Royal College of General Practitioners

Armed Forces veteran friendly accredited GP practice

AN EVALUATION OF THE VETERAN FRIENDLY GP PRACTICE ACCREDITATION PROGRAMME

Westminster Centre for Research in Veterans

University of Chester

Contents

Foreword

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RCGP Veterans Champion

The Royal College of General Practitioners (RCGP) veteran-friendly practice accreditation programme is designed to help GP practices provide better care for veterans. For practices to be accredited as veteran-friendly they must provide evidence that they are supportive of veterans' healthcare and work towards improving identification and understanding of veteran's needs, in addition to referral to dedicated veteran services and priority treatment where appropriate. The RCGP veteran accreditation programme helps fulfil the NHS commitment towards the Armed Forces Covenant, whereby veterans should face no disadvantage because of their military service.

The veteran-friendly accreditation programme is in its second year of three, with more practices becoming accredited each month. The RCGP is evaluating the work of the veteran-friendly accreditation programme, to help determine the impact of the programme to date, and inform project improvement to maximise opportunities during the remaining time left.

Hosting a wealth of experience in veteran's health-related research and significant insight and understanding into the veteran-friendly accreditation programme the Westminster Centre for Research in Veterans, University of Chester lead by Professor Alan Finnegan, were appointed to carry out the evaluation project. A mixed-method study was proposed and a short, user-friendly on-line survey designed to obtain both qualitative and quantitative data collection inviting the veterans lead from all accredited practices to participate. Data collection took place between May and June 2021 and we eagerly anticipate the outcomes of the evaluation project.

Evaluation of the Veteran Friendly Practice Accreditation Programme

The evaluation ran from May—June 2021

225

Survey Responses

99%

of accredited practices would recommend the accreditation

15

Interviews

84%

of accredited practices feel they have a better understanding of veterans needs since becoming accredited

76%

found the accreditation process 'easy' or 'very easy'

72%

of Veteran Leads felt the accreditation had been 'some' or 'significant' benefit to veterans

77%

of accredited practices are now more aware of veterans needs

Increased veteran registrations

Improved identification and coding of veteran patients

PHC staff reported a better understanding of veteran specific services and the priority referral system

Executive summary

This evaluation was commissioned by the Royal College of General Practitioners (RCGP) to provide an independent appraisal of the effectiveness of their RCGP Veteran Friendly Practice Accreditation programme. A mixed methods evaluation obtained quantitative data from 225 online surveys and qualitative data from 15 face to face interviews with accredited GP practice staff. This assessment focused on three main areas: the benefits of the programme for veterans, the benefits for the Primary Healthcare (PHC) practice and the implementation and the delivery of the programme.

There are a number of key findings. Since becoming approved, Veteran Friendly accredited GP Practices have a greater understanding and awareness of veterans needs and have increased their knowledge of veteran specific services. This has resulted in a number of improvements such as ensuring veterans are directed into appropriate mental health (MH) services. The programme itself was very well received by PHC staff who valued the opportunity to improve their knowledge of the armed forces community and also as a foundation from which to signal their commitment.

This was the first evaluation of this programme and accredited practices believed the programme was well managed with their responses highlighting the importance of RCGP veteran specific updates.

Challenges associated with the delivery of the programme included identifying veterans to ensure they were correctly coded on their medical records and promoting the accreditation process. Regarding this first issue, there is a requirement to improve veteran registration and ensure that patient medical records are correctly coded in PHC. The report indicates that some veterans were unaware of their veteran status and had little understanding of the benefits associated with disclosing their former military service standing to their GP. Whilst this issue requires further action to improve, the accredited practices have demonstrated commitment and motivation to increase their registration of veteran patients and correctly code their medical records, with some practices observing an increase in help-seeking as a result of their accreditation. It is likely that in time, veteran registrations and help-seeking will increase.
See Figure 1.

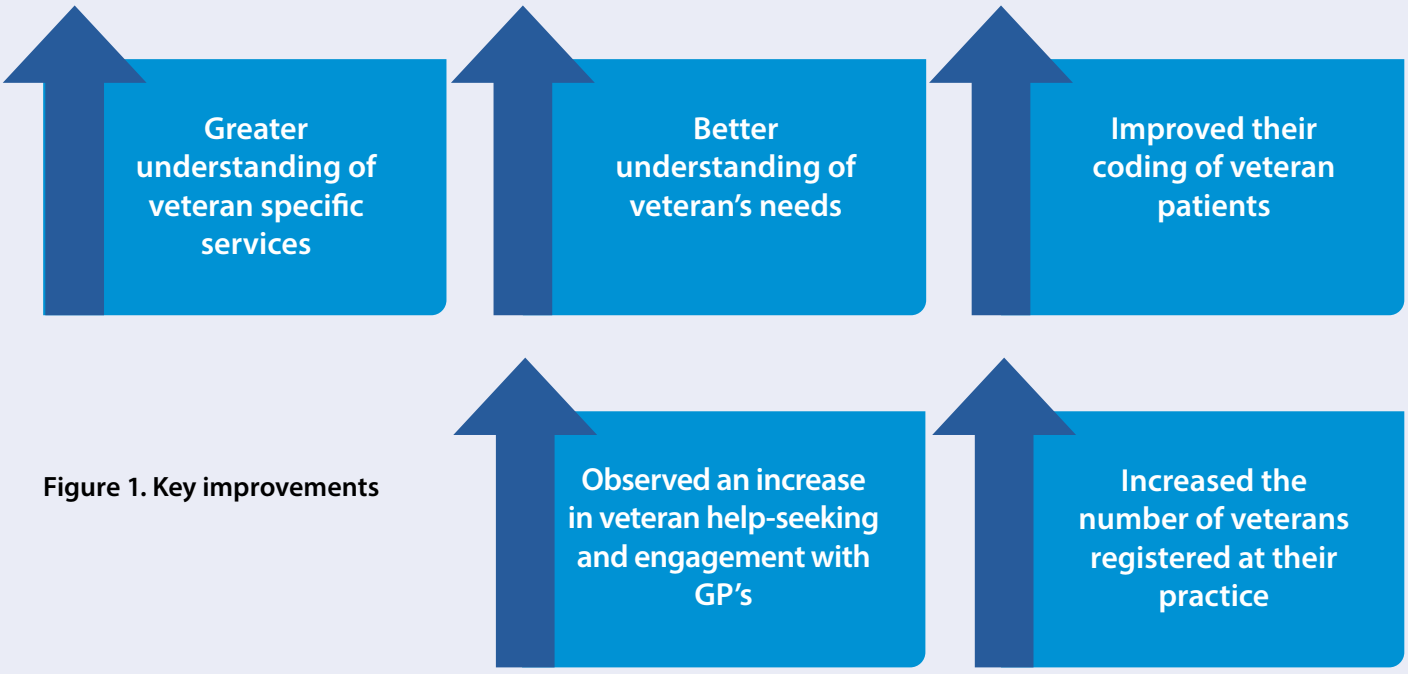


Figure 1. Key improvements

The second issue was concerns raised regarding the promotion of the accreditation programme. GP practices reported that COVID-19 and the resulting limited footfall through their practices meant that they have not had sufficient time to fully assess the impact of the programme. Despite these challenges, the benefits are significant. From the 225 accredited practices who completed the survey, 99% would recommend the accreditation programme to other PHC practices whilst 72% of respondents felt there had been 'some or significant benefit' to veterans as a result of their GP practice having a better understanding of veterans needs since gaining accreditation. 76% of respondents found the accreditation process 'easy or very easy' whilst 73% found communication with the RCGP during the accreditation process 'good or very good'. See Figure 2.

Figure 2. Delivery of the programme

Interview findings reinforced the survey results and demonstrated the positive impact Veteran Friendly Accreditation has upon both GP practices and veterans themselves. The results clearly indicate that the accreditation programme has been of meaningful benefit to veterans. As a direct result of the initiative, GP practices are better able to understand veteran's needs and have a greater awareness of how to meet them. Overall, these GP Practices have a good understanding of the Armed Forces Covenant priority referral process and utilise this well. Veterans themselves are perceived to lack understanding of veteran specific services which highlights the importance of the GP Practice's veteran specific knowledge and understanding. Participants indicated that the accreditation programme and the improved awareness ranging across all the PHC staff resulted in practice staff being more motivated and willing to accept and adopt new strategies to work with and identify veterans. A common positive message was that the accreditation process and status had invoked a sense of pride across the range of all staff and was considered to have benefitted the reputation of the practice.

A clear message was that Veterans receive better PHC when GP's, nurses and other PHC staff understand their needs, and they are also more likely to be successfully signposted to veteran specific statutory and non-statutory services. PHC is seen as the gateway to the NHS, and the GP practices Veteran Lead's enhanced knowledge of veteran specific secondary and tertiary services and the priority referral pathway is of great benefit to the veteran and their families, who themselves have little understanding of these provisions. Further opportunities for improvements have been identified and are included in the recommendations on Page 30. Whilst there remains work to be done in terms of reaching all patients not yet registered as veterans, the fact that improvements have been observed should be considered a positive outcome of this accreditation. A better working environment has also been noted and staff motivation and commitment to improving veteran healthcare highlighted. This is an encouraging finding and suggests continuation of this programme would be warmly received by PHC staff and veterans.

Background

The Veteran Friendly Practice Accreditation Programme is part of a National Health Service (NHS) ten year plan to improve veteran engagement with Primary Healthcare (PHC) providers. The plan states: 'to ensure all GPs in England are equipped to best serve our veterans and their families, over the next five years we will roll out a veterans accreditation scheme in conjunction with the Royal College of GPs.' PHC is where most people interface with the NHS, with an estimated 300 million appointments each year (NHS Digital, 2019; NHS 2021a). GP Practices provide the initial consultation in diagnosing and treating most patients' physical and MH conditions (Nuffield Trust, 2021). The programme intends to enable GP practices to deliver optimum care to veterans. Accreditation involves a simple process whereby practices are required to meet five specific criteria and provide evidence that they support veterans' healthcare. Accredited practices must appoint a clinical lead, known as the 'Veteran Lead'. Veteran Leads receive an information pack and undertake training related to veteran healthcare during the accreditation process. Veteran Leads will also provide advice to colleagues about veteran healthcare. Once accredited, accreditation lasts for three years. The programme has been cited as demonstrating motivation, engagement and knowledge to ensure that veterans and their families are provided with better patient centred care within GP practices (Simpson & Leach, 2021).

The initiative was launched on 5th June 2019 and is now into its' second year. Over 1000 practices have been accredited across England (approximately 14% of all GP practices) out of the 6,993 English PHC practices (Bostock, 2019). It is hoped that accreditation allows practices to better identify, treat and refer veterans, where appropriate, to dedicated NHS services. It also means that the NHS is better able to meet the health commitments of the Armed Forces Covenant (Ministry of Defence, 2011). As such, the Armed Forces community, including veterans, should face no disadvantage in accessing health services and should receive priority care for military attributable conditions, subject to clinical need. Veteran Friendly Accreditation has received considerable interest from government Defence Ministers (Ministry of Defence, 2020a) and was highlighted in the Armed Forces Covenant Annual Report 2020 (Ministry of Defence, 2020b) as a key pathway to ensure consistent long-term healthcare for veterans.

This report is constructed on the findings of a mixed methods study that was funded by the National Health Service England (NHSE) to evaluate the effectiveness of the RCGP Veteran Friendly Practice Accreditation Programme. The intent was to obtain robust evaluation evidence to inform and pave the way for project improvement and give feedback on the work, ensuring that opportunities are used to good effect for the remaining time of the programme. The evaluation set out to assess the three main areas of benefits of the programme for veterans; benefits for the practice and the implementation and delivery of the programme itself. The findings pertain to impacts up until June 2021, approximately two years into the three year programme. Findings will help improve both the accreditation process and the healthcare needs of the Armed Forces community in PHC.

Introduction

There are an estimated 2.4 million veterans in Great Britain (MOD, 2019; NHS, 2019) making up 5% of the population aged 16 and over. A total of 12,299 left the Armed forces in 2020 which was a gradual decreased outflow from the 26,620 who left in 2000 (Dempsey, 2021). Of those service people transitioning back to civilian life each year, there were 1,578 discharged for medical reasons in 2019/2020 (MOD, 2020c). For most individuals, switching from the Armed Forces into civilian life is without problems. However, some veterans have health needs related to their military employment and may require support from healthcare services. Upon leaving the Armed Forces, veteran healthcare becomes the responsibility of the NHS. Veteran healthcare has proved difficult to manage as veterans are often reticent to seek help (Iversen et al., 2011; Randles & Finnegan, 2021). This may be confounded by the historical narrative that NHS services have been ill-equipped to meet the needs of veterans (Macmanus & Wessely, 2012). The need to improve veteran healthcare was emphasised by the Department of Health in 2015 (DH, 2015), alongside the need to improve GP's understanding of the health needs of veterans. GP's were often unaware how many veterans were registered with their practice and may require more guidance on how to meet the needs of their veteran patients (Finnegan et al, 2018).

Since 1985, the UK has utilized Read Codes (which are being updated with SNOMED Codes) that are applied to a patient's PHC medical record to annotate demographic characteristics including age, gender, diagnosis, and therapeutic interventions (NHS Digital, 2017). The UK's Department of Health also directs that a Read / SNOMED Code should be applied to medical documentation indicating a "history relating to military service" (RCGP, 2011). Although there are no perceived barriers such as the location of PHC practices or waiting times which specifically prevent veterans from registering or engaging with a PHC practice, the number of veterans correctly registered with a Read / SNOMED Code on their medical records is approximately 8% (Simpson & Leach, 2015; Finnegan et al, 2018). It appears that generally that patients were seldom asked whether they have ever served in the Armed Forces and recording of veteran status was rarely documented or coded which makes identifying this population particularly difficult. Part of the challenge is that veterans are a hard-to-reach group Forces in Mind Trust (FiMT, 2019), who often "bottle up" their feelings; fearing the impact of sharing personal burdens with their family or appearing weak (Ahern et al, 2015). Veterans may believe that civilian health professionals will not understand their past military experiences and therefore not register with a PHC practice, or not disclose their veteran status (NHS, 2013). For the minority of veterans who need MH support, poor help seeking leads to excessive delays in addressing operationally attributable MH issues; often left until they are in crisis and social isolation (Combat Stress, 2016; Randles & Finnegan, 2021). Additionally, some veterans are unaware of the potential health and social care benefits of disclosing their ex-armed forces status to their GP (Finnegan et al, 2018).

The implementation of the Armed Forces Covenant (MoD, 2011) reinforces the nation's duty to provide bespoke services for veterans and permits veterans priority access to NHS care (including hospital, primary or community care) for conditions associated with their time within the Armed Forces (service-related) (NHS, 2021b). However, previous research has highlighted poor understanding of priority commissioning responsibilities from both primary and secondary healthcare services (Fulton et al, 2018), demonstrating a need to improve understanding of veteran healthcare in all healthcare settings. In recent years the UK has witnessed considerable statutory and non-statutory investment in veteran health services (Bacon et al, 2021). For enduring psychological problems there are bespoke Military Veteran Improved Access to Psychological Therapies (MVIAPT) services (NHS, 2013; Clarkson et al, 2016). In England, the NHS provides MH services for Veterans under the banner of OP COURAGE. This includes a Transition, Intervention and Liaison Service (TILS) which offers a treatment option with multiple points of access including self-referral. For those with more complicated needs there is a Complex Trauma Service (CTS) and the recent High Intensity Service (HIS) (NHS, 2021b). To maximise the uptake of these services, it is vital that veterans and their families register with PHC practices and are aware that these services exist.

In summary, the healthcare needs of veterans can differ from the needs of those in the general population in a number of ways. Veterans may miss the structure and support provided by the armed forces (Randles & Finnegan, 2021). They may also experience difficulties making the transition to civilian life (Binks & Cambridge, 2017). NHS staff require an understanding and awareness of the veteran health and social issues associated with the treatment / referral pathways (Finnegan et al, 2017), and PHC have a clear role in improving and promoting the physical and mental wellbeing of the Armed Forces

Community. Appreciating the healthcare needs of veterans means they can be better identified, treated and referred onwards to veteran specific services. PHC doctors can positively change behaviour patterns, but there is a lack of knowledge amongst PHC staff (Finnegan et al, 2018). Important steps have been taken to address this, including the introduction of the RCGP veteran friendly GP practice (RCGP, 2019), the Veterans Healthcare Toolkit with a free online veterans education module (RCGP, 2021) and emerging educational models for the future workforce provided by Health Education England (HEE) (Finnegan et al, 2020), and this evaluation presents an opportunity to assess their effectiveness.

Aim and Objectives

The aim of this study was to evaluate the effectiveness of the RCGP Veteran Friendly Practice Accreditation Programme in order to highlight positive outcomes and identify areas for improvement.

The objectives of the study were to:

a) Identify and evaluate GPs and PHC's staff assessment of the effectiveness, benefits, problems and means for improvement of the RCGP Veteran Friendly Accreditation Programme for both veterans and the practices.

b) Recognise the challenges of this intervention, why they exist and how they can be positively addressed.

c) Distinguish the potential for lessons learnt to improve the programme.

The intent was to provide robust results that may lead to an improvement in veteran identification and treatment of veterans in PHC. Evaluation of this programme will add to the limited empirical research which has explored the effectiveness of veteran's engagement with PHC and staff's willingness to connect with veterans. These findings should help shape future policy and research.

Methodology

The methodology was designed to be an effective means of evaluating the Veteran Friendly Practice Accreditation Programme. The approach had to embrace a capacity to explore the impact of the programme on the practice and the veteran. In addition, to identify areas for improvement and give constructive commentary on the programme to present recommendations and opportunities that could be used to good effect for the remaining time of the initiative.

The inclusion criteria for the study were PHC practices who had obtained veteran friendly accreditation status by the 28th April 2021. The exclusion criteria were PHC practices who had not obtained veteran friendly accreditation by the 28th April 2021. The evaluation commenced at the beginning of May 2021, at which time 949 practices had been accredited. As some of these practices were multiple location practices, the number of practices recorded as accredited by the RCGP was 925, and all were contacted.

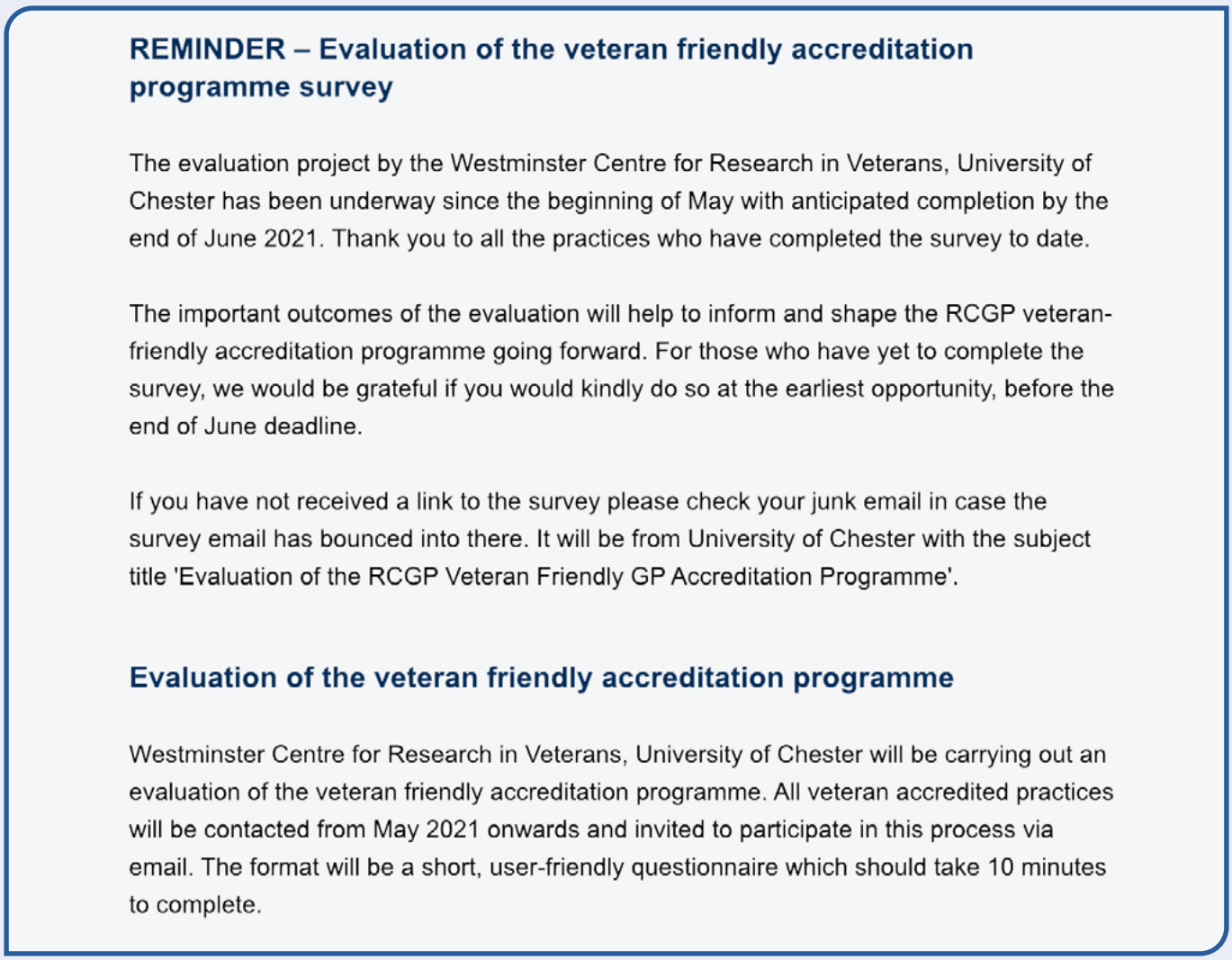
This evaluation adopted a mixed methods approach, incorporating quantitative and qualitative methods to evaluate the effectiveness of the Veteran Friendly Accreditation Programme. Quantitative data was collected via a 25-item online survey using the Jisc Online Surveys tool (2021) and was designed to take approximately ten minutes to complete. Survey questions were developed in collaboration with NHSE and the RCGP. Questions were focused on how the accreditation programme may have benefited both the veteran and the practice, in addition to questions about the programme itself and how improvements could be made for the remainder of the programme. Some questions were also open ended, allowing the participants to write their opinions, and that facilitated a qualitative exploration of the benefits and challenges of the programme itself, including the impact COVID-19 had upon the programme. Demographic information was also captured including the employment role of the practice Veterans Lead (i.e., GP, Nurse) who was completing the survey, the location and practice population. The survey was designed by the research team and then piloted by academics, RCGP leads, NHSE, PHC staff and veterans. This allowed the study team to assess feasibility of the approach before use in the main study. Feedback was used to revise the question set. The study questionnaire is at Appendix C.

Surveys also included a request for PHC staff to voluntarily take part in a short interview. This formed the qualitative element of the study and provided an opportunity to gauge understanding of positive outcomes and outstanding challenges and to determine issues such as whether the programme has improved veterans help-seeking behaviour. Content analysis from the questionnaires was utilised to organize and elicit meaning from the questionnaire's qualitative data. This consisted of four stages: decontextualisation, recontextualisation, the categorization and assembling of the codes (Burnard, 1991; Bengtson, 2016). These are presented in the results section and Appendix A. Qualitative data from the 15 interviews was analysed based on a modified Grounded Theory approach (Glaser & Strauss, 1967; Charmaz, 2014; Finnegan, 2014) which included: constructing analytical codes, themes and categories from the data and not from predetermined presumptions; using the constant comparative method to construct comparisons during each stage of the analysis, and memo-writing to elaborate between categories, agree their properties, specify correlations and recognise differences.

Method

The email addresses of the Veteran Friendly accredited practices were held on an RCGP database which the research team were able to access for this evaluation only. The survey was initially sent to 50 Veteran Friendly accredited practices via email. The purpose of this initial circulation was to ensure emails were being distributed and then received correctly to confirm that any presenting problems could be rectified before wider distribution. Surveys were then distributed to the remaining practices. All accredited practices received the survey (N=925). Practices were invited to complete the survey which could be accessed by clicking a link held within the email. Survey links were individual which allowed a unique identifier code to be assigned to each participant. Respondents were able to submit questionnaires without answering all 25 questions. Responses were returned directly to the research team.

The study commissioners and RCGP were aware that the clinical demands placed on GP practices were being exacerbated by the COVID-19 pandemic (staff having to isolate, greater amount of on-line consultations) and were mindful of the impact this would have on completion of the questionnaire. Therefore, to increase participation, the survey team planned to support the initial survey distribution with automatic reminders that were then sent to the email addresses held on the RCGP database on a regular basis. In addition, the RCGP included details of the survey within their quarterly newsletter and notice for the accredited GP practices to complete the survey. See Figure 3.



REMINDER – Evaluation of the veteran friendly accreditation programme survey

The evaluation project by the Westminster Centre for Research in Veterans, University of Chester has been underway since the beginning of May with anticipated completion by the end of June 2021. Thank you to all the practices who have completed the survey to date.

The important outcomes of the evaluation will help to inform and shape the RCGP veteran-friendly accreditation programme going forward. For those who have yet to complete the survey, we would be grateful if you would kindly do so at the earliest opportunity, before the end of June deadline.

If you have not received a link to the survey please check your junk email in case the survey email has bounced into there. It will be from University of Chester with the subject title 'Evaluation of the RCGP Veteran Friendly GP Accreditation Programme'.

Evaluation of the veteran friendly accreditation programme

Westminster Centre for Research in Veterans, University of Chester will be carrying out an evaluation of the veteran friendly accreditation programme. All veteran accredited practices will be contacted from May 2021 onwards and invited to participate in this process via email. The format will be a short, user-friendly questionnaire which should take 10 minutes to complete.

Figure 3. RCGP Newsletter dated 23rd June 2021

The distribution of the survey was synchronized for distribution in line with these newsletters. Reminders were only sent to email addresses who had not yet completed the survey. In total, the survey was sent four times. These reminders served a useful purpose with the first reminder resulting in an increase from 96 to 159 responses and the second reminder a further increase from 159 to 189 responses. The final prompt resulted in an increase from 189 to 225 responses (24% response rate). See Table 1 below.

Serial	Survey distribution	Date 2021	Responses	Percentage increase %
1	Initial 50 surveys	29th April		
2	Remaining surveys	11th May	96	
3	Reminder 1	18th May	159	65
4	Reminder 2	2nd June	189	19
5	RCGP newsletter	23rd June		
6	Reminder 3	24th June	225	19
7	**Total responses**		**225**	

Table 1. Survey distribution

Quantitative survey data were kept anonymous and confidential. Data was exported directly from the Jisc Online Surveys tool (2021) which is password protected and only accessible by the research team. Quantitative survey responses were analysed using IBM SPSS (2021) Statistics Version 26 and included descriptive statistics of frequency distributions and percentages and the option for cross-tabulations which allowed examination of relationships between variables.

Qualitative data obtained from the interviews were transcribed manually, coded and kept anonymous and confidential. Thirty two respondents agreed to an interview. Interviews were allocated on a 'first come, first served basis'. Respondents were contacted via email. Seventeen did not reply although reminders were sent, therefore, fifteen interviews were conducted. Interviews were conducted via Zoom or Microsoft Teams and were audio-recorded using a Dictaphone. See Figure 4 for data sources.

Figure 4. Data Sources

Ethics

This research was approved by the University of Chester's Faculty of Health and Social Care's Research Ethics Committee.

Results

Survey participants

This section provides an overview of the practice profiles who completed the survey. A total of 225 practices completed the online survey (24% response rate). The heat map shown in Figure 5 show the locations of these 225 practices. Figure 6 shows survey responses by county. Survey responses by CCG Health boards are included in Appendix D. Responses by RCGP Faculty can be found in Appendix E. The mean total practice population was 10,605 (range from 1,650 to 30,790). However, it should be noted that a number of practices noted unusually high practice population figures. This may be due to multiple location practices or errors made by those completing the survey. Of the accredited practices, 74% recorded the number of veterans registered at their practice. The mean number of veterans registered at practices was 100 (range 2-800). However, the study interviews indicated that this figure should be interpreted with some caution as the number was the perception of the person completing the survey and not necessarily verified with a SNOMED/ Read Code search.

Figure 5. Heat map showing survey respondents by postcode

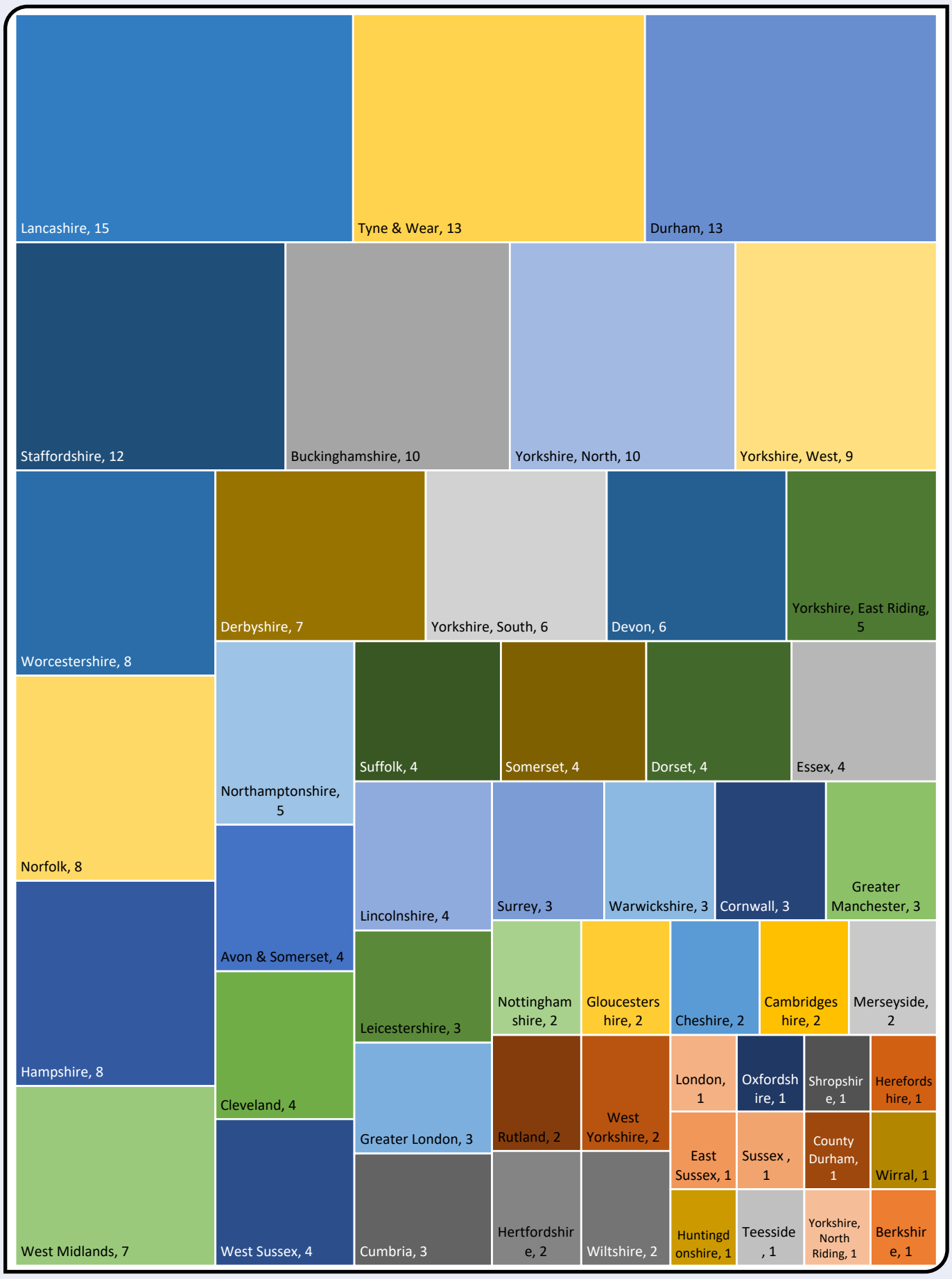


Figure 6. Survey responses by RCGP county

Of the accredited practices, 95% had a Veterans Lead (N=212). The 5% of practices who did not have a Veterans lead, also did not have access to a regional Veterans Lead. The survey intended to identify whether the practice included a veteran as part of their patient participation group (PPG). Responses indicated that 18% (N=40) did include a veteran in their PPG, although this figure may be higher as 42% (N= 93) of respondents were unsure whether their PPG included a veteran or not.

Veteran Leads

Of the 222 who answered the question about whether they were a veteran themselves, 32% (N=72) of Veteran Leads were veterans. Of the 212 who answered the question about the appointment of the Veteran Lead, 69% (n=147) held the role of GP. Appointments held are shown in Figure 7.

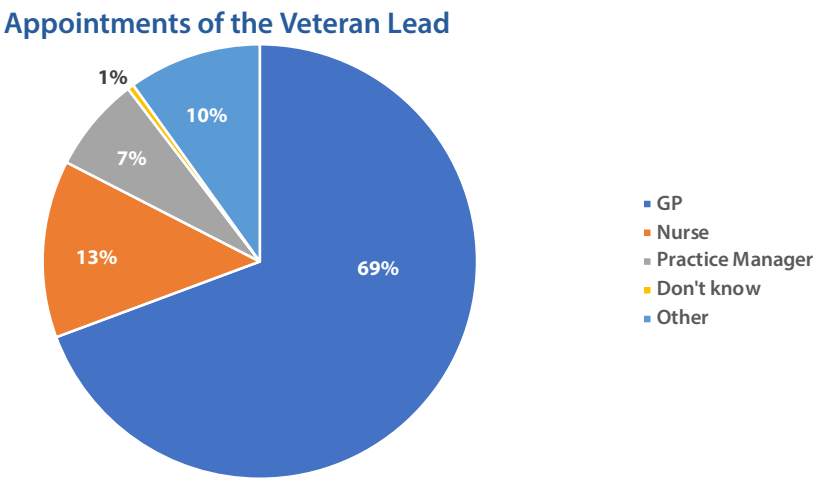


Figure 7.

Other appointments included paramedic, compliance manager, HCA, Nurse Practitioner, Social Prescribing Link Worker and administrative staff. In terms of the experience Veterans Leads held to uphold this role, 193 respondents answered this question and believed the process of becoming accredited was perceived to provide Veterans Leads with the most experience (see Figure 8).

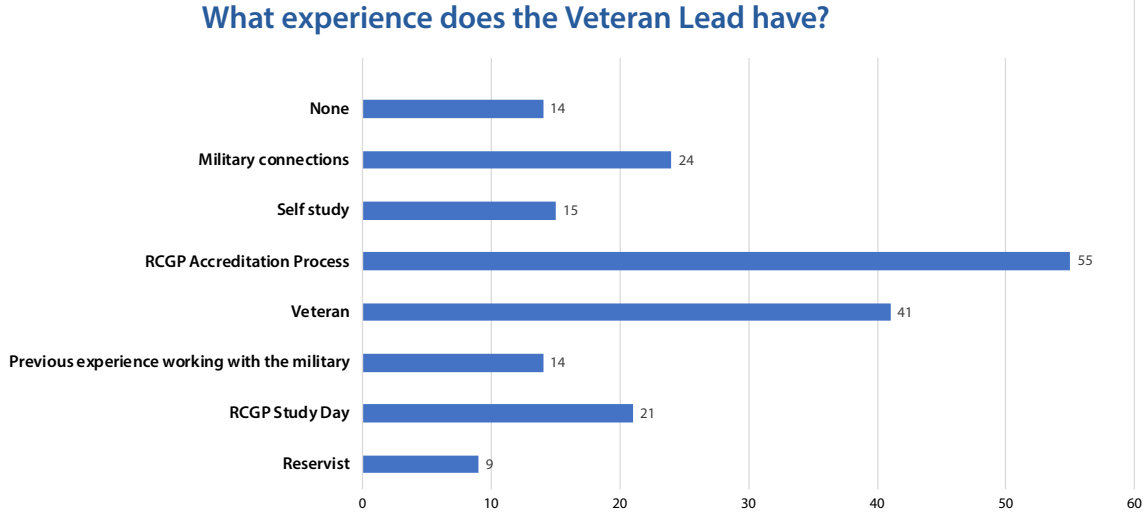


Figure 8.

When asked how they keep up to date with veteran issues, 164 respondents answered this question with 68% (N=113) of practices believing updates from the RCGP were the most effective way of keeping Veteran Leads up to date with veteran specific issues (see Figure 9).

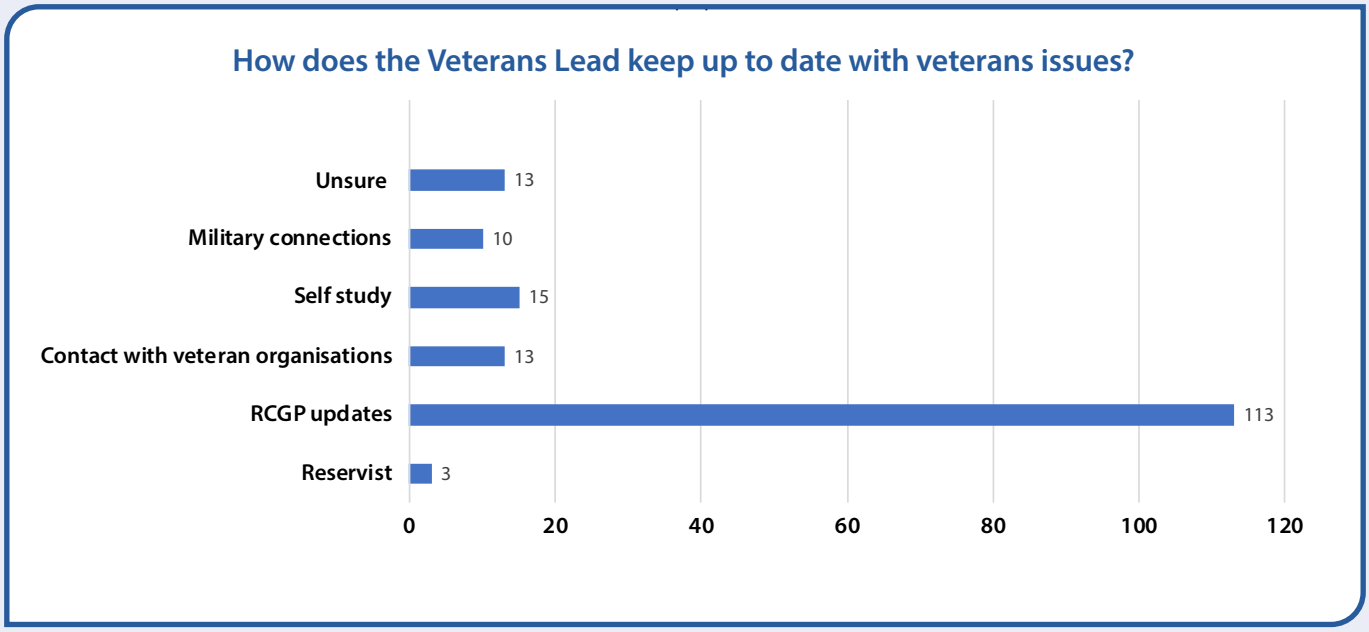


Figure 9.

Impact on the Practice

The evaluation was designed to assess the impact of the accreditation programme on the PHC practice. The survey showed 84% (N=188) of respondents reported that the accredited practices have a better appreciation of veterans needs since becoming accredited, whilst 77% (N=173) of practices feel they are now 'aware or very aware' of the needs of veterans. From the 212 respondents who gave detail of being a Veterans Lead, 91% (N=128) who were not veterans themselves believed their understanding of veteran's needs had improved since gaining recognition. Accredited practices were also asked to rate the impact of the programme on their practice. The range was from 0 which was no impact to 10 indicating a significant impact. Table 2 shows the mean impact score was 5.12 (SD=2.53, Mode=5, Median=5).

0	1	2	3	4	5	6	7	8	9	10
5	9	14	18	13	45	33	38	35	6	9
(3%)	(4%)	(6%)	(8%)	(6%)	(20%)	(15%)	(17%)	(16%)	(3%)	(4%)

Table 2. Impact of the programme on a PHC practice

Impact on the Veteran

The evaluation also sought to assess the impact of the accreditation programme for a veteran. The survey showed 39% (N=87) of the 223 respondents who answered this question, that they believed veterans aged from 40 to 59 years old were most likely to engage with a veteran friendly practice, although 28% (n=63) believed veterans of all ages were equally likely to engage. Only 3% (N=6) of respondents believed veterans aged 80 and above were most likely to engage with accredited practices. See Figure 10.

When asked to consider how aware veterans were of the accreditation programme, 19% (N=42) of respondents felt veterans were 'aware or very aware.' See Figure 11. Similarly, of 224 respondents, there were 39% (N=87) who believed veterans were either 'unaware' or had 'limited awareness' of veteran specific priority treatment See Figure 12. Nevertheless, 71% (N=160) felt there had been 'some or significant benefit' to veterans as a result of their GP practice having a better understanding of their needs since gaining accreditation. See Figure 13.

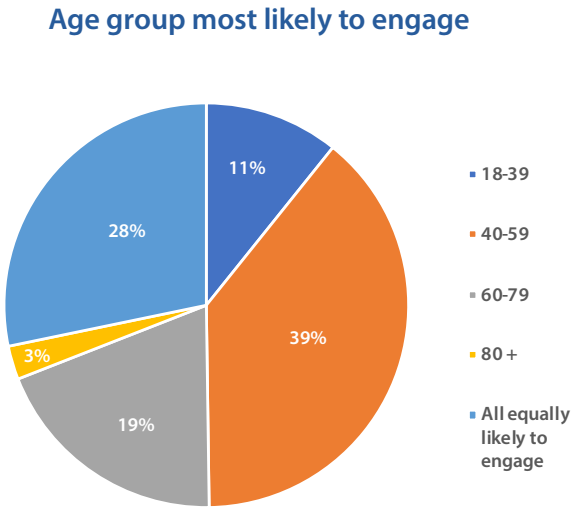


Figure 10.

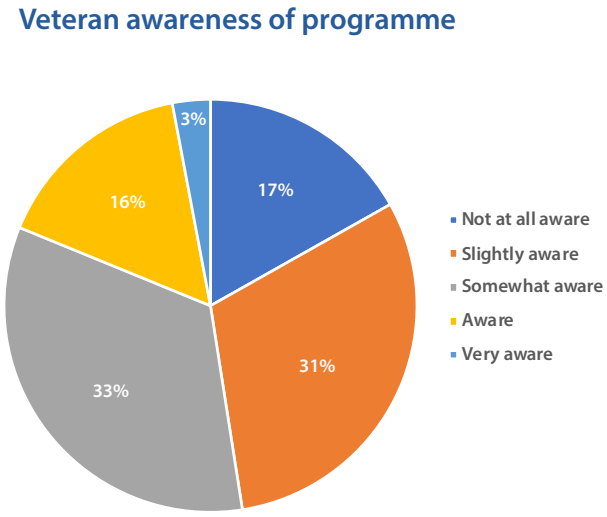


Figure 11.

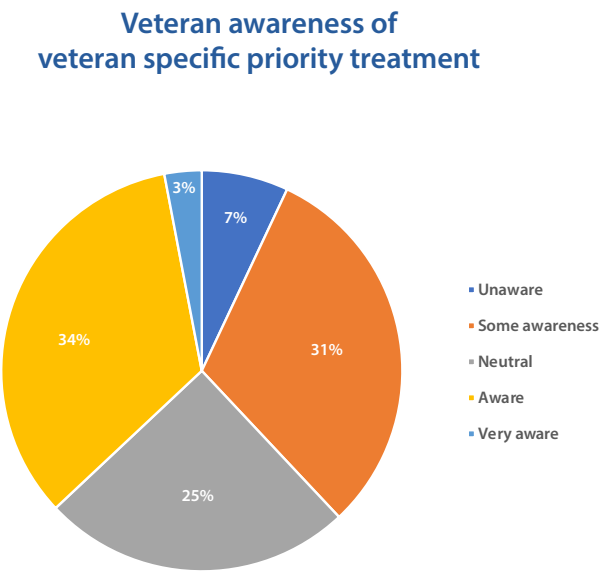


Figure 12.

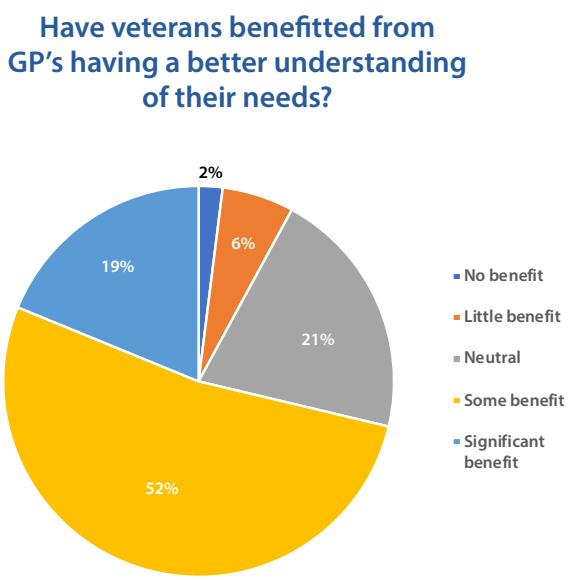


Figure 13.

When asked to rate the impact of the programme for the veteran, on a scale where 0 = no impact and 10 = significant impact, Table 3 shows the results where the mean impact score was 5.58 (SD=2.34, Mode=5, Median=6).

0	1	2	3	4	5	6	7	8	9	10
6	14	23	24	15	43	22	35	22	13	7
(3%)	(6%)	(11%)	(11%)	(7%)	(19%)	(10%)	(16%)	(10%)	(6%)	(3%)

Table 3. Impact of the programme for a veteran

Programme Management

From 224 respondents, a significant 99% (n=221) of respondents would recommend the accreditation programme to other practices. Of these, 76% (N=171) of respondents found the accreditation process 'easy or very easy' (Figure 14) whilst 73% (N=163) found communication with the RCGP during the accreditation process 'good or very good'. (Figure 15).

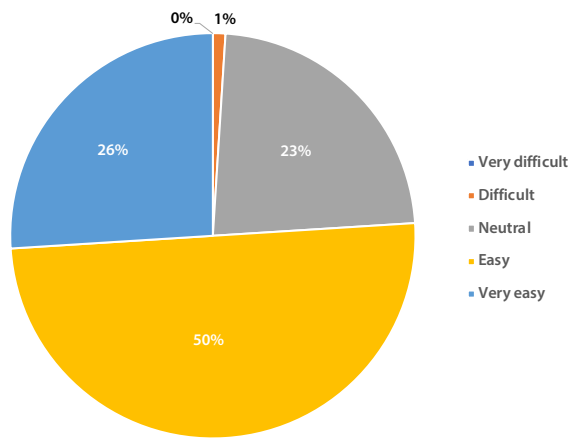


Figure 14.

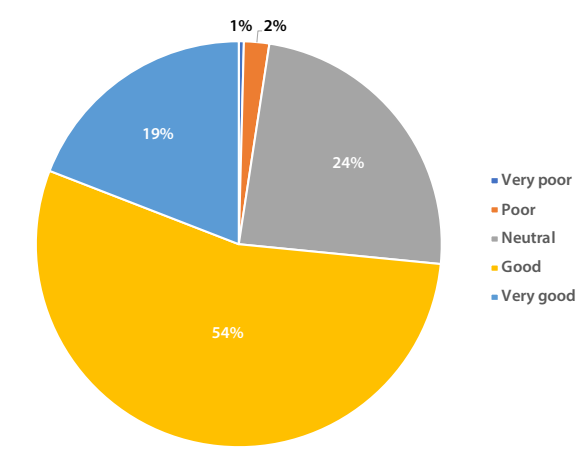


Figure 15.

When survey respondents were asked about the format of training material they would prefer to receive during the accreditation process, 83% (N= 187) showed a preference for an online module. Other preferred training material included linking up with military and/ or veteran organisations, developing a central resource database, email updates and websites containing links to print posters. (See Figure 16)

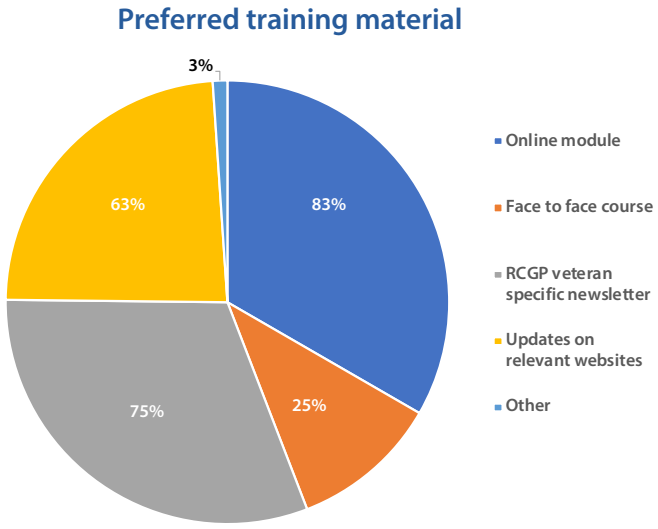


Figure 16.

COVID-19 Impact

The survey was completed during the COVID-19 pandemic, and after a year of various forms of lockdown and measures which directly impacted on PHC, there was an open-ended question about the impact COVID-19 had upon the programme. This question was answered by 110 respondents, and 39 provided "nil" or "no" as their answer. Of the remaining 71, there were 48% (N=34) who felt the greatest challenge COVID-19 presented was limited time. 24% (N=17) discussed a lack of footfall with fewer patients visiting the PHC and 15% (N=11) believed reduced communication with patients also made implementing this programme difficult (See Figure 17).

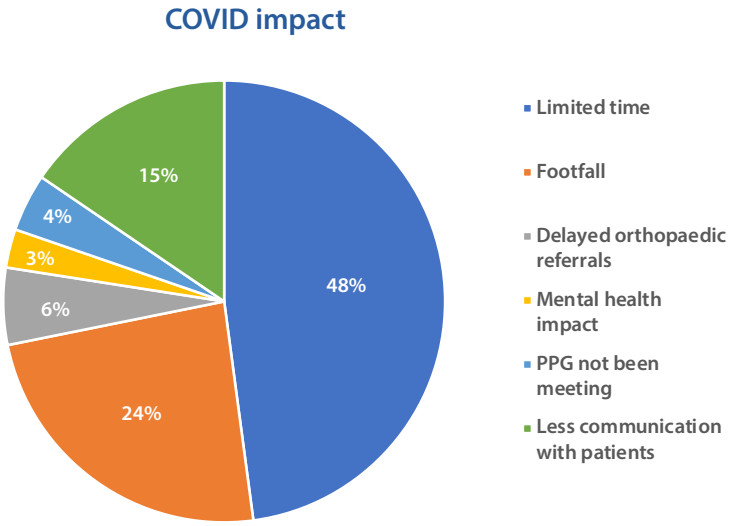


Figure 17.

Positive outcomes

The survey highlighted a number of positive outcomes of the accreditation programme. Each respondent was asked to provide up to 3 examples and these open-ended survey questions demonstrated the most positive outcome is an increased awareness of veteran's needs. This was followed by having a greater understanding of how priority referrals work and secondary services in general.

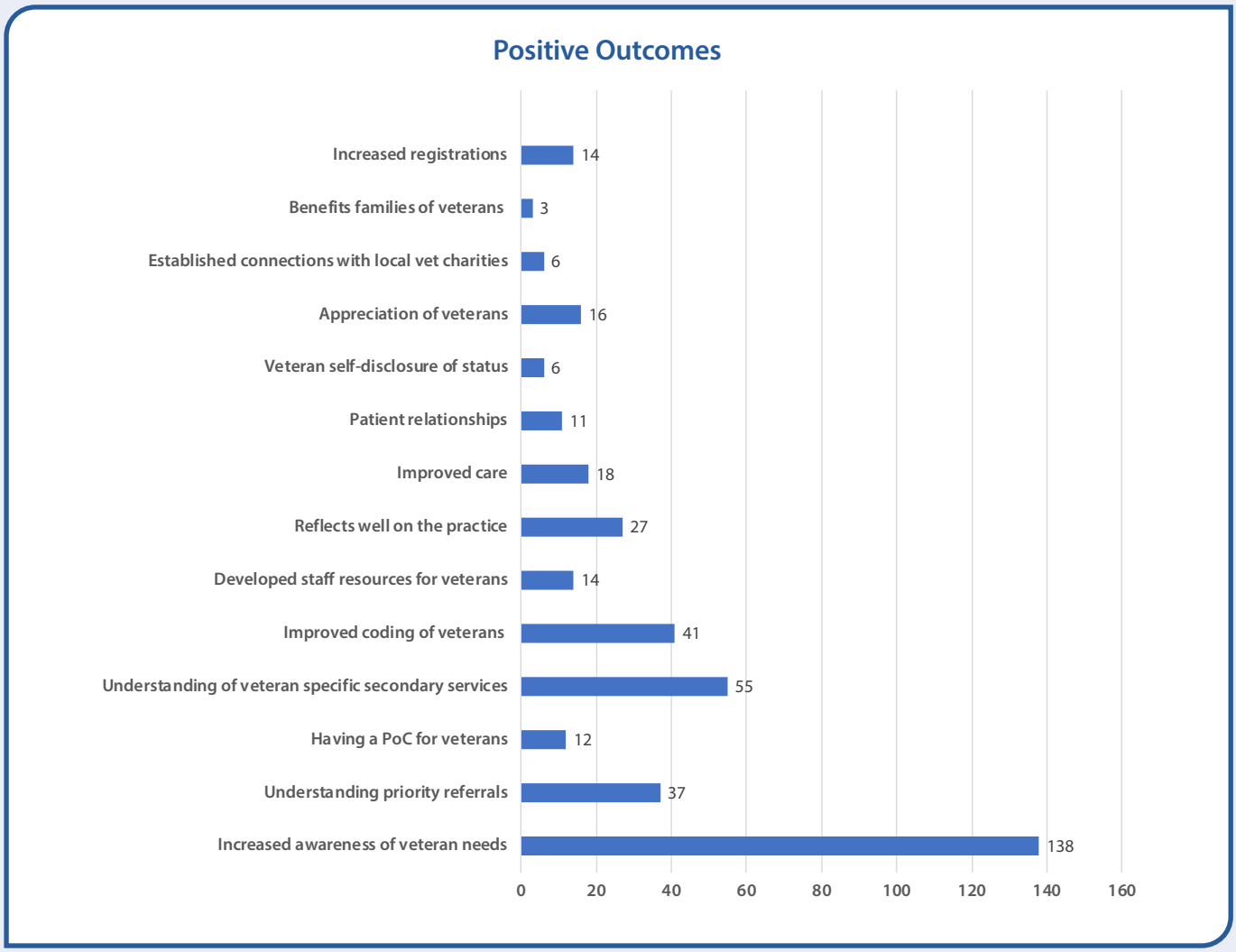


Figure 18.

Challenges of the programme

Again, each respondent was asked to provide up to 3 examples for another open-ended survey question which highlighted a number of challenges associated with the programme. Figure 19 shows the greatest challenge of the accreditation programme was regarding the difficulties in being able to identify veterans. Concerns around keeping up to date with veteran issues and having confidence in secondary services were also evident.

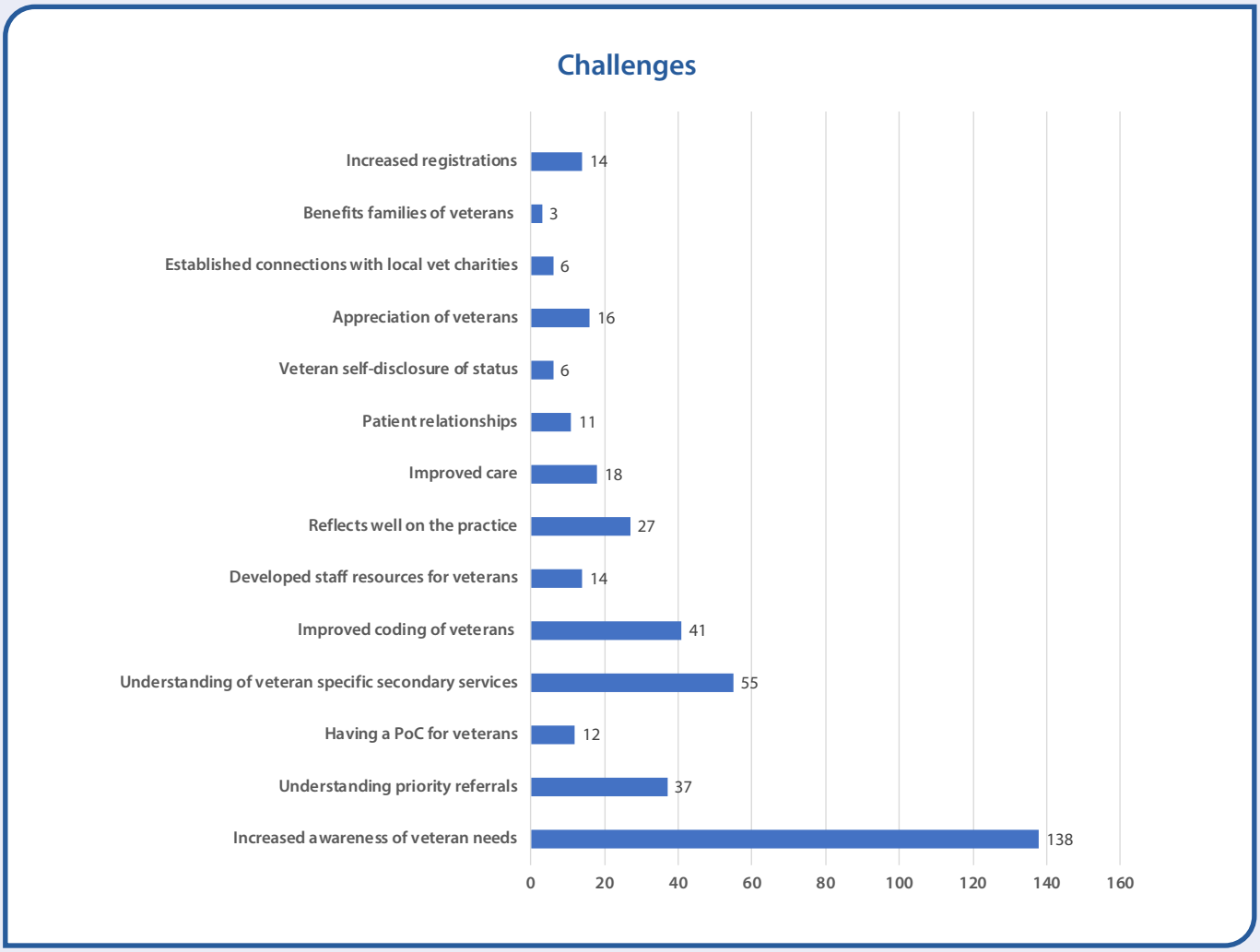


Figure 19.

Qualitative Findings

Individual interviews conducted with fifteen GP practice staff allowed for themes to emerge from the study and for data saturation to be achieved (Charmaz, 2014). Interviews lasted for a total of three hours, forty minutes and five seconds (mean=15 minutes, range=7.30-25.34 minutes). Interviews highlighted the benefits and challenges of the programme to both the practice and the veteran. Interviews also provided feedback on the programme itself.

Interview data led to the recognition of three themes being demonstrated: (i) Impact on the Veteran (ii) Impact on the Practice and (iii) Challenges. These themes contained eight categories and 27 sub-categories (Shown in Table 4- for full coding framework see Appendix A). Quotes extracted from interview data are included in the findings to demonstrate the themes. Identifiable information has been anonymised and no published material will contain reference to the study participants.

Coding framework	
Core Theme	**Category**
1. Impact on Veteran	• Understanding of veteran's needs • Appreciation of veteran specific services • Veteran help-seeking & engagement
2. Impact on Practice	• Veteran registrations • Working environment
3. Challenges	• Identifying veterans • Promoting accreditation status • Training needs

Table 4

Discussion

Impact on the veteran

Understanding veterans' needs: Feedback from the participants clearly indicated a perception that the accreditation programme had a positive impact for military veterans. 67% (N=10) of interviewees believed they had a greater appreciation of veteran's needs since becoming accredited and 72% (N=160) of survey respondents believed this increased understanding benefited veterans. GP practices became more understanding of veteran's experiences and were more aware of their need for veteran specific care,

"As a practice, we are now more aware of the specific issues that involve patients who are veterans so I think that makes us more responsive to their needs." (HH)

Subsequently, 84% (N=188) of GP Veteran Leads developed a better awareness of veteran's issues and an improved understanding of how to meet veteran's needs,

"Given the fact that he was a veteran with mental health issues, I did take time to explore his needs and what we can offer him. He was somewhat taken a back, I think it wasn't something he expected. I explored his needs, his mental health, his friendships, his need for a system as a veteran… A couple of weeks later I met him again and we had received a mental health team letter to say that he's engaged with them regularly." (BB)

This increased appreciation is leading to better and more successful engagement with secondary healthcare. Similarly, respondents reported that an increased understanding helped GP practices feel better equipped to meet the needs of veterans which was cited as leading to an improved Doctor-Patient relationship. The results also indicated a better understanding throughout the GP practice, with nursing and administrative staff also proactively engaged and identifying the improved option of signposting veterans to the Veteran Lead. There was an example of an interviewee calling newly identified veterans to introduce himself as the Veteran Lead and ensure the veteran was aware of his position as a point of contact within the practice. Having a specified PHC liaison was also highlighted as a positive outcome in the survey data, demonstrating the importance of the role of the Veteran Lead within GP practices.

Understanding veteran specific services: Ten of the fifteen interviewees stated that they had a better and deeper understanding of veteran specific services since becoming accredited. Interviewees paid particular attention to MH and orthopaedic referrals,

"Just having an awareness of what services are available, I didn't know about things they could access- particularly with the mental health. Now I know where I can refer that veteran who really needs that help." (FF)

This knowledge was informed by both RCGP updates and self-motivated online learning (attending webinars or looking on veteran specific websites) with survey data suggesting Veteran Leads were happy with these online updates. A number of interviewees demonstrated a clear awareness of the Armed Forces Covenant and in addition, ensured the Covenant was being implemented by secondary healthcare and community services,

"I'll ring the booking clerk and say if they're booked in for priority treatment, they need to go to the top of the list. That's the Armed Forces Covenant that your Trust has signed up to, you need to do that." (CC)

However, another interviewee felt further education was needed to inform both primary and secondary care services about what priority treatment was,

"I don't understand what priority treatment is and I don't think NHS Trusts do so they don't follow it through on a secondary level. So, if I put a referral through and he's in chronic pain, I don't think they'd register it more than if it was a truck driver or a builder, to them they're all the same." (LL)

This highlights previous concerns raised about veteran commissioning responsibilities and inconsistencies relating to the implementation of the Armed Forces Covenant principles (McGill et al, 2019). Furthermore, only 34% (N=81) of survey respondents believed veterans were 'aware' or 'very aware' of veteran specific priority treatment whilst eleven interviewees (80%) believed veterans were unaware of the veteran specific services available,

"It's me knowing it exists rather than patients coming to me telling me it exists…if I wasn't there, I guess they would just get referred in the standard NHS way and longer waiting times and a less bespoke service. So they would get a service, but it may not be as efficient or specific as what they would be entitled to." (EE)

Only two interviewees believed veterans were aware of the priority treatment system. In these instances, GP's have essentially 'bridged' the gap between the veteran and available services, utilising veteran specific services which would not otherwise have been accessed by the veteran.

Several interviewees described how they had created a veteran resource database in their practice since becoming accredited; creating a place to store digital or hard copy veteran specific resources. This material could be filed by all staff members and included information received from RCGP newsletters / emails. The need for a veteran resource database was also stated as a recommendation in response to an open-ended survey question. Both survey and interview data demonstrate the importance of veteran specific updates from the RCGP,

"The newsletter is brilliant, that's my main update. We have them filed in our digital platform so anybody can access them, everyone knows where they are…RCGP website and webinars are really good too." (HH)

Interviewees who had created a veteran database utilised it as a foundation to access guidance regarding signposting their veteran patients to the most appropriate service. This is useful for their local services, and it appears that the development of a centralised RCGP resource would also be attractive to stakeholders.

Veteran help-seeking and engagement: Opinions about whether veteran help-seeking behaviour had improved since becoming accredited were generally positive. Five interviewees reported a small but definite increase in veteran help-seeking since becoming accredited,

"I think it has made veterans more likely to come forward and seek help, specifically younger veterans… I think a lot of patients are the type of patients who wouldn't normally come to seek help. They tend to be younger to middle aged men really which you don't see a lot of but they are coming forward." (JJ)

Seven interviewees suggested it was too early to gauge the impact of the accreditation on veteran help-seeking, especially in light of the specific challenges caused by the COVID-19 pandemic, and therefore felt this evaluation may be better timed in another twelve months. This was also a finding evident in the open-ended survey responses whereby GP practices reported feeling they hadn't been able to dedicate as much time to the programme as they would have liked as a result of the pandemic.

Most interviewees believed they had observed an increase in help-seeking for younger veterans. However, perceptions of whether help-seeking in older veterans had increased were mixed. Two interviewees who had already engaged with older veterans prior to accreditation had not observed an increase in help-seeking but suggested it was easier to communicate and build a trusting relationship with older veterans once the veteran patient became aware the GP had an understanding/ awareness of their military experience. Older veterans were considered to have little appreciation of their veteran status, with some being unaware they were classed as a veteran. Survey data supports this finding whereby only 3% of survey respondents believed veterans over the age of 80 would engage with an accredited practice. This reinforces previous findings which highlight a need for further exploration into the needs of older military veterans (Di Lemma et al, 2021).

Eight interviewees observed an increase in engagement since becoming accredited. There were reports that veterans identified positively with the initiative and had registered with a practice directly as a result of hearing about their accreditation,

"We have patients who have registered with our practice deliberately because we are veteran friendly or transferred to our practice from other practices for that reason." (CC)

Awareness of Veteran Friendly Accreditation status was deemed to have a strong veteran to veteran communication stream and knowledge was a consequence of 'word of mouth' discussions. Interviewees recommended that further work was required to improve veteran engagement with PHC. Whilst an increase in connection is positive, findings support previous research which demonstrate an ongoing need to improve veteran engagement with PHC (Finnegan et al, 2018).

The results clearly indicate that the accreditation programme has been of meaningful benefit to veterans. As a direct result of the initiative, GP practices were better able to understand veteran's needs and have a greater awareness of how to meet them. Overall, these GP Practices have a good appreciation of the Armed Forces Covenant priority referral process and utilise this well. Veterans themselves are perceived to lack understanding of veteran specific services which highlights the importance of the GP Practice's veteran specific knowledge and consideration. However, it is important to note that in the qualitative aspect of the evaluation, ten interviewees were veterans themselves, which makes it difficult to assess whether their knowledge was influenced by their own military experiences. Indeed, interviewees who were veterans appeared to have greater access to priority healthcare as they had forged military connections within other health and social care services. Nevertheless, interviewees who were not veterans were equally motivated to use both priority referrals and veteran specific services in order to maximise the care and support to their veteran clients. Some of the key words which emerged from discussions of the impact on the Veteran are presented in the Word Cloud in Figure 20.

Figure 20. Impact on the veteran

Impact on the practice

Veteran Registrations: Interviewees described an increase in veteran registrations since becoming accredited and spoke about how prior to accreditation, their veteran population and therefore the PHC practice patients list size had always been considered 'too small'. Since becoming accredited, some GP practices reported a clear increase in veteran registrations,

"We've certainly seen more veterans, people have deliberately registered with us as a result of the accreditation including some who have been out of area who we wouldn't normally register. They're wanting to see somebody who understood the military and could assist them more." (NN)

However, the study participants believed there was a large amount of work still to be done in terms of veteran registrations and felt they needed more time to maximise their veteran medical records. Similarly, this was evident in the survey data whereby a key challenge demonstrated was how to identify veterans. Again, this was in part pre-empted by COVID-19. Nevertheless, participants indicated that the accreditation programme and the improved awareness ranging across all the PHC staff resulted in practice staff who were more motivated to identify veterans and willing to accept and adopt new strategies to recognise veterans. It was common for reception staff to ask new patients, "Have you ever served ?", whilst nursing and GP staff asked patients during consultations whether they were veterans, and this was positively received by veteran patients. This form of proactive engagement was not done prior to accreditation. Participants reported that this subsequently led to improved coding of veterans,

"I've been a lot more aware of registering veterans as the right READ Code... I've registered a lot more as the right READ Code since becoming accredited." (FF)

Motivation to register veterans appeared to be guided by a desire to improve veteran healthcare although two interviewees reported that their CCG had not been allocated funding to undertake veteran specific coding searches, suggesting that funding may be a motivator to further improve PHC engagement with the programme.

Working Environment: Staff motivation and commitment to the programme was evident. Eleven interviewees discussed the constructive and encouraging responses from staff about the scheme. This invoked a sense of pride across the range of all practice employees and other patients. This was considered to have benefitted the reputation of the practice,

"When we first got registered and told the staff what we were doing, there was huge support from the staff, particularly the admin team. They were really positive and quite a few of them have got spouses who are ex-military or children in the military so they're right behind it. It raised the profile of military awareness. We have a real sense of pride in the staff which wasn't there before, supporting the military." (CC)

Moreover, several interviewees felt they had become a better practitioner as a result of the understanding and awareness gained from being accredited. Reinforcing results from the survey, all practice staff were described as having an improved appreciation of veteran's needs,

"The main thing is having somebody in the surgery who understands them. It's not just me, it's the fact the receptionists are more understanding. It's more of a greater understanding and then my colleagues are also much more likely to ask about someone being a veteran. It's allowed us to be more focused and because of the fact they know about the different referral pathways, we can often refer them into a service where they get a better answer, especially for mental health." (NN)

The accreditation itself has had a positive and beneficial impact upon GP practices. Participants reported that accreditation has resulted in an increase in veteran registrations, an improved SNOMED/ Read coding systems and greater motivation to identify veterans. Whilst there remains work to be done in terms of reaching all patients, the fact that improvements have been observed should be considered a positive outcome of this project. A better working environment has also been noted and staff motivation and commitment to improving veteran healthcare highlighted. This is an encouraging finding and suggests continuation of this programme would be warmly received by PHC staff.

Challenges

Identifying Veterans: Accredited practices were actively adopting new approaches to address the lack of correctly coded medical records for veteran patients,

"We are quite new to this so numbers are fairly small but we found several veterans who were relatively new out of service and we've been able to engage with them and they've been very positive about it, it's been quite helpful for them." (II)

However, several interviewees felt this was a difficult task. Identifying veterans so they could be correctly coded on their medical records and made aware of the accreditation status was a primary concern for seven interviewees and was highlighted consistently in the survey data. Furthermore, reaching these veterans was more problematic due to the lack of footfall and reduced waiting room space as a result of COVID-19.

Concerns were also raised about veterans' understanding of their status. Several participants suggested many were unaware of their veteran standing and had little appreciation of the benefits associated with disclosing their status to their GP. This highlights a need to promote understanding of veteran standing in the veteran community.

Promoting Veteran Friendly Accreditation: Interviewees had recognised the need to change their internal communication strategy as a result of the accreditation process. Some actions taken included: beginning to advertise their accreditation award on their website, introducing veteran specific material to posters and to the public health information shared on their internal TV screens in their practice waiting rooms and through local communication "word of mouth." However, eleven interviewees felt these methods of advertising were not having maximum impact and were considering alternative ways of promoting their accreditation status.

Findings from the qualitative interviews have expanded upon the results from the survey in the respect of what it is exactly that makes it difficult to promote the accreditation. Whilst one survey respondent did state promoting the project should not be the responsibility of GP practice staff, interviewees were able to discuss in detail their attempts at promoting the initiative. Interviewees believed 'word of mouth' was an effective method of promoting their accreditation but acknowledged this would take time.

"I'm always looking for ways to help veterans. We are quite proactive. Veterans aren't even aware that practices are veteran friendly so they've been quite shocked. I've put messages out to the Armed Forces Community that I'm in touch with, the armed forces breakfast clubs and things. A couple of our patients, when they've moved into area and gone along to armed forces breakfast clubs, they've said the surgery is veteran friendly so we've had a few patients come down and register." (GG)

Training Needs: Ensuring all practice staff were made aware of the programme was considered an additional responsibility or a challenge for Veteran Leads, especially for practices with a high turnover of staff. In addition to educating staff, six interviewees discussed a need for further training. Opportunities for additional education were raised by both veteran and non-veteran interviewees. Analysis of the quantitative data revealed GP practices found RCGP updates extremely useful although analysis of the qualitative data demonstrated a need for updates to be sent on a more regular basis. One interviewee felt more could be done to ensure Veteran Leads were fully confident in their onward referrals,

"Sometimes I just don't know if there's something more I should be doing. There was a great package that came through when we first got the accreditation but now I don't know if I should be getting more emails." (FF)

This might suggest a need for more frequent veteran specific updates from the RCGP and the NHS. Another interviewee suggested further training would be beneficial,

"I would like to see some form of networking, a conference, meetings, a study day." (EE)

Challenges highlighted relate to the identification of veterans and promotion of the accreditation programme. GP practices also feel COVID-19 and the resulting limited footfall through their practices means they have not had sufficient time to fully assess the impact of the programme. They have found it difficult to reach veterans and have had little time to implement changes although they report that the veterans they have reached have benefited greatly from the programme. In addition, GP practices may profit from further opportunities to enhance their knowledge and understanding of how best to meet the needs of veterans and ensure they receive the optimum level of care. Some of the key words which emerged from discussions of the Challenges are presented in the Word Cloud in Figure 21.

Figure 21. Challenges

Limitations

Ten interviewees were military veterans themselves and may therefore have a greater understanding of veteran's needs and experiences than non-veteran interviewees, although non-veteran interviewees were equally motivated to improve veteran health care. Furthermore, partaking in these interviews may demonstrate greater motivation from interviewees to engage with the programme which may have resulted in a more positive view of the initiative.

Whilst the results were predominately positive, the timing of the study during the COVID-19 lockdown period and the reduced footfall within PHC will have impacted on the results. Some of the findings such as improved help seeking behaviour and improved registration numbers were based on the participants' personal view. This would have been improved by identifying the number of veterans registered before accreditation and the number registered at a fixed time period (for example 6 months) after accreditation.

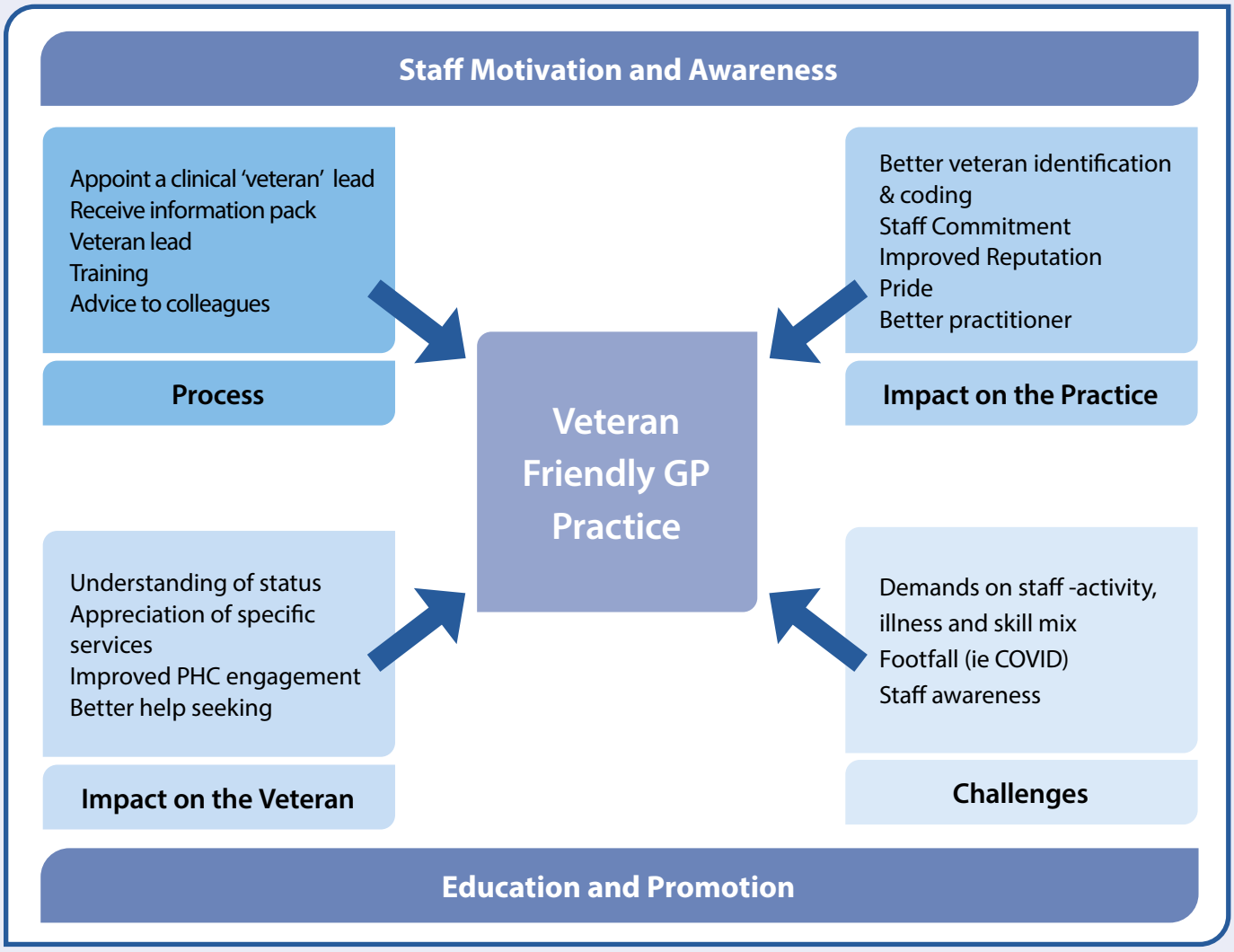
The study only gauged the views of accredited practices, and further insight would have been obtained by getting information from non-accredited practices.

Conclusion

The positive outcomes of this independent evaluation are very encouraging and clearly demonstrate the importance and positive impact of the GP Veteran Friendly Accredited Practices Programme. A clear message was that veterans receive better PHC when GP's, nurses and other PHC staff understand their needs leading to improved signposting to veteran specific statutory and non-statutory services. As a result, 99% of accredited practices would recommend the programme to other PHC practices. PHC is seen as the gateway to the NHS, and Veteran Leads enhanced knowledge of veteran specific secondary and tertiary services and the priority referral pathway is of great benefit to the veteran and their families, who themselves have little understanding of these provisions. Participants believed that help-seeking in younger veterans has increased in accredited practices but were less confident of a similar trend in the older veteran population.

Recording of veteran status in GP practices has improved and staff appear committed and motivated to engage with the programme. It is likely that as time goes on, the number of veterans registering with accredited practices will increase. However, concerns were raised about how to reach veterans already registered (but not correctly coded) and promote the Veteran Friendly Accreditation Programme. Some GP practices have developed veteran specific resource databases, highlighting motivation and commitment from PHC staff to engage with the programme. A better understanding of the coding system is evident in GP practices although correct coding of veterans is an ongoing process. GP practices felt they needed more time to fully assess the programme's impact on veteran help-seeking behaviour.

This evaluation adds to the limited empirical evidence exploring the effectiveness of veterans' engagement in PHC and staff's willingness to connect with veterans. It highlights better treatment and identification of veterans since becoming accredited, whilst commitment from practice staff demonstrates the possibility of further developing the Veteran Friendly GP Practice Accreditation Programme. All of these factors have important implications for future policy development, research, educational programmes and clinical delivery. The combination of which will help ensure that veterans and their families receive the optimum care and support that they deserve.



RECOMMENDATIONS

Based on the findings from this independent evaluation, there are a number of emerging recommendations for NHS England and the RCGP to consider for the remainder (and future implementation) of the accreditation programme.

1) Educational provision. To evaluate the current online educational packages and update and improve accordingly. Educational material should target all practice staff.

2) Specific development opportunities for PHC Veteran Leads. Examples include developing networks across the Primary Care Networks and connecting with their regional Armed Forces Covenant Partnership Committee.

3) More time to fully assess the impact of the programme. As highlighted in the limitations section, the timing of the study during the COVID 19 lock-down period and the reduced footfall within PHC will have impacted on the results. Consideration should be given to repeating the survey after all COVID restrictions are removed.

4) Identify ways in which to better promote the Veteran Friendly GP Practice Accreditation programme and bring this initiative onto the agenda of those forums that can have a positive impact such as the Armed Forces Networks.

5) Raise awareness of veteran status in the veteran community.

6) Improve correct registration of veterans status on their PHC medical records. This could be enhanced with CCG funding for regular SNOMED / READ Code searches.

7) Research. Further studies could target help seeking and engagement from certain demographic groups such as gender, age, minority groups and families.

8) There is clear evidence regarding the benefits of this programme to warrant continuation of the project and further funding.

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Appendix A Coding framework					
Core theme	**Categories**	**Sub-categories**	**Interview frequency (n)**	**%**	**Overall frequency (n)**
Impact on veteran	**Understanding of veterans needs**	Understanding of veteran's military experience	10	67	19
		Awareness of veterans needs	10	67	12
		Improved relationship	3	20	5
		Signposting to Veterans Lead	2	13	2
	Appreciation of veteran specific services	Improved knowledge of veteran services	10	67	20
		Veterans Lead appreciation of AFC	5	33	12
		Established veteran resource database	5	33	5
	Veteran help-seeking & engagement	Veterans unaware of veteran services	12	80	16
		Too early to gauge impact	7	47	13
		Increased engagement with VF practices	8	53	11
		Improved help-seeking	5	33	7
		No increase in help-seeking	3	20	3
		Veterans aware of priority treatment	3	20	3
		No increase in engagement	1	7	1
	Veteran registrations	Improved identification of veterans	13	87	17
Impact on practice	**Working environment**	Improved coding	7	47	9
		Increased veteran registrations	4	27	4
		Staff commitment to programme	11	73	17
		Practice reputation	5	33	7
		Pride	3	20	5
		Became better practitioner	3	20	6
Challenges	**Identifying veterans**	Hard to identify veterans registered	7	47	10
		Footfall (due to COVID19)	5	33	12
		Veterans unaware of veteran status	4	27	4
	Promoting the Veteran Friendly Accreditation Programme	Promotion of Veteran Friendly Accrediation as a challenge	11	73	14
	Training needs	Ensuring all staff aware	9	60	11
		Veterans Leads requesting further training	6	40	7

Appendix B Interview Schedule		
Serial	**Content**	**Question Guide**
1	Establish Rapport	Thank you for making the time and agreeing to the interview.
2	Purpose	The aim of this interview is to gain further insight into the RCGP veteran friendly accreditation the benefits, challenges, effectiveness and means for improvement from both a practice and veterans' perspective.
3	Consent	Participant will be reminded of the purpose for consent, confidentiality, and anonymity. Ask participant if they have any questions regarding the participant information sheet.
4	Permission	Remind participant that this interview will be electronically recorded and that notes will be taken. The information from this interview will be utilised in reports but anonymised, are you happy to proceed?
5	Questions	• What has been the veteran's response to the accreditation? • Has this improved help-seeking behaviour? • Have veterans engaged more with the practice since you have been accredited? • Have you found that veterans are querying more regarding veteran specific services? • What have been the benefits to the veteran of the practice being accredited as veteran friendly? • What has been the benefits to the practice of being accredited by the RCGP as being veteran friendly? • What have been the challenges? • Any other comments you would like to make?

RCGP UoC VFA Evaluation (c)

Page 1: Page 1

Evaluation of the Veteran Friendly GP Practice Accreditation Programme

You have been chosen to participate in this evaluation due to your practice being accredited by the RCGP as being Veteran Friendly.

NHSE / RCGP have funded the University of Chester's Westminster Centre for Research in Veterans to complete this study.

The evaluation is into the effectiveness, benefits, challenges and potential improvements of the Veterans Friendly Accreditation and we would value your insight into the impact it has had on your practice and the veterans who are registered with you.

The RCGP have written to all of their Veteran Friendly Practices asking them to participate in this survey. A copy of this newsletter is here.

Detail regarding the initiative is in the participant information sheet which is here.

This questionnaire will take approximately 10 minutes to complete.

All the data that is provided will be completely anonymised and confidential.

For any queries please contact wcveterans@chester.ac.uk

Consent

1. Evaluation of the Veteran Friendly GP Practice Accreditation Programme. I confirm that: (all 3 boxes **must** be ticked)

	I confirm * *Required*
	Yes
I agree to take part in the evaluation.	○
I understand that my participation is voluntary and that I am free to withdraw my information up until the 31st of July 2021, without giving any reason. I understand that withdrawal of my data will not be possible once it has been included in the study report.	○
I agree to the anonymous information being used in publications and conferences.	○

2. What is the first part of the postcode for your PHC practice? (e.g. CH1)

Page 2

RCGP Evaluation Questionnaire

3. On a scale of 0-10, where 0 equals no impact and 10 equals significant impact, how would you grade the impact of the Veteran Friendly accreditation for the **practice**? Please select one.

	0	1	2	3	4	5	6	7	8	9	10
Impact	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

4. How difficult was it to complete the accreditation process? Please select one.

Please don't select more than 1 answer(s) per row.

	Very Difficult	Difficult	Neutral	Easy	Very Easy
Accreditation process	☐	☐	☐	☐	☐

5. How did your practice find communication with the RCGP during your application process? Please select one.

Please don't select more than 1 answer(s) per row.

	Very Poor	Poor	Neutral	Good	Very Good
Communication	☐	☐	☐	☐	☐

6. Has accreditation made GP practices more aware of the needs of veterans? Please select one.

Please don't select more than 1 answer(s) per row.

	Not at all aware	Slightly aware	Somewhat aware	Aware	Very aware
PHC Awareness	☐	☐	☐	☐	☐

7. Would you recommend to other GP practices to apply for Veteran Friendly accreditation?

- ○ Yes
- ○ No

Page 3

8. What is your current PHC practice patient population? (Please enter a whole number with no commas)

Please enter a whole number (integer).

9. Do you record the number of registered veterans at your practice?

- Yes
- No

9.a. If yes, how many veterans are currently registered at your practice?

10. Is there a Veterans Lead in your PHC Practice?

- Yes
- No

10.a. What is the appointment of your Veterans Lead?

- GP
- Nurse
- Practice Manager
- Don't know
- Other

10.a.i. If you selected Other, please specify:

10.b. Do you have access to a regional Veterans Lead? – for example at Primary Care Network (PCN) level.

- Yes
- No

10.b.i. What is the appointment of the Veterans Lead?

- GP
- Nurse

- Practice Manager
- Don't know
- Other

10.b.i.a. If you selected Other, please specify:

11. Does the Veterans Lead have a better understanding of the needs of veterans since being accredited?

- Yes
- No
- Don't know

12. Is the Veterans Lead a veteran themselves?

- Yes
- No
- Don't know

13. What training or experience does the Veterans Lead have for this role?

14. How does your Veterans Lead keep up to date with veterans issues?

15. What training material would you find useful to be included upon accreditation? Please select all that apply.

- [ ] Online module
- [ ] Face to face course
- [ ] RCGP veterans specific newsletter
- [ ] Updates on relevant websites
- [ ] Other

15.a. If you selected Other, please specify:

16. In your experience, how aware are veterans of the veteran friendly accreditation? Please select one.

	Not at all Aware	Slightly Aware	Somewhat Aware	Aware	Very Aware
Veterans Awareness	☐	☐	☐	☐	☐

17. On a scale of 0-10, where 0 equals no impact and 10 equals significant impact, how would you grade the impact of the Veteran Friendly accreditation for the **veteran**? Please select one.

Please don't select more than 1 answer(s) per row.

	0	1	2	3	4	5	6	7	8	9	10
Impact	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

18. Have veterans benefited from their GP practice having a better understanding of their needs? Please select one.

	No Benefit	Little Benefit	Neutral	Some Benefit	Significant Benefit
Benefit	☐	☐	☐	☐	☐

19. Are veterans aware of veteran specific priority treatments? Please select one.

Please don't select more than 1 answer(s) per row.

	Unaware	Some Awareness	Neutral	Aware	Very Aware
Veterans Awareness	☐	☐	☐	☐	☐

20. Which age group of veterans are more likely to engage?

- ○ 18 to 39
- ○ 40 to 59
- ○ 60 to 79
- ○ 80 and above
- ○ All age groups are equally as likely to engage

21. Do you include a veteran as a member of your Patient Participant Group?

- Yes
- No
- Don't know

22. Are there any comments you want to add regarding the impact of the COVID pandemic?

Finally, please list 3 positive outcomes and 3 outstanding challenges of the accreditation

23. Positive

1.

23.a. Positive

2.

23.b. Positive

3.

24. Challenge

1.

24.a. Challenge

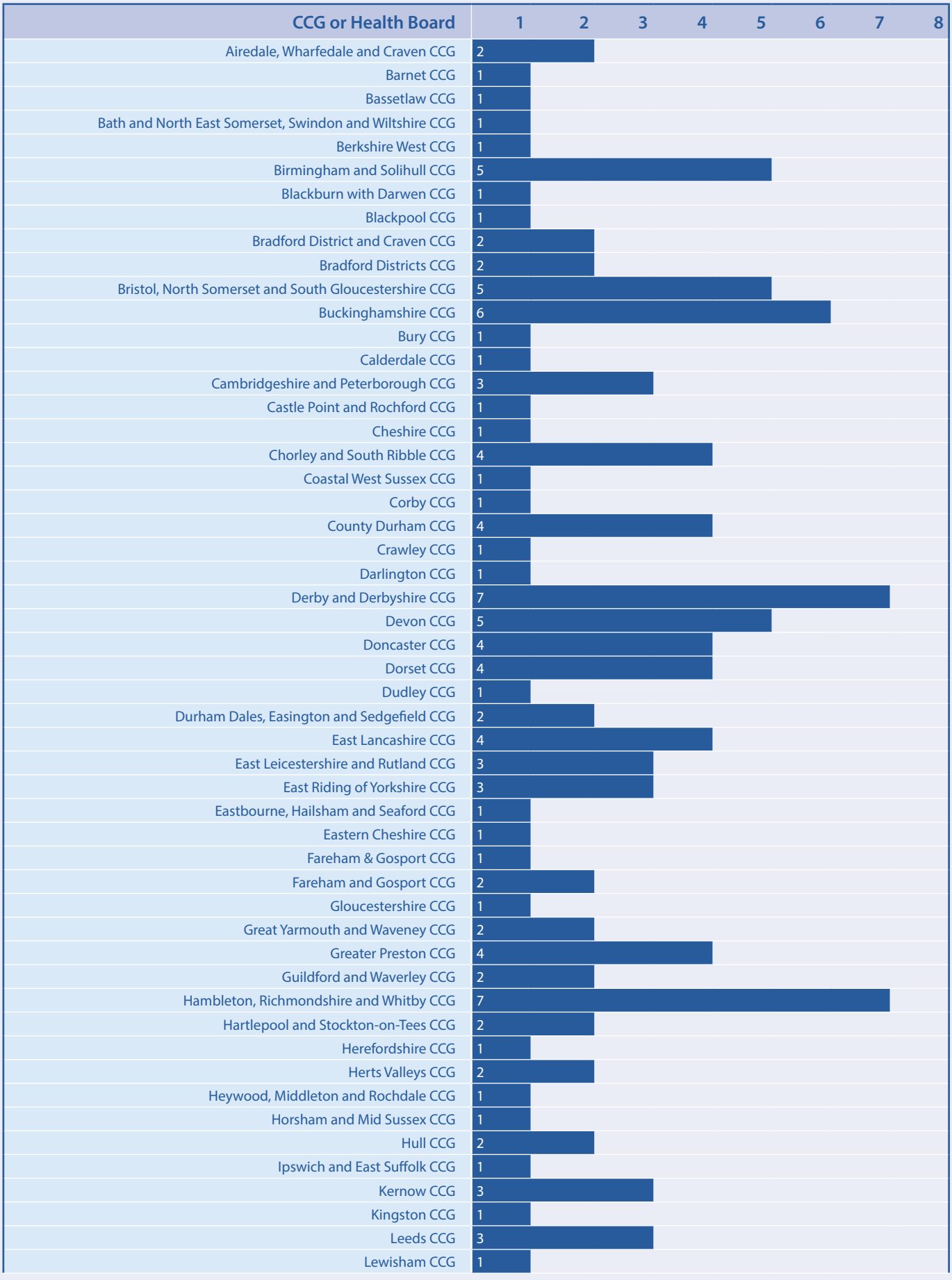
Page 4: Further research

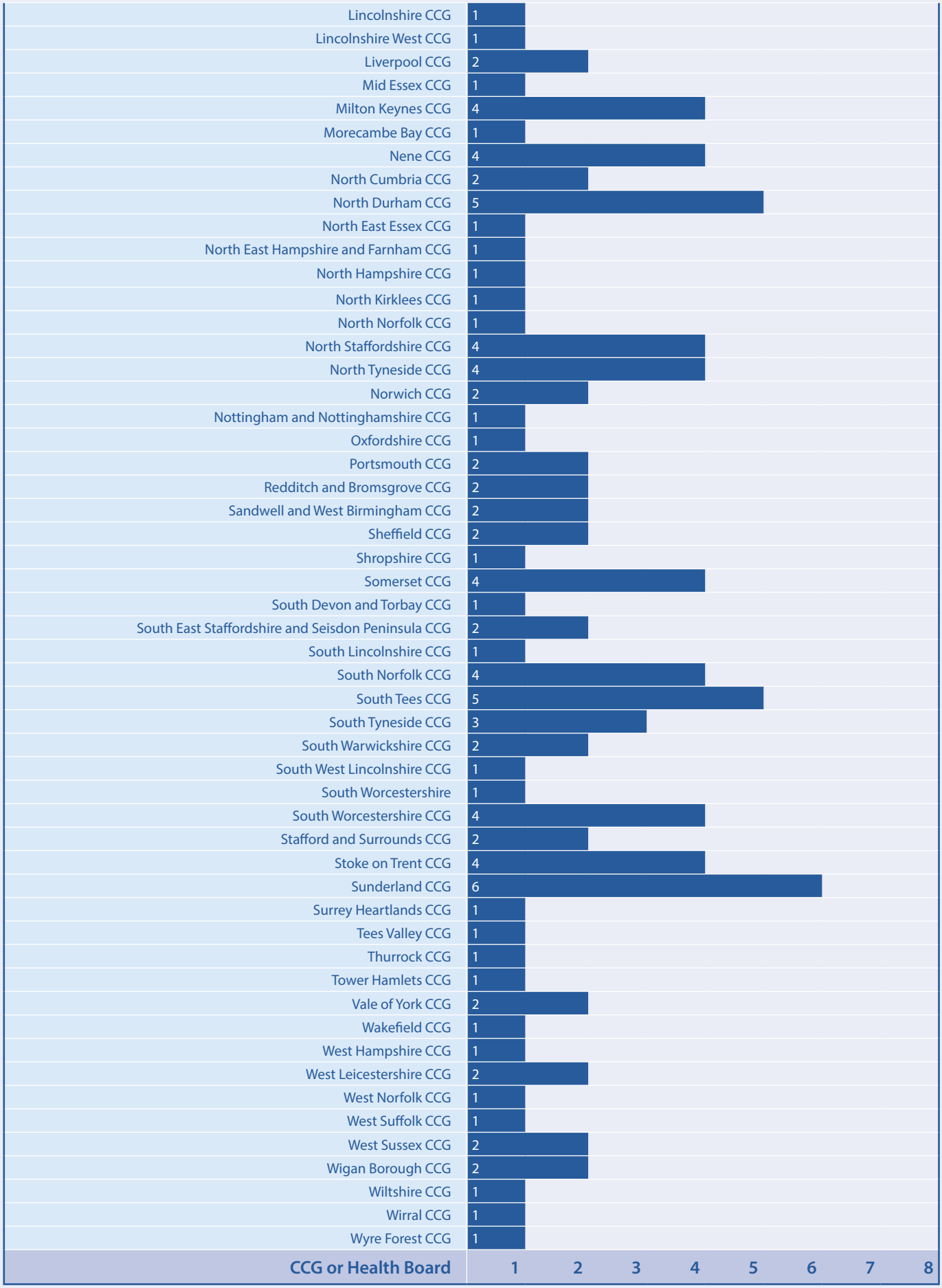
25. Do you wish to participate in an interview regarding your perception of the RCGP Veterans Accreditation?

- Yes
- No

25.a. Please provide your name, telephone number and email address. You will be contacted by Professor Alan Finnegan

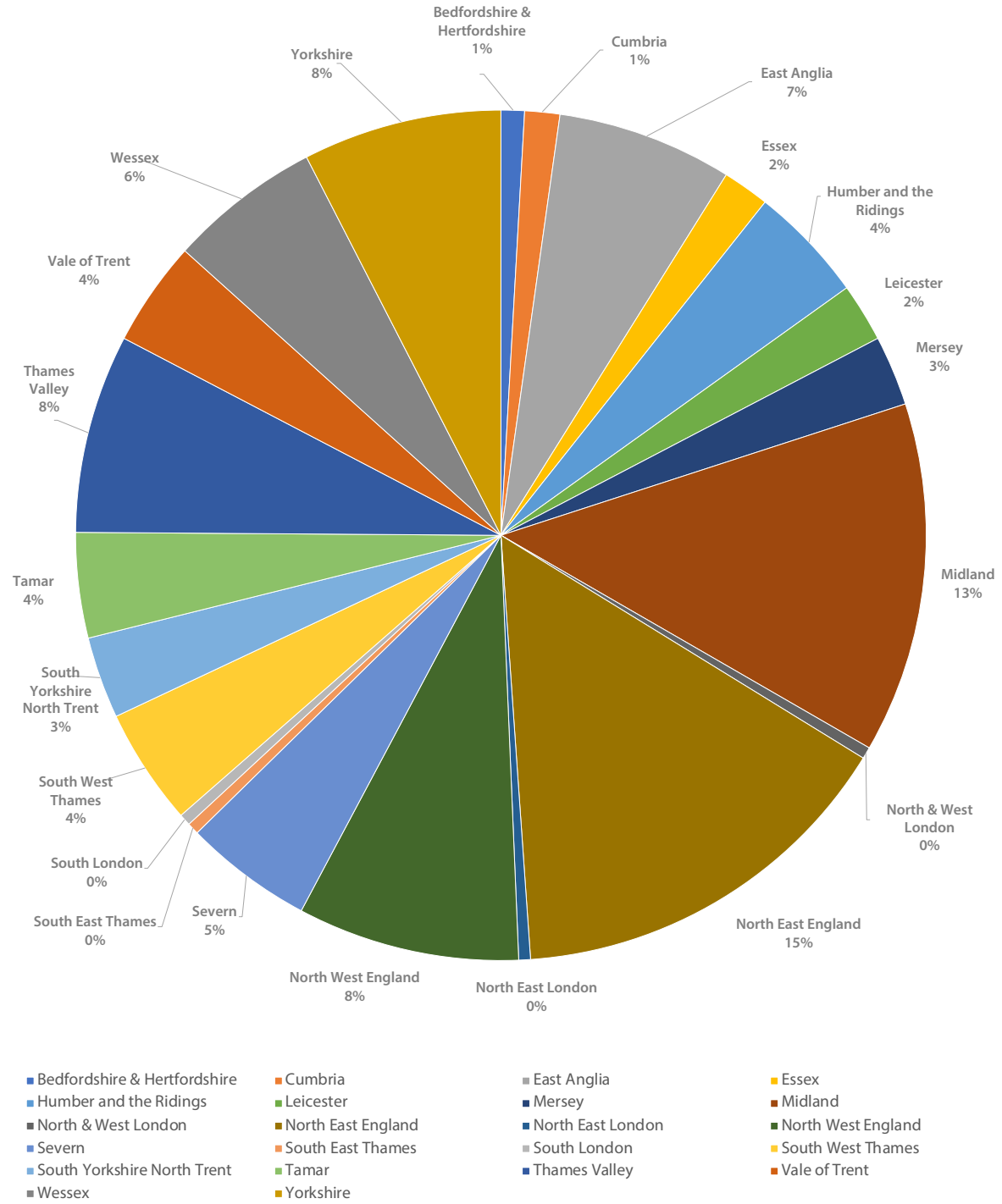
Appendix D CCG Health board responses




Lincolnshire CCG 1
Lincolnshire West CCG 1
Liverpool CCG 2
Mid Essex CCG 1
Milton Keynes CCG 4
Morecambe Bay CCG 1
Nene CCG 4
North Cumbria CCG 2
North Durham CCG 5
North East Essex CCG 1
North East Hampshire and Farnham CCG 1
North Hampshire CCG 1
North Kirklees CCG 1
North Norfolk CCG 1
North Staffordshire CCG 4
North Tyneside CCG 4
Norwich CCG 2
Nottingham and Nottinghamshire CCG 1
Oxfordshire CCG 1
Portsmouth CCG 2
Redditch and Bromsgrove CCG 2
Sandwell and West Birmingham CCG 2
Sheffield CCG 2
Shropshire CCG 1
Somerset CCG 4
South Devon and Torbay CCG 1
South East Staffordshire and Seisdon Peninsula CCG 2
South Lincolnshire CCG 1
South Norfolk CCG 4
South Tees CCG 5
South Tyneside CCG 3
South Warwickshire CCG 2
South West Lincolnshire CCG 1
South Worcestershire 1
South Worcestershire CCG 4
Stafford and Surrounds CCG 2
Stoke on Trent CCG 4
Sunderland CCG 6
Surrey Heartlands CCG 1
Tees Valley CCG 1
Thurrock CCG 1
Tower Hamlets CCG 1
Vale of York CCG 2
Wakefield CCG 1
West Hampshire CCG 1
West Leicestershire CCG 2
West Norfolk CCG 1
West Suffolk CCG 1
West Sussex CCG 2
Wigan Borough CCG 2
Wiltshire CCG 1
Wirral CCG 1
Wyre Forest CCG 1
CCG or Health Board
1 2 3 4 5 6 7 8

Appendix E Survey responses by Faculty

Responses by RCGP Faculty



The staff from the University of Chester's Westminster Centre for Research in Veterans involved in the production of this report were:

Professor Alan Finnegan PhD RN FRCN FRSA CF FAAN

Director of the Centre and Professor of Nursing and Military Mental Health.
Alan is a Registered Nurse (Adult)and Registered Nurse (Mental Health). Alan joined the British Army as a Nursing Officer in 1987. During his military career he reached the rank of Colonel and his appointments included the MoD Nurse Consultant in Military MH (MMH), MOD Nursing Advisor in MMH and Senior Military Nurse and Commanding Officer at the Royal Centre for Defence Medicine (Clinical). Since commencing at the University of Chester in 2016, Alan has been appointed as the principal investigator for over 20 research projects including awards from the NHS, Armed Forces Covenant Fund Trust, Forces in Mind Trust, Health Education England and Business. See: https://www1.chester.ac.uk/departments/health-and-social-care/staff/alan-finnegan

Kate Salem BSc MRes MBPsS

Kate works at the Centre as a Researcher. Kate has experience of conducting research into military families and prior to completing her degrees, worked for the Ministry of Defence. In this evaluation, Kate has contributed to data collection including conducting the qualitative interviews. Kate had led on the analysis and contributed significantly to the writing of the report and presenting the initial findings to the RCGP. Kate is a member of the Armed Forces Community and the wife of an Army veteran.

Lottie Ainsworth Moore

Lottie joined the Centre in January 2019. She is a military spouse of a currently serving Officer and has previously worked for military charities. Her principle role within the Centre is Project Administrator where she is working on various evaluations with the Armed Forces Covenant Fund Trust and the NHS. Lottie is also a Families Representative on the Cheshire Armed Forces Covenant Partnership Committee. In this evaluation, Lottie was responsible for the constructing the online questionnaires, collecting initial data and creating heatmaps and charts.

Dr Rebecca Randles BSc PhD FHEA PGCert MBPsS

Becky works at the Centre as a Researcher. Becky was awarded her PhD from Liverpool John Moores University and has research experience in both qualitative and quantitative methodologies, using her experience to assist with the grant application of this evaluation. She also contributed to the ethics application and development of the survey design for this project.

Lauren West BBA

Lauren works at the Centre as an Administration Assistant and PA to Professor Finnegan. Lauren assists in a number of military forums including being Secretary for the Cheshire Armed Forces Covenant Partnership Committee and oversees administration of all veteran related projects within the centre. In this project, Lauren helped specifically with the project report and infographics.