



Ministry of Defence

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LEO DOCHERTY MP
PARLIAMENTARY UNDER-SECRETARY OF STATE AND MINISTER
FOR DEFENCE PEOPLE AND VETERANS

MSU/4/4/2/6TF

Dear Tobias,

13 July 2021

Thank you for your correspondence of 27 April 2021 regarding the follow up inquiry on the provision of mental health care for the Armed Forces and veterans. I am grateful for the opportunity to respond to the Committee's further questions on veterans' access to treatment at the Defence Medical Rehabilitation Centre, Stanford Hall (DMRC).

As you will appreciate, the responsibility for veterans' healthcare in the UK rests with the Department for Health and Social Care (DHSC), NHS England and NHS Improvement (NHSEI) and its partners in the Devolved Administrations. DMRC Stanford Hall is funded to provide rehabilitation to Serving Personnel – enabling them to return to active duty, or transition to civilian life, after rehabilitation treatment. The DMRC is currently operating at full capacity following the introduction of the Defence COVID Recovery Service.

On the issue of veterans' access to treatment, veterans with complex neurological conditions cannot access inpatient treatment at the DMRC. The DMRC may, exceptionally, consider treating veterans if the NHS cannot provide the specific care a patient requires. This would be through a formal NHS referral with the appropriate commissioning and funding agreed in advance. It would also depend on the capacity of the DMRC at the time of the request: capacity is determined by a combination of bed-spaces and suitably qualified staff.

The DMRC concept of operations is to maximise functional capability and quality of life, whether returning to military service or transitioning to civilian life. If it were to offer all current services to veterans, existing Serving Personnel would be placed on waiting lists for rehabilitation. This would have consequences for the deployability of those Service Personnel still likely to return to fitness and lead to a decrease in operational capability. It would also potentially hinder the progress of those, who for medical reasons, need to transition back to civilian life.

A limited and defined cohort of veterans of recent operations are able to access services at DMRC through the Complex Prosthetic Assessment Clinic (CPAC) which is a joint Ministry of Defence (MOD) and NHSEI commissioned outpatient clinic.

Work is ongoing between the MOD, the DHSC and the Devolved Administrations to explore high-pressure areas that could be supported by DMRC, to determine whether and how it could benefit the veteran community. A round table event, hosted by Help for Heroes, with attendees from DHSC, the MOD and NHSEI took place in May 2021. There was agreement to work together to provide a clearer picture of the optimum pathway of care for veterans with complex rehabilitation needs, better understand what care is already available for this group and identify any gaps in provision, and collectively decide on the best way to resolve any issues.

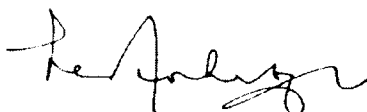
In addition to the services provided to Service Personnel and veterans at the DMRC, the Government has also committed funding to develop a NHSEI led National Rehabilitation Centre (NRC). The NRC will be geographically co-located with the DMRC at the Stanford Hall site, enabling the sharing of expertise and the use of specialist facilities available at the DMRC for example, the hydrotherapy pool and specialist gait laboratory. The NRC's role will be to provide cutting-edge rehabilitation services to the public, including veterans, in England. The NRC will also have training and research facilities to ensure its services remain progressive and that learning can be shared with the wider NHS. The programme for developing the NRC is an ambitious one, with plans for the facility to be fully operational and open to patients in Autumn 2024.

It is important to note there are a number of bespoke services that already exist for veterans commissioned by NHSEI, some in partnership with the MOD, including nine enhanced Disablement Support Centres (DSCs). These centres have been selected to provide enhanced services to veterans who have lost a limb as a result of their service in the Armed Forces. The NHSEI Veterans Trauma Network (VTN) is the first NHS pathway for veterans' physical health, providing care and treatment to those with a service-attributable health problem. It delivers specialist reconstructive care, close to where veteran patients live. Located in ten major trauma centres across England, with links to five specialist NHS Trusts, the VTN works closely with the Defence Medical Services, national centres of clinical expertise, and veteran-specific mental health services, as well as military charities to provide a complete package of care.

In March this year, NHSEI amalgamated the three-tiered veteran-specific mental health services (Transition, Intervention and Liaison Service (TILS) and the Complex Treatment Services (CTS) and more recently the High Intensity Service (HIS)) under one collective name: 'Op Courage', the veterans mental health service. This ensures there is now a single point of entry for veterans and transitioning Service Personnel to access support for their mental health needs. Op Courage, staffed by experienced medical personnel who understand the experiences of Service life, will assess veterans and get them the support they need. This single port of call service will also work with local communities, charities and experts in the Armed Forces to ensure that specialist care, including support for alcohol and substance misuse, is provided to those who have served this country. The service works closely with the VTN and DSCs to help ensure veterans' needs are met.

I trust this clarifies the Department's position.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Leo Docherty', written in a cursive style.

Leo Docherty MP,
Minister for Defence People and Veterans

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27 April 2021

I am writing to thank the Department for the evidence provided to us after our follow-up session on mental health with your predecessor and the DHSC. I would be grateful if you could provide us with answers to two further questions, arising from that evidence:

1. How do veterans with complex neurological conditions access in-patient treatment at DMRC?
2. Can veterans receive the full range of treatment provided at DMRC?

Rt Hon. Tobias Ellwood MP
Chair of the Defence Committee