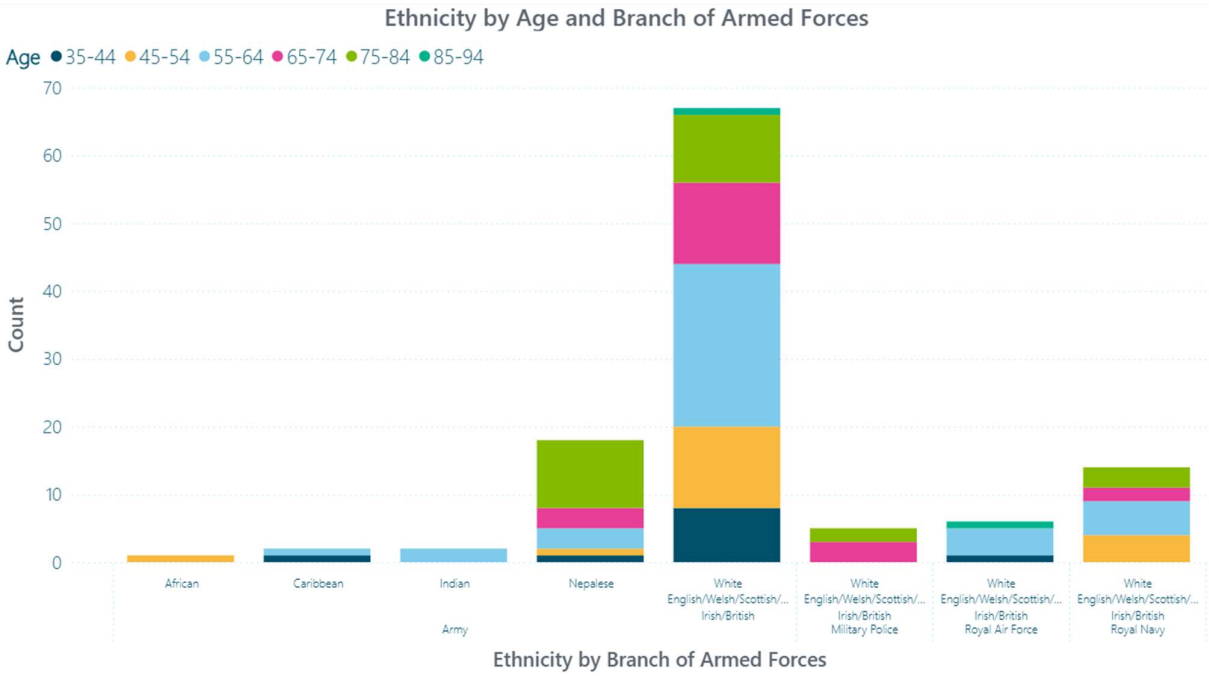
- 115 people participated in the research.
- 87% (100) were male and 12% (14) were female. One respondent did not disclose their gender. 2% (2) identified as trans.

- 34% (39) of participants were aged 55-64 years.
- 22% (25) of participants were aged 75-84 years.
- 17% (20) of participants were aged 65-74 years.
- 16% (18) of participants were aged 45-54 years.
- 10% (11) of participants were aged 35-44 years.
- 2% (2) of participants were aged 85-94 years.

- 90% (104) identified as heterosexual, 2% (2) identified as bisexual; 8% (9) individuals did not disclose their sexuality.
- 63% (73) of participants said that they have a disability or a health condition.
- 8% (9) of participants identified themselves as a carer.

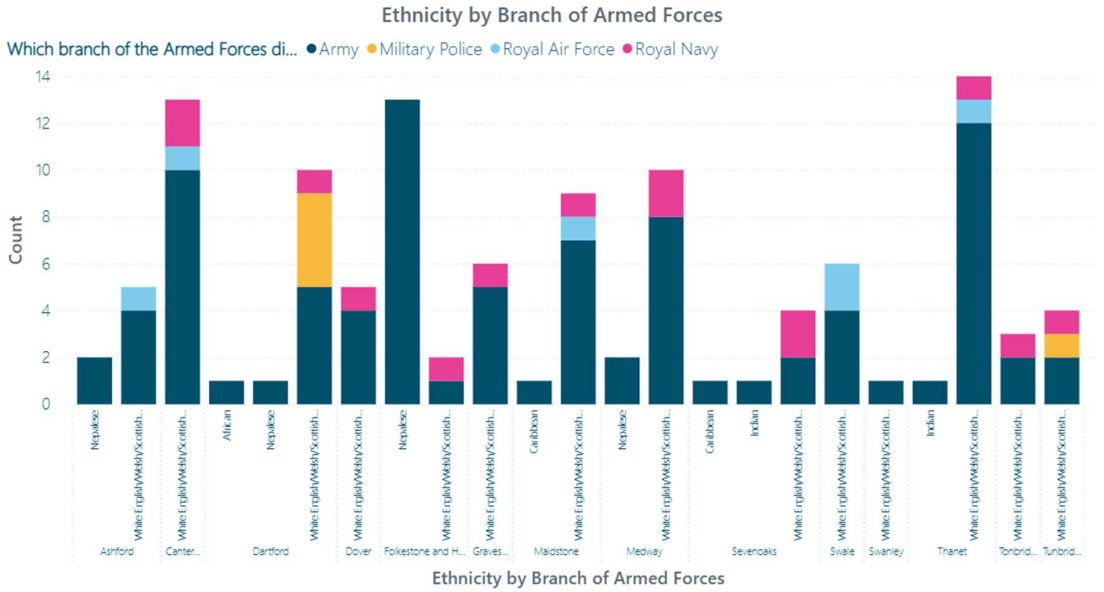
Deliberate steps were made to target populations of Nepalese veterans in Kent. Kent has the third highest proportion of Gurkha veterans in the UK with 10.3% of the total Gurkha veteran population, compared with 2.8% of the total veteran population.[1]

- 80% (92) identified as being of White English, Welsh, Scottish, Northern Irish or British.
- 16% (18) of participants identified as being Nepalese.
- 2% (2) identified as being Black Caribbean.
- 2% (2) identified as being Indian.
- >1% (1) identified as being Black African.



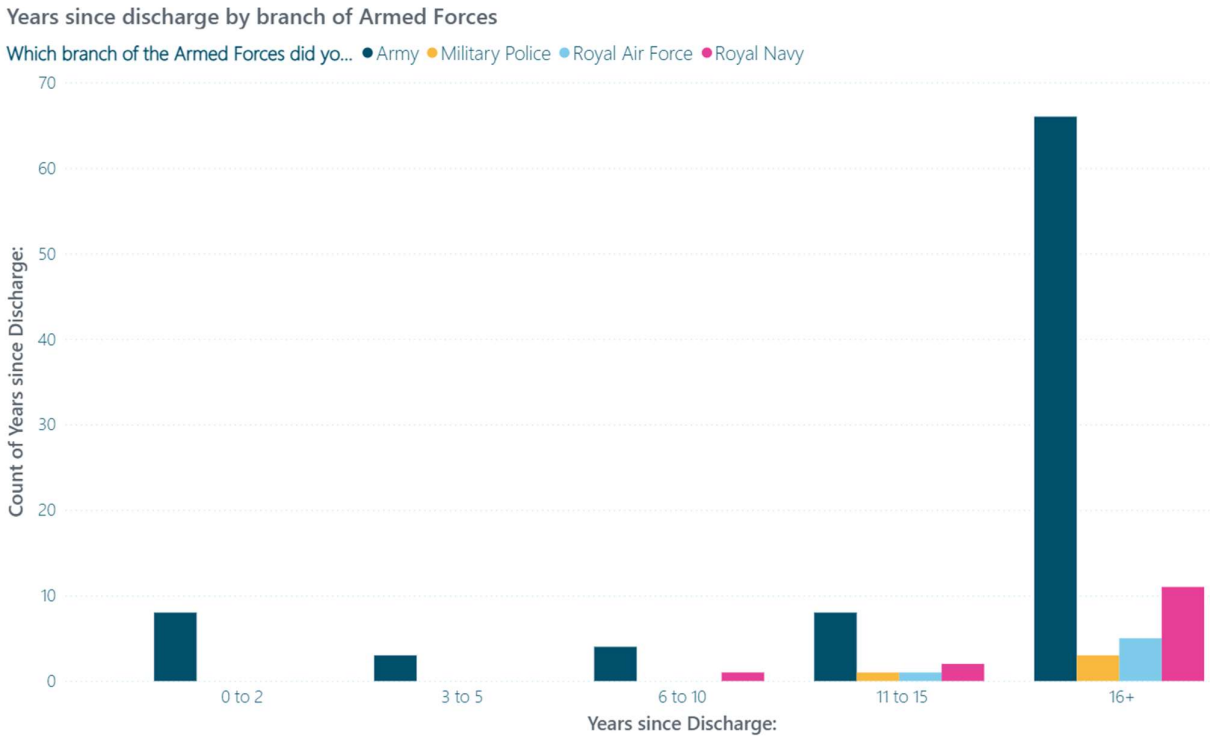
The in-person engagement was targeted to reach a proportional veteran population by district where possible. Using the 2021 Census, our engagement indicates that we reached proportionate levels of engagement in Dartford, Folkestone & Hythe and Thanet, but were not proportionate in Medway, Dover and Tonbridge.

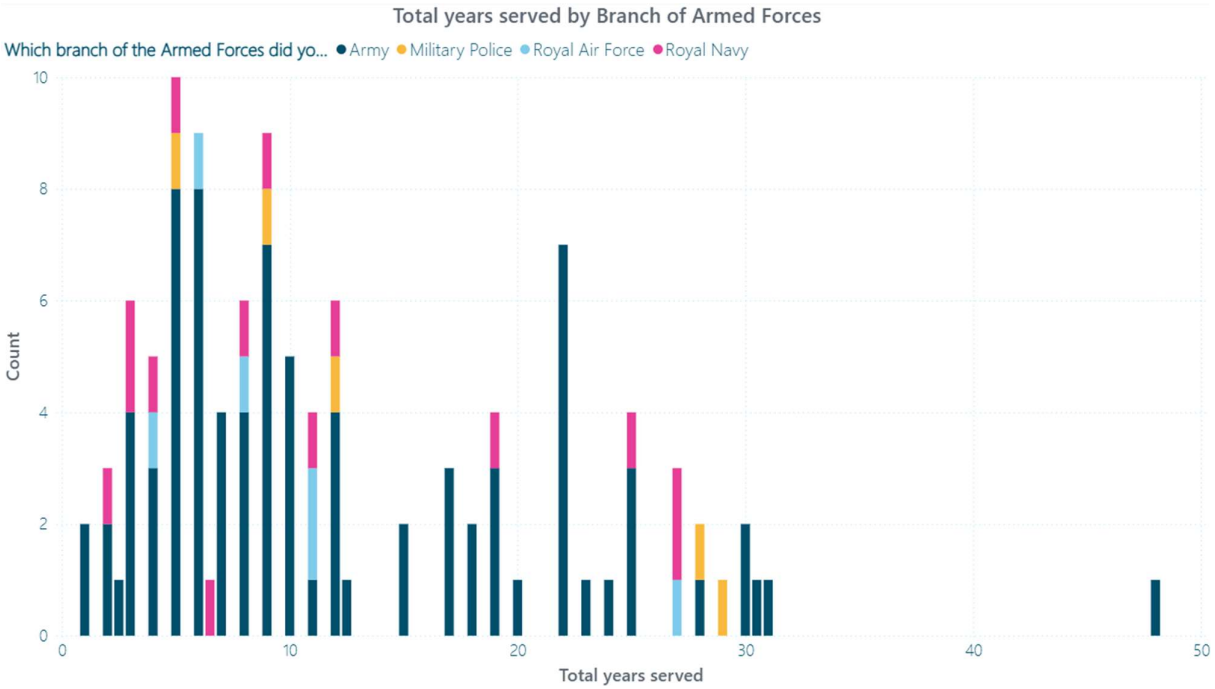
[1] AFN-Gurkha-and-Nepalese-Community-Factsheet-May-2023.pdf)



Looking at the geographical spread of the ethnicities, there was a concentration of Nepalese respondents in East Kent, particularly Folkestone & Hythe (13 respondents) and Ashford (2 respondents).

To provide context to the findings, Veterans were asked in which branch of the Armed Forces they served, the total years they served in the Armed Forces and how many years since they have been discharged.





- 78% (90) of participants served in the Army.
- 13% (15) of participants served in the Royal Navy.
- 5% (6) of participants served in the Royal Air Force.
- 4% (5) of participants served in the Military Police.

Participants' length of service varied considerably, with two individuals serving for one year and one individual serving for 48 years. The mean length of service was 12.3 years. Excluding the one individual that served 48 years, 16 years more than anyone else, the mean years of service for survey respondents was exactly 12 years.

74% (85) of participants were discharged from the Armed Forces over 16 years ago.
14% (16) of individuals left the Armed Forces in the last ten years.
7% (8) of participants left in the last two years.

All of the participants that served in either the RAF or Military Police were discharged at least 11 years ago, with 83% (5) of RAF veteran participants and 80% (4) of Military Police veterans being discharged at least 16 years ago, compared with 73% (11) of Royal Navy veteran participants and 73% (66) of Army veteran participants

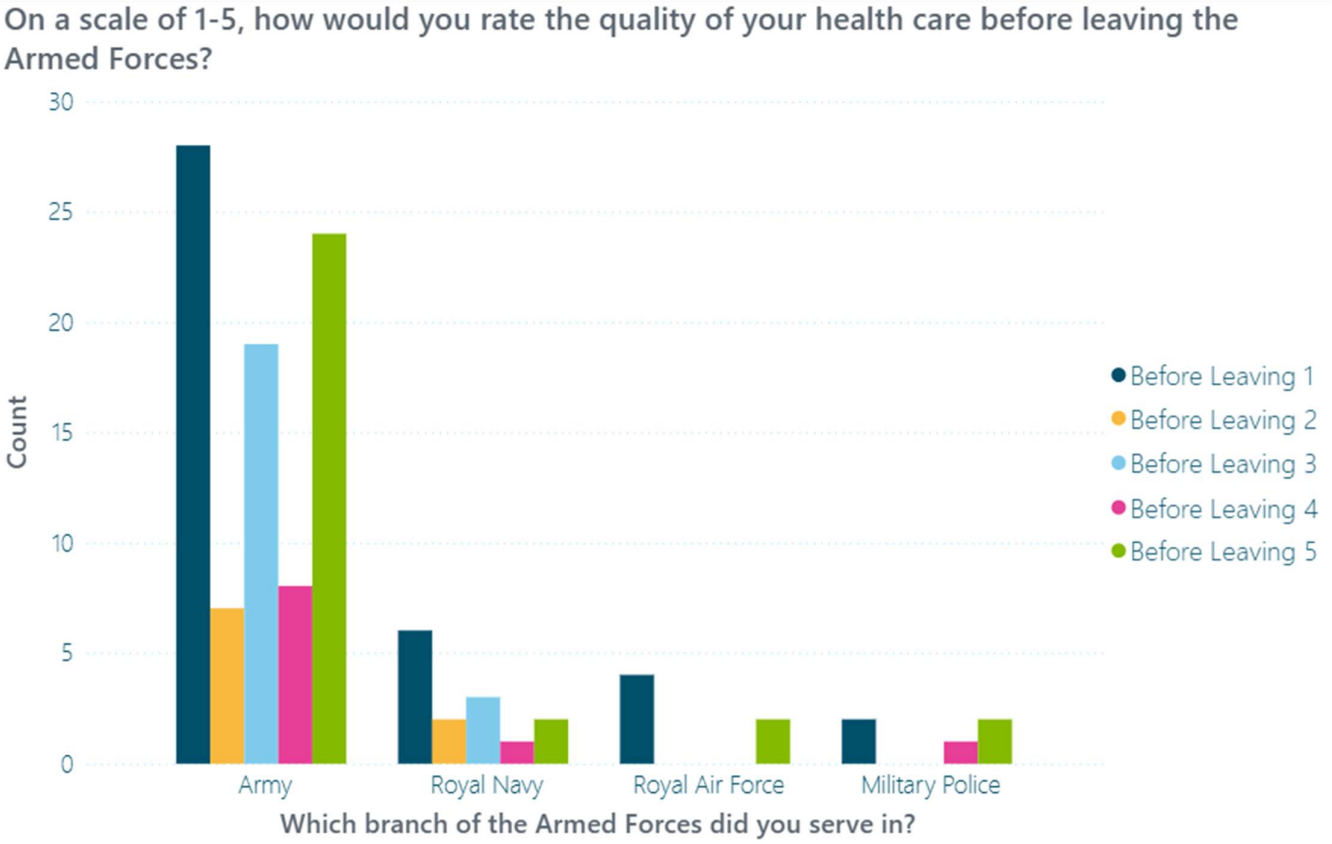
Findings

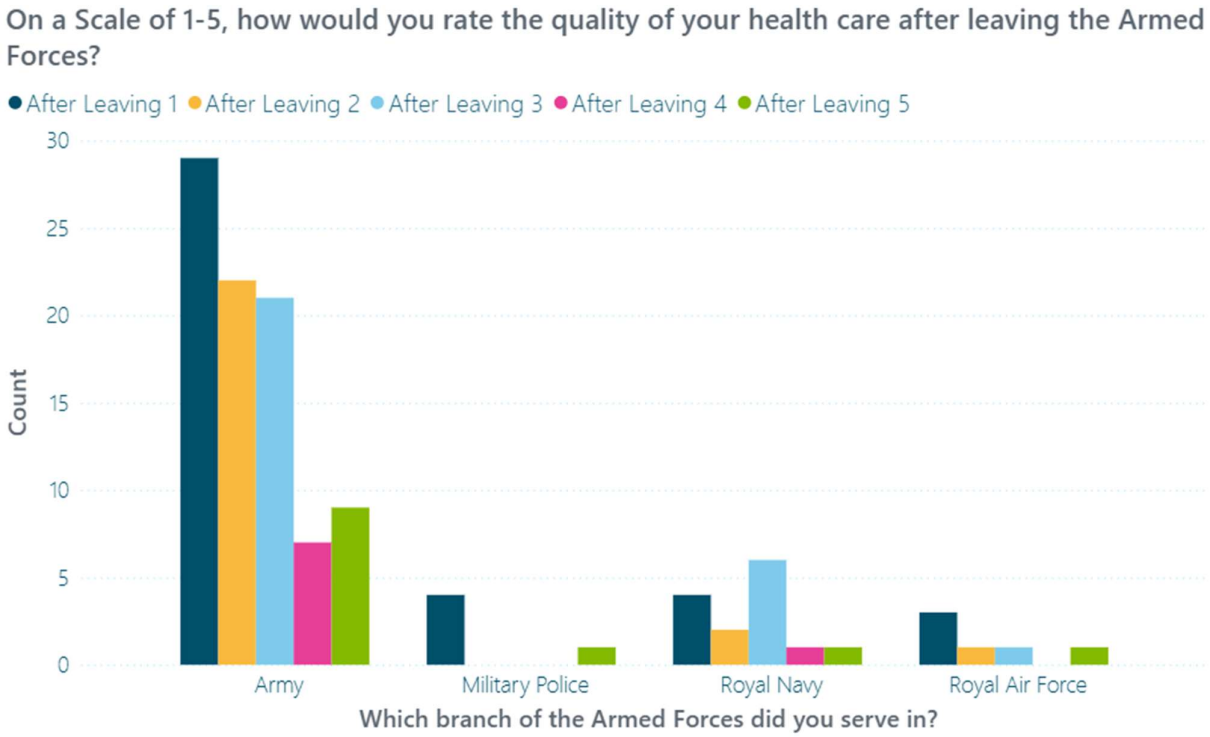
We asked survey respondents to give a score between 1 and 5 for the information and quality of care that they received both during and after their service in the Armed Forces, with 1 being the worst and 5 being the best. Henceforth, this will be referred to as the 'score' or 'mean score'.

Respondents rated the information and quality of care received during their service in the Armed Forces (mean score 2.8) as more positive than the mean score of 2.4 given about information and quality of care they received since leaving the Armed Forces.

26% (30) of respondents gave a score of 5 for during service, compared with 1% (12) participants who gave a score of 5 for after their discharge.

Exploring this in more detail, the range of scores given for information and care during the time of service was greater than the score for information and care since leaving the service. This suggests that there was a greater variety of experiences for individuals while serving, but since discharge, experiences have become more consistent.





Exploring in more depth, the scores given by those who considered themselves disabled or have a health condition gave lower mean scores for both during and after service in the Armed Forces.

Cohort	Mean score for information and quality of care during service	Mean score for information and quality of care after leaving service	Mean change in scores
Veterans who consider themselves disabled or with long term condition	2.5	2.2	0.3
Other participants	3.4	2.7	0.7

These scores suggest that the general experience of those who identify as having a disability rate their experience more negatively, but those who do not have a disability or health condition experienced a greater reduction in the information and quality of care that they received after discharge.

Themes in experiences

Respondents were asked to share their experiences and the experiences of their immediate family in three areas. These areas were: general healthcare, social care and mental health.

85% (98) of participants mentioned their experiences of general healthcare, with 33% (38) of individuals also sharing the experience of their immediate family.

36% (41) of participants gave feedback on their experience of mental healthcare, with 14% (16) adding the experience of a family member.

17% (20) of respondents spoke of their experience of social care, with a further 9% (10) adding the experience of a family member.

General healthcare experience (feedback from 98 participants)
Of those who talked about their experiences of general healthcare:

54% (53) of responses were of a negative sentiment.

- *"I find you seem to be doing a full circle with most things you suffer [from]. GP sends you for MRI, scans and tests and other things, but nothing is ever followed up. When you go to have another test, they ask if anything is being done as it should be, but the answer is no, my GP doesn't. [It] gets quite upsetting and really adds to your mental health."*
- *"Very long waiting times if you are ill, which doesn't seem to make sense as you normally go to the doctors when you're ill and need help asap. It'll be weeks later when you're probably better or worse. Still unable to access a dentist and find an NHS clinic taking on new patients."*

30% (29) of experiences were of mixed sentiment.

- *"It is getting better, but it is still very difficult to get a GP. There are parts where I have to call 111 instead of seeing my GP for a condition that I definitely know my doctor can sort out. It would be better if there were more smaller scale medical centres that you could go to instead of going straight to a big hospital like Darent Valley."*

20% (20) of the experiences were positive.

- *"I think I was treated well; I have my operations swiftly, I really can't complain about the health support."*
- *"When I've needed the care, everything has been good as I needed it."*

GP Appointments – 31% (36 mentions)

The most common cited health experience by respondents was the difficulty in getting an appointment with the GP, such as long wait times to book an appointment or availability of appointments:

- *"Doctors are really slow to get appointments for, so sometimes you can wait for up to three weeks to see a doctor."*
- *"If I was to sum up my healthcare experience with the GP these days? Waiting, waiting and more waiting."*

This experience is not unique to the Veteran community. What is unique to the Veteran community is having the previous experience of using the Armed Forces medical services, which operated as an exclusive pathway and was often located on the same site that the individual was based on. The positive side of accessing Armed Forces doctors was mentioned by several survey participants:

- *"The camaraderie from each other and the fact that there was always someone available, someone to help. We lived on base, and we were always in and out of each other's houses. You could also easily walk to the medic centre, which was open 24/7."*
- *"It was excellent. Any issues that we had you could go to the medical centre and you were seen pretty quickly."*
- *"Straight away you could see your doctor."*

Views on care within the Armed Forces were not unified in their positivity however, and survey respondents commented that healthcare access in the Armed Forces could vary depending on regular or reservist status, as well as rank. Examples of this include:

- *"I was treated with contempt by the senior NCOs when attempting to make an appointment and doctors (military medical personnel) who I attended. I had appendicitis, which several military doctors failed to diagnose, and treated me with further contempt, even asked directly if I was exaggerating my symptoms!"*
- *"There was some issues with officers being able to get better care than the rest of us."*
- *"There was a noticeable change from when I went to reservist from a regular. As a regular, my healthcare was great, but really dropped when I became a reservist."*

While memory of a streamlined and exclusive service remains, issues around the divide between officers and other ranks on the Armed Forces dissipate as the individual moves into civilian life where such hierarchy of ranks is not as prevalent.

Respondents also recognised that the issue with the not being able to see the GP has either led to them relying on hospitals for the initial point of care:

- *"It has been very difficult to get a GP appointment. I had to wait a while for an appointment when I called up in the morning and then I was told they would call me back. When they called me back, they said that there are no more appointments left. I've had issues with my finger that I was trying to see a GP about, but I couldn't get an appointment, so I went to hospital instead."*
- *"[I spend] usually an hour waiting on the phone to be connected to the receptionist. And 80% of the time, there are no appointments the week you'd like to be seen, so you have to wait up to ten days at times. Walk-in departments are a saviour from this."*

Veteran Only Pathways for physical health – 10% (11 mentions)

One of the unifying experiences for veterans was accessing healthcare through an exclusive pathway during their period of service. The experience of this was mentioned by respondents who expressed a desire for a veteran-specific service. This included the Dreadnought Wing, which offers care to those in the Royal Navy and seafarers in general:

- *"I became deaf and was referred to the Dreadnaught Unit at St Thomas' Hospital, London. My care was good there and I liked being treated by a specialist."*
- *"It would be great if there was a special department or pathway just for veterans where we could have general health check-ups every six months or a year at least."*

There was little difference between the scores of those mentioned using or wanting to use a Veteran-specific pathway compared to those that had not:

Cohort	Mean score for information and quality of care during service	Mean score for information and quality of care after leaving service
Mentioned a veteran-specific pathway	3	2.5
Did not mention a veteran-specific pathway	2.9	2.4

Mental health care experience (feedback from 41 participants)

Of those that talked about their experiences of general healthcare:

44% (18) of experiences were negative.

- *"Put on a waiting list, then quickly put on a course, which wasn't really useful for how I was feeling, then promptly discharged."*
- *"They are [mental health services staff] not experienced enough to help in depth. It's a specialist corner. Waste of time."*

34% (14) were mixed in sentiment.

- *"I accessed Mind and the RAF Benevolence Fund. There was a bit of a wait for them, but useful and good."*
- *"I have [several mental health conditions]. The mental health team at the GP is very good, however the local team is not interested in helping."*

22% (9) of experiences were positive.

- *"Op COURAGE responded swiftly, and I am currently receiving therapy."*
- *"I had counselling that was conducted by a Navy Veteran. I think it was important them being ex-military."*

Veteran Only Pathways for mental health – 10% (12 mentions)

There are several existing veteran-specific mental health services and groups, some of which are delivered by VCFSE groups such as The Royal British Legion and SSAFA. The feedback we received on these services varied in sentiment:

- *"I was initially under the care of SSAFA, I was also referred to a couple of agencies of which one was North Kent Mind and I was put on one course. But although it was of some help, there was a lack of understanding that the end of my service was part of the problem with my mental health."*
- *"I accessed the RBL Stress Management programme. The quality of care was really good. It was nice to be supported within a veteran friendly service."*
- *"The timescale was not great from referral to actually being seen. The quality of care was adequate, but not necessarily great. The Royal British Legion Industry promoted their veteran-specific services greatly, but I know that when people went to use them, they were greatly let down by the signposting that was offered."*
- *"The [Armed Forces] covenant isn't worth the money that it is written on because people can, and often do… It feels like some groups that are supposed to do work with veterans are just there to have their picture taken with veterans rather than do work."*

Themes within wider social care (feedback from 20 participants)

Of those that mentioned social care:

55% (11) had a negative experience.
30% (6) had experiences of mixed sentiment.
15% (3) had a positive experience.

- *"My daughter has had some assistance with Social Services and occupational health, which has been good, but later than when it would have been really helpful."*
- *"I had to contact Social Services for adaptations. However, I ended up not getting a lot of support from the council. but from a veteran charity that helped me get the adaptations I needed."*
- *"I had a stroke a year ago and within two days, all the support was put in place, and they were all good. I was happy with that."*

Support with employment – 8% (9 mentions)

Our survey made no reference or prompt to employment support, but nine respondents mentioned issues with support for seeking employment after leaving the Armed Forces:

- *"I wish there was more employment support and support with settling into a new area after discharge."*

- *"More employment support was needed; I struggled to find a job after. I think that more support should have been considered for employment. We really were not helped with employment, which led a lot of veterans to distress and mental health problems. I think financial resilience should be provided when soldiers come home."*

These individuals' average score of 2.4 for the information and quality of care they received after leaving the Armed Forces was the same average for all survey respondents.

All of the individuals that mentioned issues with employment support were discharged from the Armed Forces at least 11 years ago.

Armed Forces Covenant – 10% (12 mentions)

Our survey did not ask a specific question on Veteran Friendly Accreditation or the Covenant as a wider policy, but it was mentioned by 12 survey respondents, with just two of the 12 mentions being positive about changes that have been made:

- *"It's been a nightmare until I moved to my new surgery. Even though the previous surgery were registered as veteran friendly, they didn't make access easier for me."*
- *"I know that in Gravesend there was supposed to be a veteran care pathway, where GP services would create and finalise a veteran's pathway. Change of politicians meant that there would change of service, Op COURAGE was promised with GP support, but it has been a bit of a letdown because a lot of the GPs don't know what is going on."*

Highlighting the experience of Nepalese Respondents – 16% (18 participants)

Kent is home to a significant proportion of the UK Nepalese veteran population. Our findings highlighted some issues specific to this demographic group.

Mean scores for experience of information and quality of care they received while in the Armed Forces was significantly higher than other participants and remained higher in relation to information and care after leaving the Armed Forces.

However, the relative drop between before and after serving scores was higher for the Nepalese respondents:

Cohort	Mean score for information and quality of care during service	Mean score for information and quality of care after leaving service	Mean change in scores
Nepalese participants	4.1	2.8	1.3
Other participants	2.6	2.3	0.3

39% (7) of Nepalese respondents mentioned not being able to get a face-to-face appointment with their GP creates an issue with their care due to the language barrier and difficulty in getting an interpreter for a telephone consultation. This cohort of participants were aged 65-74 years or older:

- *"The GP will only do a telephone appointment with me and that is creating a huge problem because my English is not good. There should be an interpreter. I have some of the same issues at hospital, but it is easier because when I go there it is more face-to-face."*
- *"I can't access the GP because there isn't much interpreter service. The GP has also brought in an online service that I can't use. It is important to me that I am able to go to the GP myself."*

Mean scores for participants who had served for over 15 years in terms of experience of information and quality of care received while in the Armed Forces was higher than other participants and remained higher in relation to information and care after leaving the Armed Forces.

However, the relative drop between before and after serving scores was higher than other participants:

Cohort	Mean score for information and quality of care during service	Mean score for information and quality of care after leaving service	Mean change in scores
Veterans who served for over 15 years	3.4	2.5	0.9
Other participants	2.7	2.3	0.4

55% of respondents who had served for 15 years or more considered themselves disabled, compared with 68% of survey respondents who served for fewer than 15 years. 63% of the total participant pool identified as disabled or living with long-term conditions.

39% of individuals who served for at least 15 years mentioned accessing a mental health service since leaving the Armed Forces with a mean score of 2.9, compared with 49% of individuals who served for fewer than 15 years, giving a mean score of 3.0.

Reflections and learning to inform the Needs Assessment

The health and social care experiences of veterans living in Kent & Medway is diverse.

Physical health

The most frequently mentioned issue, difficulty in getting an appointment or seeing their GP, is a common experience within the wider population. However, by understanding that many veterans have a previous experience of healthcare access being fast and exclusive, a combination of signposting and reframing expectations would improve Veteran experiences.

Explicit signposting to non-GP services at veteran community groups such as the Breakfast Clubs would improve understanding of the present-day healthcare environment. These community settings could also be offered opportunities to be part of preventative and self-care initiatives.

Mental health

Within the veteran community that we spoke there is an understanding that there is a set of unique needs, particularly in regard to mental health, whereby specially trained staff or staff with their own experience of the Armed Forces could help achieve better health outcomes.

Wider social issues

Some Veterans link employment as an important part of their health and wellbeing, with a lack of support received around post discharge employment. Consideration of integrating employment support into signposting provided around general veteran health and wellbeing could be considered to address this.

Armed Forces Covenant and Veteran Friendly Accreditation

There is an awareness of the Armed Forces Covenant and Veteran Friendly accreditation, but with differing ideas of what accessing a 'Veteran Friendly' GP or other health service is like for a veteran.

A Veteran Friendly accreditation mandates asking patients whether they have served in the UK Armed Forces, implementing a clinical lead for veterans in the surgery and maintaining a Good or higher CQC rating.

Several survey respondents who mentioned Veteran Friendly accreditation linked it with their difficulty in getting an appointment, which is not covered within the accreditation scheme. Better communication from the surgery to its veteran patients on how they benefit from the veteran friendly accreditation in the care they receive would help alleviate the difference in expectations.

Notable differences within groups of veterans

Nepalese respondents and respondents who are disabled had notably worse experiences. These cohorts would be easy to identify upon discharge from the Armed Forces and in the spirit of the Armed Forces Covenant, pre-emptive measures put in place to mitigate potential negative experiences. The Needs Assessment should highlight that these cohorts currently experience an inequality.

Nepalese veterans experienced the biggest reduction in the reported quality of their healthcare, with older Nepalese veterans facing a language barrier challenge with their GPs, finding it harder to use digital and phone-based consultations with a reliance on interpreter systems for phone consultations. In-person appointments afford the opportunity to use more non-verbal communication as well as translation aids provided by the community.

It is important to note that there is a generational component to this issue as respondents who mentioned this were over the age of 65 years. Younger Nepalese veterans did not experience the same issues, but on average still experienced a greater reduction in scores than other veterans. There would be value in further research to understand contributing factors to this issue and project scale of the issue in future generations.

Veterans with disabilities consistently scored their care lower than those without disabilities. As this group includes those who were injured during their service or as a result of their service there should be a consideration on whether these veterans are being appropriately supported as their service linked injuries worsen and whether they have accessed services created to support veterans in their situation.

Healthwatch England has published a report focused on the issues raised by Veterans: Hidden struggles: veterans' experiences of NHS care | Healthwatch

General recommendations from this report are:

- NHS England should set an ambition for all GP practices to become Veteran Aware and ensure that they have the training and resources available to help staff to understand and respond to the unique needs of veterans.
- NHS England should introduce an NHS-branded Trauma Card, based on a Healthwatch Essex initiative, for veterans affected by service-related trauma to bring to appointments.
- NHS England and the RCGP should help people raise concerns if they think a Veteran-Friendly service is not complying with its obligations, such as referring veterans to specific specialist services, if they need them. This can include Op COURAGE under the accreditation scheme.
- The Ministry of Defence should review the discharge process to improve assistance to personnel when transitioning from military to civilian healthcare systems in order to avoid a cliff edge in service access.

Appendix

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ARMED FORCES VETERANS SURVEY

Introduction:

Thank you for participating in this survey, which aims to understand the health needs and access to services of Armed forces veterans. The information you provide will help identify gaps and areas support should be intensified.

Consent:

Do you provide your consent for Healthwatch Kent to log your answers to this survey, with the understanding that your responses will be handled confidentially and securely in accordance with GDPR guidelines? - ☐ Yes, I provide my consent

Service Information

1. Which branch of the Armed Forces did you serve in?

- ☐ Army - ☐ Royal Navy - ☐ Royal Air Force - ☐ Other (please specify): _____

2. Length of Service:

- Total years served: _____ years - ☐ Still serving

3. Years since Discharge:

- ☐ 0-2 years - ☐ 3-5 years - ☐ 6-10 years - ☐ 11-15 years - ☐ 16+ years

Registration with Primary Care Services

4. Are you currently registered with a local GP?

- ☐ Yes - ☐ No - ☐ Not sure

Access to Healthcare Information

5. A) Before leaving the Armed forces, on a scale of 1-5, how would you rate the amount and quality of support or information you received on accessing healthcare?

SCALE: 1 (None) to 5 (Extensive) - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5

B) Follow-up: What types of support or information did you find most helpful or lacking?

7. A) After leaving the armed forces, on a scale of 1-5, how would you rate the amount and quality of support or information you received on accessing healthcare?

SCALE: 1 (None) to 5 (Extensive) - ☐ 1 - ☐ 2 - ☐ 3 - ☐ 4 - ☐ 5

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B) Follow-up: What specific types of support or information did you find most helpful or lacking?

Healthcare experiences

8. A) Tell us about your experiences in accessing healthcare services since leaving the Armed forces?

B) Follow up: Please tell us about the experiences of any of your immediate family members in accessing healthcare services and how that impacts you.

Social care experiences

8. A) Tell us about your experiences in accessing social care since leaving the Armed forces?

B) Follow up: Please tell us about the experiences of any of your immediate family members in accessing social care services and how that impacts you.

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Mental health experiences

9. **A)** Have you accessed any mental health services since leaving the Armed forces?

- ☐ Yes - ☐ No

If Yes: On a scale of 1-5, how would you rate your experience with mental health services?

SCALE: 1 (Very Poor) to 5 (Excellent) - ☐ 1 ☐ 2 ☐ 3 ☐ 4 - ☐ 5

Please describe your experience:

B) Follow up: Please tell us about the experiences of any of your immediate family members in accessing mental health services and how that impacts you.

Suggestions for Improvement

10. How do you feel you could have been better supported with health and social care since leaving the armed forces?

Thank you for your valuable input.

Note for interviewer:

Was signposting done? [Yes] [No]

Signposted to: _____

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