

LEO DOCHERTY MP
MINISTER FOR DEFENCE PEOPLE AND VETERANS

Rt Hon Tobias Ellwood MP
House of Commons
London
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Dear Tobias,

Thank you for your letters of 20 July to myself and the Surgeon General, where you asked a series of questions about veterans' health matters. For ease, I have responded to each of your questions in turn, starting with the letter you wrote to me. I am very sorry it has taken so long to reply.

Regarding your first three questions: the Office for Veterans' Affairs (OVA) has not been involved in the development of the NRC, and there are currently no plans for the OVA to be involved in its running. Instead, the NRC will be solely run by the Department of Health and Social Care. My officials have asked DHSC for an update on when it will be up and running, and have been informed that it will be open to patients as planned by Autumn 2024. Civilians, including veterans, will be able to access the NRC, but there are currently no plans for the NRC to provide specific mental health services for veterans.

As regards your question about the needs of a 'cohort group' of veterans for whom treatment is unsuccessful, we have made enormous progress in commissioning and developing bespoke services for veterans since the Armed Forces Covenant was introduced in 2011. As you know, health is a devolved matter. Since 2017 in England, NHS England has made significant changes to how care for veterans is delivered. Not only can veterans access all mainstream services, but several bespoke veterans' services have been developed to meet the needs of military personnel, veterans and their families. The bespoke services include the veterans' mental health service 'Op COURAGE', which has received over 10,000 referrals to date; the Veterans Trauma Network; the Veterans' Prosthetic Panel; and the Integrated Personal Commissioning for Veterans programme (IPC4V).

I, and the Office for Veterans' Affairs, are committed to better understanding veterans and what they need. We are publishing a research strategy early next year that will include information on how we intend to commission and support research on new and innovative treatments. We are also committed to working with the charity sector and clinicians to identify alternative support that may be required. While health is a devolved matter, my officials have a strong relationship with their counterparts across the Devolved Administrations and are working hard to understand the UK-wide picture.

You next asked about what steps we are putting in place to get a veteran perspective that is real and meaningful, and brings about change and improvement. I fully agree that we need to know whether our services are working for veterans. That is why my officials and I work very closely with veterans as we develop and deliver services. This includes working with service charities (many of which are comprised of veterans) and the Government's Independent Veterans Adviser. I also attend the Veterans Advisory Board (VAB) where we discuss veterans' services, including future needs and expectations. The VAB is composed of experts regarded as authoritative, credible voices in their field.

On your question about improving treatment of PTSD, while I have not personally yet had conversations with the Surgeon General and NHS about this, my team does work closely with NHS England and DHSC to discuss how to ensure the service delivers for those who need it. I welcome any views from yourself and the wider Committee about how to improve in this area.

I was saddened to read that some veterans have expressed disappointment about the suitability and adequacy of service provision. As you know, I am fully committed to ensuring the UK is the best place in the world to be a veteran, and that all veterans who need our support can access and benefit from our services. I note your point in particular about the need for veterans' experiences to be understood when they access civilian services. For some services, work is underway to ensure providers who interact with veterans have the skills and understanding to respond to veteran-specific requirements. A good example is the roll-out of 'Veteran Aware' accreditation to NHS Trusts in England. This involves providers sharing good practice in linking with local services for the Armed Forces Community and raising staff awareness of the Armed Forces Covenant. Our services are monitored to assess impact and effectiveness, and we remain fully committed to providing a gold-standard care for all veterans.

In question nine, you asked how we monitor the effectiveness of the Armed Forces Compensation Scheme (AFCS) process. The AFCS aims to reflect modern thinking on disability and the moral obligation to ensure Service personnel are appropriately compensated. In 2009, the Scheme underwent a fundamental review, led by Lord Boyce. A number of recommendations were made, all of which have been accepted and implemented by Government. The establishment of an independent expert group to provide ministers with evidence-based medical and scientific advice on the AFCS was one of the recommendations in Lord Boyce's review. We established the Independent Medical Expert Group (IMEG), a non-departmental public body tasked by and reporting to me as the Minister for Defence People and Veterans. The medical members of the expert group are all senior experts in specialities relevant to military medicine.

The AFCS is reviewed regularly. The most recent review (the Quinquennial Review) was published in 2017. The purpose of the Quinquennial Review was to ensure the Armed Forces Compensation Scheme remains fit for purpose where "fit for purpose" is defined as providing "no-fault" compensation at realistic sustainable levels.

As regards question ten about training for service leavers, Vets UK provides a service called Defence Transition Services (DTS). They deal with the minority of Service leavers who have been identified as needing some support approaching, and potentially beyond, discharge. DTS engages the Service leaver once they have received a referral from the relevant chain of command or from the service leaver themselves. DTS will then assess the needs of the individual, support, signpost, provide relevant information and facilitate access to appropriate support services. One of the aspects DTS will of course verify is whether the Service leaver has accessed all the relevant briefings, taken advantage of available training opportunities, is aware of the

resettlement provision, and registered with the Career Transition Partnership. If not, the Service leaver will be advised of the availability of such services and encouraged to take full advantage of relevant provision before leaving the Service.

On the outstanding questions in your letter to the Surgeon General, I am afraid that we do not recognise the text included in your correspondence: "That the threshold of evidence... having been met." For reference, I have included a link to the published Consensus Statement here:

https://spiral.imperial.ac.uk/bitstream/10044/1/81286/10/TBI%20Summit%20Post-Meeting%20Consensus%20Report_2020.pdf.

I would also draw your attention to the latest systematic academic review of the literature that states decisively the threshold of evidence for routine use of magnetoencephalography (MEG) in diagnosing and/or prognosing mTBI has not yet been met. It can be found here:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8141472/>

Finally, on your last question about research that the Surgeon General has commissioned, the mTBI Predict Study will take forward the recommendations in the Consensus Statement to translate this into clinical practice. The study will initially run for 72 months with the objective of informing UK mTBI guidelines and future NHS and MOD clinical commissioning decisions to positively impact on civilian and military patient care.

I hope this letter provides reassurance about the services we provide for veterans, as well as my own personal commitment to delivering for veterans. Thank you for taking the time to write to me.

Yours,



Leo Docherty MP
Parliamentary Under Secretary of State for
Defence People and Veterans