Rt Hon James Arbuthnot MP
Chair
Defence Committee
Committee Office
House of Commons
LONDON
SW1A 0AA

Our Ref: COR/163/2013
Date: 27 February 2013

Dear James,

Thank you for your letter dated February 2013. My Department continues to work with the other health departments across the UK and the MOD in order to address the health and social care needs of members of the Armed Forces, their dependants and service veterans.

Our Armed Forces Healthcare Protocol 'Delivering Healthcare to the Armed Forces: A Protocol for Ensuring Equitable Access to Health and Social Care Services' ensures that serving members of the Armed Forces, their families and veterans suffer no disadvantage in accessing health and social care services, and have equality of access to these services in common with everyone living in Northern Ireland.

Our Armed Forces Liaison Forum is a participant of the Armed Forces Network. The Forum continues to provide a single point of contact with the Department and with the Health and Social Care system for representatives from the Defence Medical Services and veterans’ organisations to discuss health and social care issues of mutual interest. It meets on a regular basis and is next due to meet on 30 April 2013.

The attached appendix provides an update on the current position within Northern Ireland in relation to the particular issues raised within your letter.

Edwin Poots MLA
Minister for Health, Social Services and Public Safety
Appendix

The implementation of the Armed Forces Covenant in Northern Ireland.

For serving personnel, primary care is provided by the Defence Medical Services (DMS) in partnership with the Belfast Health and Social Care Trust through the NI Military Patient Administration Cell (NI MPAC); their families use local primary care services on the same basis as the rest of the resident population.

Secondary care is provided for serving personnel (often involving accidents while on training) by Belfast City Hospital.

Northern Ireland does not receive casualties directly from operational deployment; these patients are transferred directly from the field of operations to the Royal College of Defence Medicine facility at Queen Elizabeth Hospital in Birmingham (formerly Selly Oak Hospital), followed by recuperation and rehabilitation at the Defence Medical Rehabilitation Centre Headley Court, near Epsom in Surrey. Rehabilitation at Headley Court often takes up to two years, and occasionally longer.

Although a transition protocol (between DMS and NHS/HSC) is in place throughout the UK, we have not yet had patients returning to Northern Ireland after rehabilitation.

Arrangements for priority access to treatment for both serving and former members of the armed services in Northern Ireland, which are in place in other regions of the UK and in the Irish Republic, cannot be automatically replicated in Northern Ireland due to the obligations placed on public bodies under section 75 of the Northern Ireland Act 1998. This requires the Department, in carrying out its functions, to have regard to the need to promote equality of opportunity across a number of specified groups.

When patients move to Northern Ireland, their previous waiting time will be taken into account, with the expectation that their treatment will be delivered within HSC waiting time standards. As with any person moving between hospitals within the UK, Armed Forces personnel and their family members will be treated as quickly as possible in order of clinical priority. Northern Ireland's Equality legislation prevents service personnel, or any other group, being given preferential treatment for any other reason.

Through the Armed Forces Liaison Forum the healthcare needs of armed forces personnel, veterans, and their families have been raised with senior officials the Health and Social Care bodies.

The Northern Ireland Government's involvement in the MoD Transition Protocol

Major Vicki Whiting, 38 (Irish) Brigade provided the Armed Forces Liaison Forum, at its meeting on 12 September 2012, with an overview of the two
year "Transition Scheme" introduced by the Army. This involves tracking, signposting and assessing individuals and represents a significant improvement to the position which previously applied.

The approach taken by the Northern Ireland Government to the mental health needs of the former Armed Forces personnel

The Armed Forces Protocol states: 'It is recognised that Armed Forces personnel with mental health problems will have access to out-patient, day-case, and inpatient treatment as necessary from the Defence Medical Services occupational psychiatric service. Armed Forces families and Veterans will have access to mental health services within the Health and Social Care system on a similar basis to other members of the Northern Ireland population'.

Members of the Armed Forces, their families and veterans benefit from service developments and improvements in community and inpatient mental health services. The development of local mental health services has been a priority in recent years and has been underpinned with considerable investment, particularly in the areas of community mental health services and psychological therapy services. "Mental health" is a standing agenda item on the local Armed Forces Liaison Forum.

The mental health needs of returning ex-service personnel are dealt with either through the RIR/UDR Aftercare Service, through Combat Stress, or directly within the mainstream Primary Care and Mental Health services.

My Department has also signed up to a 'Strategic Relationship' document with Combat Stress. This Strategic Relationship document provides a framework to improve the quality and appropriateness of the work between Combat Stress, the Departments of Health in England, Scotland, Wales and Northern Ireland and the Ministry of Defence to ensure that military veterans receive the best possible mental healthcare.

In addition, there is a specific Aftercare Service for UDR/RIR personnel/veterans with access to psychological therapy services provided through a local voluntary sector provider.

The Northern Ireland Government’s involvement in implementing the Murrison recommendations on Veterans’ prosthetic services

In relation to prosthetic componentry provision in NI, the specification for prosthesis prescription is assessed on a systematic, incremental basis, working from low-end to top-end, but a final prescription is based solely
on the right, best fit, and best outcome for the client, commensurate with their assessed clinical need.

The working life span of a prosthetic limb is around 8 years, subject to regular maintenance and repair. New componentry, particularly top-end, would potentially have a significant revenue tail. However, if veterans' numbers remained relatively low in NI as is currently the case, then this would be manageable within the current budget for the Regional Disablement Service (RDS).

The Government’s £15m investment earmarked for 2012-2015 to support the implementation of recommendations to improve prosthetics services for military veterans, relates to England only. This has raised concerns about future funding pressures among the other UK Devolved Administrations. In discussions with MOD, officials were advised that in the future MOD will routinely provide higher specification/cost limbs to veterans.

Officials have been in contact with MOD about LIBOR monies (£35m) and how NI could apply in respect of funding implications in implementing Murrison. MOD advised that the Military Covenant Reference Group is tasked with its disbursement, and criteria for the fund are currently being established and they expect to invite bids in March 2013. As soon as these details are available they will be published on the MOD website and through COBSEO – The Confederation of Service Charities.

Following concerns expressed by the Consultant in Rehabilitation Medicine, (Regional Disablement Service) RDS, Dr Lorraine Graham, officials have asked MOD to confirm that it acknowledges that RDS is de facto Northern Ireland’s centre of excellence (it is the only such centre for treating veterans who have lost limbs), and if there is merit in RDS benchmarking what is available in Belfast in a similar way to what other centres have been doing in England for Murrison.

Officials will continue to liaise closely with MOD and senior clinical staff at RDS and the Belfast Health and Social Care Trust on these matters.

**Specific policies in place to provide the long term care needs of those veterans with serious brain injuries**

There are no services in NI specifically for veterans with brain injuries. However, in July 2010, the Department published its Acquired Brain Injury Action Plan to provide clear, time-bound goals to drive service improvement and to coordinate action in order to improve outcomes for patients, their families and carers.
The Regional Acquired Brain Injury Implementation Group (RABIIG) was established in June 2010 to take forward the implementation of the Action Plan, and is jointly managed by the Health and Social Care Board and Public Health Agency. The Group’s membership is drawn from the five Health and Social Care Trusts, statutory bodies, voluntary organisations, service users, parents and carers.

The Department considers that excellent progress has been made in taking forward the actions contained within the Action Plan, and the work progressed through the various work streams will help to ensure greater equity of access to services across NI.

**Guaranteed Income Payments**

Armed Forces Compensation Scheme payments consist of two elements, a lump sum personal injury compensation payment and a Guaranteed Income Payment (GIP). Under the “Assessment of Resources” regulations, a personal injury compensation payment is disregarded, provided it is placed in a trust, but a GIP is not.

For residential care, only the first £10 per week of a GIP is disregarded. The Department of Health in England have introduced regulations allowing Guaranteed Income Payments, made under the Armed Forces Compensation Scheme, to be disregarded from financial assessment for charging for residential care. Introducing a similar disregard in Northern Ireland is unlikely to have any financial implications at present, since, as of February 2011; there were no veterans in Northern Ireland in receipt of a GIP.