



Catalyst Event Report
Armed Forces Health Issues
14th December 2012

*Catalyst Event Report on
Armed Forces Health Issues
Thistle Hotel Haydock 14th December 2012*

Purpose

The event was part of a programme of Catalyst Events organised by NHS North West to facilitate the creation of novel collaborations to develop innovative bids for research funding by bringing together key stakeholders in health-related research from NHS Trusts, Higher Education Institutes, the Armed Forces Community, the Public Sector and Voluntary Sector.

The event was conducted using 'Open Space' facilitation which was led by Steve Pashley(www.stevepashley.co.uk). The method is designed to enable people with mutual interests to meet and progress ideas in a short period of time. Participants have control over what is discussed and can choose to include themselves in various forums generated on the day. At the conclusion of the various forums, decisions are made about outcomes and further steps to progress them. Participants are expected to contribute further via the networks developed on the day.

A summary of the open space discussions, including the names of participants and those expressing an interest in being contacted at a later date, form the basis of this workshop summary.

The discussions are not presented in any particular order and do not reflect the popularity or other merit of the research themes. Some themes are closely interlinked and could be collated.



Group 1 - Armed forces; perfect citizen or damaged. Why it works for some and not others?

Convenor - Andy Bacon/Helen Lambert

Participants - Jerome Carson/Andy Gleave/Mike Thomas

Key points from the discussion:

- 'Hero complex' – more depression if not deployed
- Immediate response, alcohol related offending, limited experience of 'normal' working relationship with women
- Need for more 'positive psychology' approach in transition would be helpful
- Be useful to do some research on reservists when they come back to the NHS
- People who can't resettle after wars

Next steps:

- None given

Group 2 - Brain injury

Convenor – Gavin Newby

Participants – Neil Platt, Baz Heap, Anthony Millsop, Alan Barratt, Frank Doran, Joanne Crossley, Dorinda Wolfe Murray

Key points from the discussion:

- Own experiences of combat: ear defenders/helmets too restrictive, flash grenades effect on brain?
- Over-diagnosis of PTSD
- Mental health masking symptoms of brain injury



- Some people shy away from brain injuries, poor signposting/don't know where to go
- TRIM – 2 day accredited course (Neil Platt)
- PRU's – lots of resources, eclectic mix of service delivery

Next steps:

- Looking at databases to start finding injured soldiers and their problems
- Imaging and cognitive screening pre and post deployment
- Need more detectors of ABI/MH
- Smartphone tracking

Group 3 - Evaluating health services from client's perspective

Convenor – Steve McKenna

Participants – Jeanette Wilburn/Fergus Jepson/Andy Bacon

Key points from the discussion:

- Need standardised specific measure to assess treatment/interventions
- Use of outcome measures in PTSD
- Use PROMS/Patients experience
- PHD on evaluating treatments – Chester
- Needs-based approach

Next steps:

- Andy Bacon to contact an individual conducting a PHD in related subject



Group 4 - How do we define vulnerability in a way that allows multi-agency agreement?

Convenor – Lt Cdr Lee Paddock

Participants – Nicki Wilson/David Challis/Neil Platt

Key points from the discussion:

- Stress vulnerability model
- If vulnerable, who was the problem?
- What is the pathway?
- Who provides the intervention?

Next steps:

- Introduction of self-awareness/training
- Regular assessment

Group 5 - How do we engage those already out in our communities when their needs are often more complex?

Convenor – Jo Dover

Participants – Helen Lambert/Zoe Morrison/Christine Parker/Valerie Michej/Jayne Hosker

Key points from the discussion:

- How do people know where to go?
- Are there services geared to meet all their needs? Especially if there are multiple needs
- Difficulties around the terminology of veteran. Redefining what it means
- Read Coding at GP level, if every veteran were Read Coded it would be



helpful

- Need for a robust database
- Wider family impact too – partners of reservists
- What about non-operational mobilisation e.g. tsunami, other natural disasters?
- A&E, Social Services, Police, Housing/Local Authorities – need to be asking if there is a veteran in-patient service

Next steps:

- Use of Linked In – closed group to share ideas, practice and research
- Use of directory to link researchers. Opportunities to advertise to veterans/families, etc.
- Read Coding in Primary Care – veterans and families to speak up

Group 6 - How to capture attention outside the Armed Forces community and encourage support

Convenor – Rebecca McCartney

Participants – Nicki Wilson/Sean McEvoy/Andy Gleave/Ged Reilly

Key points from the discussion:

- Greater knowledge and training around education and skills for those service personnel in transition to civilian life – transferable skills need to be understood and appreciated
- Could be beneficial if there were some regulation of websites that advertise jobs
- Providing information about opportunities for community work that could be participated in to utilise skills
- Advocacy work may be beneficial to encourage large corporations to create partnerships to provide training and advice



- Veterans may better placed to champion the problems

Next steps:

- Encourage organisations that work with veterans to look at community projects as an outlet for skills or as part of the transition
- Assessment of best sources of employment news and opportunities and ensure that this is communicated to veterans

Group 7 - Impact on families when veterans return home

Convenor - Celia Hynes

Participants – Gavin Newby/Jayne Hosker/Zoe Morrison/Jo Dover/Chris Parker/Ged Reilly/Anthony Millsop

Key points from the discussion:

- One theme that emerged is that there is limited research into families and the impact on all related areas, for example, children
- Parents and early service leavers is also an under researched area

Next steps:

- More research has to be carried out in this area with more involvement from effected parties
- Possibly link with veterans' information service – an argument for more case studies analysis

Group 8 - International comparison of veteran care - How do we match up and can we learn any lessons from other regions/countries?

Convenor - Dr Fergus Jepson & Nicki Wilson

Participants – Rebecca McCartney/Zoe Morrison/Ricky Wallace/Mike Thomas



Key points from the discussion:

- Role of EU network to support veterans – lobby and advocate; research; funding
- Aim to set up pan-European partnership looking at support for veterans
- Royal Commonwealth Ex-Services League
- Assumption – no-inter regional network working to look at care of veterans
- Physical and mental health focus

Next steps:

- None given

Group 9 - Live At Ease Veterans' project

Convenor – Aisha Izzet

Participants – Valerie Michej/Gillian Southgate

Key points from the discussion:

- Bringing together organisations: a total place - total approach
- Wraparound support with mental health support
- Person-centred approach

Next steps:

- How can we extend projects further?
- What are best practice models?

Group 10 - Long-term outcomes in the disabled veteran population

Convenor – Fergus Jepson and Amarjit Samra



Participants – Steve McKenna/Jeanette Wilburn/Diane Cox/Mike Marrow/Baz Heap/Vicky Jeffries/Ricky Wallace

Key points from the discussion:

- Previously physically active ex-service personnel – how to enable them to return to these activities
- Can we use veterans' expertise to improve society?
- Access to Work - DWP - getting people back to work
- War Pensions – may have access to disabled servicemen
- No national database of ex-servicemen
- Historic logistical problems in collecting data. How to address?

Next steps:

- Establish a pilot in the North West to obtain increased funding for bigger studies

Group 11- Meeting the physical needs of a specialist group

Convenor – Fionnuala Geoghegan

Participants – Jamie Thomas/Christine Parker

Key points from the discussion:

- Detrimental effects of lack of involvement in physical activity
- Need to give people an opportunity
- Ex-servicemen want a break from the physical activity on exit from service
- Looking at those who have been out of service for a longer period



Next steps:

- Contact and speak to local Veterans Groups

Group 12 - Needs assessment and asset mapping

Convenor – - John Ashton

Participants – Ricky Wallace/Michelle Morgan/Lee Paddock

Key points from the discussion:

- Reconciling differences in statistics between USA and UK
- How to manage vulnerability. Needs to be identified early in military career
- Take an increased account of service leaver families
- The need for a holistic assessment tool across the ageing process
- No coherent picture of what is available
- Need for after discharge assessment, e.g. 6 months

Next steps:

- Needs to be a repository of knowledge and evidence
- There needs to be ownership of Armed Forces health issues in the new NHS structure
- Buddy App for the iPhone

Group 13 - NHS as employer of veterans

Convenor – Bev Snaith

Participants – None given



Key points from the discussion:

- NHS could be big employer of Veterans
- NHS is a provider of a large number of medical staff to the Armed Forces – how are they treated on their return?
- Possible resentment from long serving Healthcare Staff?
- Reintegration, long term NHS career prospects

Next steps:

- Asking the question: As an employer do we identify veterans or reservists?
- Longitudinal study of current reservists in NHS pre- and post-deployment
- Track veterans who are or who have been in the NHS.

Group 14 - Patient-centred care

Convenor – Maryann Hardy

Participants – Bev Snaith/Jamie Thomas

Key points from the discussion:

- Variations in health assessment related to rank
- Disease/injury as label, e.g. “amputee”
- Veterans – who are they? How can we identify them?
- Current day understanding of military role and experience – ‘the media exposure’ – opening up conversations for veterans

Next steps:

- None given on the day

Group 15 - TA- Fall-out

Convenor – Dorinda Wolfe Murray

Participants – None



Key points from the discussion:

- 2003 Reserves Health Programme
- Research needed to find out wellbeing of officers and other ranks
- Research into difference between TA/regular leavers

Next steps:

- None given on the day

Group 16 - What barriers prevent a veteran's movement into civilian employment? What support is required to help?

Convenor – Jayne Hosker

Participants – Stephen McKenna/Jerome Carson/Andy Gleave/Valerie Michej/Jeanette Wilburn

Key points from the discussion:

- Translation tool for qualifications gained in military to civilian qualifications would help advisers and employers understand
- Develop a generic competency based assessment to help understand transferable skills
- Veterans don't want to be labelled. Often don't have health programmes but won't claim ESA because don't want label. Good condition management needs to be available to everyone. Good assessment from the start
- Initial leavers are not always the programme. It is 3/5/7 years down the line that problems start to present themselves
- Remember the positives the veterans have to offer and that they are not always 'damaged'



Group 17 - University education and purposefulness

Convenor – Jerome Carson

Participants – Diane Cox/James Thomas/Maryann Hardy/Fionnuala Geoghegan

Key points from the discussion:

- Flexibility of education delivery
- Education to meet veterans' requirements
- Taster sessions
- Image of students
- Successful translation/transfer

Next steps:

- Getting information to all the military community about opportunities
- Using service users who have had educational experience



Summary

This summary is for the purposes outlined at the outset; that is to make notes of the dialogue and to circulate this to the participants as a reminder of discussions and to locate individuals who were involved. There are several themes common across different groups. These include:

- Lack of quality data to recognise veterans and their needs
- Veterans often shy away from coming forward to aid research because of labels
- How to re-integrate veterans into civilian life, through education or finding ways to make them feel 'normal' again

It was also suggested, to further increase the success of the event that those who want to lead research could provide a short summary to be sent to attendees of the event in case any of the research ideas were missed on the day.

If you have any further questions or wish to speak to a member of the Research and Development team then please do not hesitate to contact us.



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