Tameside's partnership approach to improving recording of military service in primary care records.

Guidelines, Overview, and Learning 2019

ARMED FORCES COVENANT

Tameside Metropolitan Borough

TASC TAMESIDE ARMED SERVICES COMMUNITY

CONTENTS

EXECUTIVE SUMMARY

Accurate records of military service in primary care records help healthcare providers to take account of military service when treating and referring patients; commissioners to take account of the size, makeup, and service use of their local ex-military community; and local authority public health teams to provide accurate assessments of the health needs of the local ex-military population. However, recording of military service is poor: evidence suggests that only 8% of GP practices use the appropriate codes for their ex-military patients.

The Armed Forces Covenant commits the NHS and other providers of public services to making sure that serving and former military personnel and their families face no disadvantage in accessing care. In some cases, such as where a health need is the result of military service, the Armed Forces Covenant entitles serving and former military personnel to special consideration. Without accurate records on which patients have served in the Armed Forces, NHS organisations cannot be confident that they are meeting their responsibilities under the Armed Forces Covenant.

This document describes work done in Tameside by Tameside Metropolitan Borough Council (TMBC), Tameside and Glossop Clinical Commissioning Group (T&G CCG), and the Tameside Armed Service Community (TASC) to increase the identification of military service in primary care records. The document is intended to support other local authorities and clinical commissioning groups who want to improve the recording of military service in primary care, with the aim of improving care and better involving ex-military residents in their care.

The work was primarily done by an informal team of staff spanning T&G CCG and TMBC and Greater Manchester Shared Services. The existence in Tameside of a formal armed forces network (TASC) and the appointment of an Armed Forces Covenant lead in TMBC supported the involvement of the local ex-military population. The project was enabled by senior commitment from the Chief Executive of TMBC who is also the Accountable Officer for T&G CCG, local and regional directors of public health, and the Greater Manchester Combined Authority's Armed Forces lead. Support in tracking the numbers of people with military service recorded in their GP practices was provided by Greater Manchester Shared Services.

The project included a wide range of both practice- and veteran-facing activities. Veteran-facing activities aimed to get veterans to tell their GP that they have served in the Armed Forces and would like this recording on their primary care record. Examples of these activities included:

- Arranging text messages from practices asking about military service;
- Adding military service to the new patient registration form;
- Displaying posters at GP practices encouraging veterans to tell their GP about their military service; and
- Active outreach at Armed Forces events across Tameside encouraging veterans to tell their GP practice about their military service.

Practice-facing activities aimed to (i) increase the consistency of coding used to identify military service on primary care records; and (ii) get practice staff to routinely ask patients if they have served in the Armed Forces. Examples of these activities included:

- Training events for practice staff and GPs;
- Presentations at practice managers' meetings;
- Regular updates on the project in the weekly email to practice managers; and
- Discussions as part of routine meetings.

Key lessons identified include:

- The importance of close working with the local veteran community through existing Armed Forces communities and networks;
- The importance of getting senior support and in building a 'coalition of the willing';
- The importance of joint working across boundaries, including with clinical commissioning group, local authority, and local veteran community;
- The use of a wide range of communications channels, and of linking communications to both Armed Forces events (such as Armed Forces Day) and to routine training for practice staff;
- The importance of properly understanding the baseline data, and identifying how practices have been using the existing coding system; and
- Using an iterative and agile approach that takes advantage of opportunities as they arise.

This document describes the approach taken in Tameside to increase the recording of military service in primary care records. It outlines the partnership model that underpinned this approach, which spanned TMBC, T&G CCG, and local veterans involved in TASC. It describes how this partnership engaged with both local ex-military residents and primary care providers. It also identifies key lessons and enablers of the project.

It is intended for other health service commissioners and providers and local authorities who want to improve the recording of military service in healthcare records.

The document begins by describing the rationale for improving records of military service in primary care. It then sets out the policy context and background, including a brief description of the current evidence on the health needs of military veterans.

It then describes the Tameside project's context, aims, structure, processes, and outcomes. It described the key partners in the project and how the close working relationships between local veterans in TASC and TMBC, and between TMBC and T&G CCG enabled engagement with the wider veteran community and with primary care providers. This is followed by key lessons identified that may be relevant to others who want to do a similar project.

2. WHY FOCUS ON IDENTIFYING MILITARY VETERANS IN GENERAL PRACTICE?

There are a number of reasons for improving the recording of military service in healthcare records. These include potential benefits to veterans, to providers and commissioners of healthcare, and to local authorities and other public service providers.

Veterans would benefit from better and more accessible services. Knowledge of military service may help clinicians to identify areas of health risk, and this may improve diagnosis. For example, knowing that someone served in the Armed Forces might prompt questions about their service, leading a clinician to identify a risk of hearing impairment, reducing underdiagnosis. In some cases, people who have served in the Armed Forces may be entitled to special consideration. This may help in getting referrals for health complaints that are related to military service. If a clinician knows that a patient has served in the Armed Forces, this might enable access to different services. For example, a clinician might refer a veteran to a veterans charity or to veteran-specific services. These services may be better suited to veterans' needs.

Tameside has provided an example of how veterans services (either in the council or in the charity sector) can provide an alternative route to services. In some cases, this can work better for veterans, as they can help to address wider issues affecting health, such as employment, housing, and alcohol and substance misuse. This way, veterans services and charities can act as a tailored form of social prescribing for veterans.

Healthcare providers may benefit from improved recording of military service if it enables better understanding of patients' risk factors. There is evidence that people who have served in the Armed Forces may have different health risks and needs than people who have not. Knowing that a patient has served in the Armed Forces may prompt a discussion about the nature of their military service. This could help to identify risk factors. This may support better diagnosis and outcomes. Knowledge of the number of registered patients who have military service may support a practice to be more aware of the potential needs of the veteran population, supporting achievement of 'veteran friendly practice' status.

Healthcare commissioners would benefit from a better understanding of their populations' needs. The identification of veterans in primary care records could help commissioners to understand the size, needs, disease burden, and service use of the local veteran population. This supports evidence-based planning and commissioning of both veteran-specific and general services.

As well as the potential benefits outlined above, healthcare providers and commissioners have a duty under the Armed Forces Covenant to ensure that veterans and their families do not face disadvantages in accessing services. Without knowing which patients have served in the Armed Forces (or are the close family of someone who has) then providers and commissioners cannot be confident that they are meeting their responsibilities under the Armed Forces Covenant.

Better recording of military service in primary care records would also help local authorities to do meaningful health needs assessments and would support the production of Joint Strategic Needs Assessments. These may then be used to inform commissioning of wider public services, such as social care and other council-based services (e.g. employment).

3.1 Policy Context

The Armed Forces Covenant sets out the UK's commitment to making sure that people who serve in its Armed Forces and their families should face no disadvantage in the provision of public services, and in some circumstances should receive special consideration [1]. This includes commitments on access to healthcare, as well as support in a number of the wider determinants of health, including education, family wellbeing, housing, employment, and financial assistance. All local authorities in England have signed up to the Armed Forces Covenant, as have NHS England and Public Health England.

To be confident that they are meeting their responsibilities under the Armed Forces Covenant, NHS organisations need to know which people within their populations have served in the UK's Armed Forces. Military service can be recorded in primary care records using a number of 'read codes'. However, the use of these codes can be inconsistent, leading to poor data.

3.2 Health needs of military veterans

There is evidence that people who have served in the Armed Forces may have different health needs from people who have not served in the Armed Forces. A recent review of published research [2] found evidence that compared with people who have not served in the Armed Forces:

- Veterans' self-reported health is similar or slightly worse, with 74.3% of working-age ex-military rated their health as 'good' or 'very good', compared with 77.7% of the general population, and 40.1% of working-age ex-military people report a long-term condition, compared with 35.4% of the general population; and
- Veterans appear more likely to suffer from a mental illness, most commonly depression, anxiety, and adjustment disorder, but do not appear to suffer from higher rates of alcohol-related illness.

Specific groups of veterans may also have different health needs. For example, there is evidence that:

- Younger veterans appear to be at increased risk of hearing problems, but at lower risk of smoking-related cancers;
- Older veterans (those born before 1960) appear to be at higher risk of smoking-related cancers and cardiovascular diseases;
- Veterans who left service early appear to be at higher risk of a range of poor outcomes, including mental illness, alcohol and substance misuse, homelessness, and unemployment.

This evidence suggests that clinicians need to be able to take account of the details of military service, such as when the person served, which of the Armed Services they belonged to, what job they did, how long they served for, what rank they obtained, whether they were deployed on operations (and which ones), and whether they left early. Recording military service in healthcare records enables this.

As well as having potentially different health needs, there is some evidence which suggests that veterans may face barriers to accessing care. Interviews with mental health clinicians suggest that veterans with mental illnesses may present differently and later than other civilians [3]. Another study found that veterans with alcohol problems might delay getting help [4]. Interviews with veterans suggest that a combination of military and civilian healthcare culture and practices might create subtle barriers to getting healthcare [5].

If military service is accurately recorded in primary care records, healthcare providers and commissioners can measure service use by local veterans. This will allow NHS organisations to understand whether local veterans are accessing care differently than non-veterans.

3.3 Identifying military service in primary care records

GP practices can identify patients who have served in the Armed Forces by adding a code to their medical records. In principle, this should allow clinicians to easily identify patients with a history of military service and use this information in delivering care.

However, there system for coding primary care records is fragmented, with several options for codes available, and inconsistency between the countries of the UK, and no national agreement on how to code records. As a result, there is evidence that these codes have not been well used: a survey of members of the Royal College of GPs found that only 8% used the correct code for veterans [6].

This process is made more difficult by the fact that medical records do not automatically transfer from the Ministry of Defence (MOD) to GPs when someone leaves the Armed Forces. This means that practices have to initially trust those who claim to have served in the Armed Forces, and then request records from the MOD. Asking for records before recording military service can be problematic, especially as there can be misunderstandings about what documents people leaving the Armed Forces should have [5]. Local veterans also informally report that there may be problems with accessing close family members' medical records.

4.1 Context

The Tameside project came out of wider work to get a better understanding of the local veteran populations' health needs. A review of 150 local authorities' joint strategic needs assessments (JSNAs) in 2015 for the Forces in Mind Trust found that less than half included a reference to the health needs of former members of the Armed Forces [7]. In 2017, a review of JSNAs for local authorities in Greater Manchester found that despite areas of good practice, as a whole they reflected the limited coverage found in the review for the Forces in Mind Trust.

This led TMBC's public health team to do a health needs assessment for veterans living in Tameside. This work included consultation with local veterans and a literature review, and highlighted evidence that veterans may delay seeking healthcare, in part because of the military ethos of not 'going sick' and expectations of rapid access to care based on experience of healthcare in the military [5].

Discussions at local Health and Wellbeing Boards and at the meeting of Greater Manchester Directors of Public Health identified a particular need to improve the recording of military service in primary care records. Better coding of military service in primary care records was expected to both improve access to appropriate healthcare for local veterans, in line with commitments under the Armed Forces Covenant, and to improve evidence about the health needs of local veterans. This led to a request to Greater Manchester Clinical Commissioning Groups to improve coding of military service in primary care records.

Separately, through its links to the local veterans community through TASC, TMBC was aware of cases of local veterans who had problems accessing healthcare, particularly mental health care where dedicated veterans services exist. Improving coding of military service in primary care records was seen as one way to tackle this problem.

4.2 Aim

The aim of the project was to increase the number of military veterans in Tameside whose military service was recorded in their primary care records.

4.3 Structure

4.3.1 Roles and responsibilities

The work in this project was done by an informal team drawn from across Tameside Metropolitan Borough Council, Tameside and Glossop Clinical Commissioning Group, and Greater Manchester Shared Services.

This partnership was important. The local authority has links to the local veteran community through its partnership with TASC. TASC is a group formed from the armed forces community with direct links to military charities and wider partner organisations. It is a not for profit group with a focus on the delivery of the Armed Forces Covenant through a wide range of community engagement. It organises trips, events and commemoration events, as well as supporting the covenant implementation and development in the borough and support those who are serving or have served. As well as the direct experience of veterans involved in TASC, TASC has connections to the wider Tameside ex-military community through its mailing list and social media presence. The close working relationship between TMBC and TASC means that local veterans were involved in all aspects of planning and delivery of the project.

In addition to its connections with TASC, the local authority public health team did a health needs assessment (HNA) for local veterans. This provided modeled estimates of the local veteran population drawn from data published by the Ministry of Defence, which provided a basis for comparison with the numbers of primary care records that were coded for military service. The HNA also synthesised evidence from interviews with local veterans and the published research literature which further highlighted issues facing veterans in accessing healthcare, which include the effects of the military culture of not 'going sick', as well as expectations about rapid access to care developed during military service that are not reflected in the civilian healthcare system.

The CCG has close links to practices and so was best placed to work with practices to identify veterans. The CCG attends practice management meetings and coordinates practice training sessions, which offered opportunities to raise awareness. The CCG worked with Greater Manchester Shared Services to get the numbers of people with military service recorded in their primary care record. The integration between TMBC and T&G CCG enabled close day-to-day working between council and CCG officers and veterans involved in TASC.

This joint working was supported by the ongoing process of integration between elements of TMBC and T&G CCG. Senior support was provided by the Chief Executive of TMBC, who was also the Accounting Officer for T&G CCG. This senior support helped to break down organisational boundaries and helped members of the project team to prioritise the work among other commitments.

4.4 Process and implementation

4.4.1 Understanding the problem

To understand the scale of the problem, TMBC's public health team produced modeled estimates of the numbers of veterans likely to be living in Tameside. This was done using data published by the Ministry of Defence (MOD) on the percentage of each age group in Greater Manchester who have served in the Armed Forces [9].

These percentages were applied to the local population structure using data from the Office for National Statistics (ONS). This produced an initial estimate of approximately 7,500 veterans living in Tameside, around 4% of the total population.

Initial searches of primary care records used a range of possible codes[1]. The first search, done in March 2018, identified 216 patients across Tameside and Glossop whose primary care records identified them as having served in the Armed Forces (out of a registered population of 229,075, 0.09%).

A subsequent search[2] identified approximately 5,700 people whose primary care records were coded as being 'discharged from services'. However, a comparison of the age and sex breakdown of these patients with that predicted from national survey data suggested that these patients were incorrectly coded: the data contained a greater proportion of women than would be expected of the veteran population, more under-18s, and far fewer older veterans. Informal inquiries with GP practices revealed that this code had been misunderstood and was being used incorrectly. As a result, advice was provided to practices on how to code military service in primary care records, and the lower initial number was used as a baseline for tracking progress.

Evidence of good practice already existed in the published research literature. This was used to inform the design of the project [8].

4.4.2 Work with GP practices

T&G CCG wrote to GP practices raising the issue of coding of military service in primary care records. This enabled a range of further work to raise and maintain awareness and to help GP practices to identify patients who have served in the Armed Forces. This work was led by the T&G CCG Practice Liaison Manager and supported by veterans through TASC.

Specific actions included:

- Presentations at the local Practice Manager Forum;
- Presentations at administrators' training events;
- Presentation at GP training events;
- Regular updates on the project in the weekly email to practice managers; and
- Discussions as part of routine meetings.

These actions were intended to raise awareness among practices of the Armed Forces Covenant and the need to code military service in primary care records. They also helped to get support from practices for actions intended to reach local veterans and encourage them to let their GP practice know about their military service.

[1]13Ji Military veteran, 13Ji0 Army veteran, 13Ji1 Royal Air Force veteran, 13Ji2 Royal Navy veteran, 13Ji3 Royal Marines veteran, and 13JY History relating to military service.
[2]Codes as above, plus 13JR Left military service.

4.4.3 Work with local veterans

The project used a wide range of methods to reach local veterans. Wherever possible, these actions were linked to wider events relating to the Armed Forces, such as Armed Forces Day. The team felt that this would increase the likelihood of success, and the appropriateness of asking people if they have served in the Armed Forces.

One set of actions used GP practices as a channel of communication. In support of this, practices were asked to:

- Send a text message to all patients asking if they have served in the Armed Forces;
- Add a question about military service onto the New Patient Registration Forms; and
- Display posters encouraging people to inform their practice if they have served in the Armed Forces.

Of these, the former was felt by the CCG practice liaison officer to be particularly effective. Other channels of communication included veterans charities (including the TASC) and religious groups.

Other actions involved actions designed to reach veterans directly. These included:

- A presentation to a neighbourhood patient participation group;
- A workshop at a Tameside and Glossop-wide patient engagement event; and
- Regular informal contact through events organised by TASC, such as the local breakfast club.

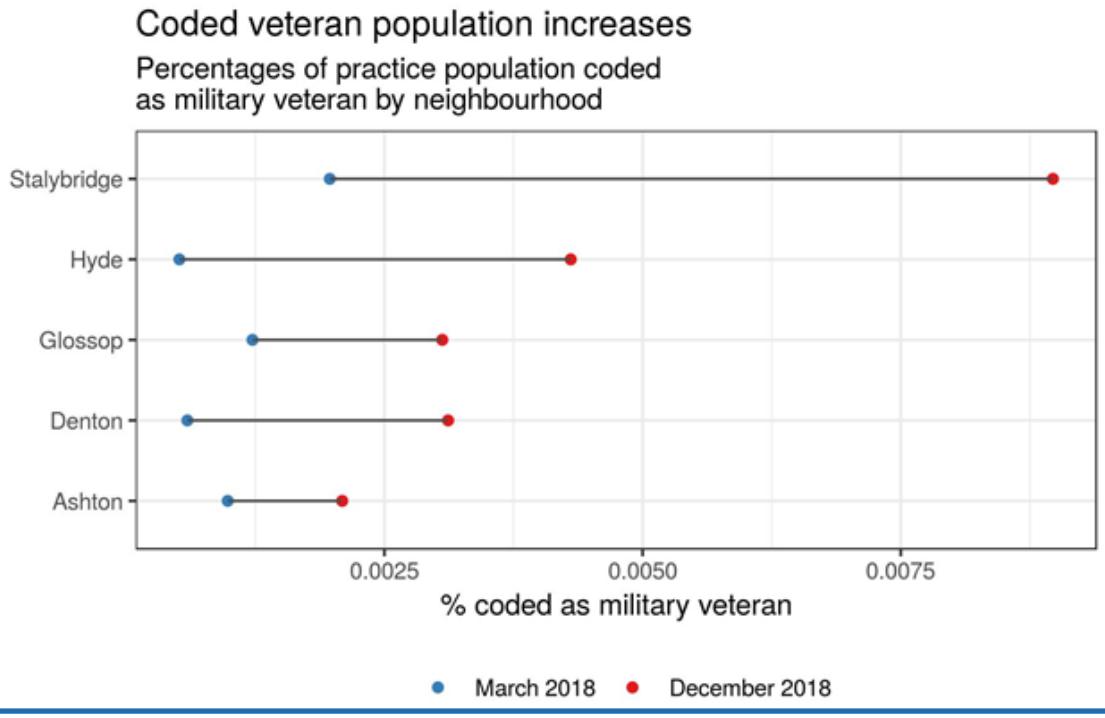
4.4.4 Future work

The actions listed above represent the first phase of activity. The project team is now looking to expand its focus beyond general practice. The team has been approached by local pharmacists keen to take part in the programme, and this is likely to be a future focus, along with dentists and opticians. This work will be supported on an ongoing basis by local veterans through TASC.

4.5 Outcomes

4.5.1 Numbers of veterans identified in primary care records

The initial searches for coded primary care records were repeated. The most recent search, done in December 2018, identified 1034 patients whose primary care records identified military service, and increase of 818 in nine months (a 4.8-fold increase). The data were visualised at a practice and neighbourhood level for feeding back to practices (see example below). This helped to celebrate practices that had increased the number of patients whose military service in recorded in their primary care record.



All neighbourhoods across Tameside and Glossop increased the number of veterans recorded. However it is worth noting that there is still much work to do: even the best performing practices have reached around 2% of their population coded as having served in the Armed Forces, while the MOD estimates that the proportion across Greater Manchester is around 4% [9].

4.5.2 Increased awareness of veterans' issues in primary care

As a result of this project, awareness of the Armed Forces Covenant and veterans' issues more generally increased at practices. This led to 16 out of 37 practices in Tameside and Glossop signing the Armed Forces Covenant. This represents a visible commitment from the practice to making sure that veterans and their families receive the care that they need.

In future, this work will support practices to achieve military veteran aware accreditation [10]. This scheme has not been rolled out in Tameside and Glossop yet. However, the correct coding of military service in primary care records is one of the criteria that practices must meet to achieve accreditation. Others include training for staff and increasing understanding of veterans' needs. These are also likely to have been improved as benefits of this work.

4.5.3 Building momentum and attracting new partners

The work described here represents the first phase of an ongoing programme. To date the work has been focused on GP practices, as the main gateway to the healthcare system. However the success of the project has attracted attention from other healthcare providers. The project team has been approached by a pharmacy who would like to support the project. The project team is looking to widen the project's scope to include dentists and opticians as well.

This section briefly summarises the lessons identified as part of this project. It is intended to support other areas who wish to improve the recording of military service in primary care records.

5.1 Planning and preparation

While this the project has emerged bit-by-bit, a number of features can be seen that contributed to its success so far. Areas looking to do similar projects should consider the following actions:

- **Involve the veteran community:** the project was enabled by the strong links between the council and the local Armed Forces community, and in particular by the Tameside Armed Services Community (TASC). These close links helped CCG and council staff understand how best to reach local veterans and provided support in attending Armed Forces events.
- **Identify links with clinical community:** The involvement of the T&G CCG practice liaison in the project was crucial. This ensured that existing personal relationships with practices and GPs could be drawn on to establish support. The involvement of the CCG in organising training for both clinical and non-clinical practice staff meant that there were a number of opportunities to raise the issue of coding military service and improve awareness of the Armed Forces Covenant and veterans' issues more broadly.
- **Establish a shared set of aims:** The project depended on local partners sharing the aim of improving recording of military service in primary care records. Understanding how this could benefit veterans, healthcare providers and commissioners, and the local authority and wider public services helped to build shared commitment.
- **Get senior support:** This project was enabled by high level commitment to veterans' needs across Greater Manchester. This led to the Greater Manchester Directors of Public Health identifying the issue of coding of primary care records for action. This regional interest helped spur action. In addition, local senior support was provided by the Chief Executive of TMBC. That the same person was the accounting officer for the CCG helped to break down organisational barriers. The high level support helped to justify the staff time spent on the project.
- **Get a coalition of the willing:** Although the work was supported at a high level, its success depended on the commitment of a small team, who were to some extent self-selected. Some of the team had personal connections with the Armed Forces, either through serving relatives, or current or previous work. This personal commitment among the team helped to support the additional work required.
- **Establish baseline data:** Establishing the baseline data was an important early step. This helped to identify issues with codes not being used as intended and made sure that this inappropriate use did not obscure the size of the problem. Establishing the scale of the problem (with the number of veterans recorded in primary care records roughly 40 times less than expected from modeled estimates) also helped to justify the work.
- **Identify local good practice:** The project drew on the lessons from another project conducted in the North West of England.[8]
- **Health needs assessment:** The concurrent production of a health needs assessment for veterans helped to provide an evidence base for focusing on veterans' health and highlighted the need for good data on the makeup and the needs of the local veteran population.

5.2 Implementation

- **Identify routine opportunities to engage veterans:** The project team took advantage of pre-planned Armed Forces events to raise awareness. This helped both in reaching local veterans, as well as providing a reason for asking people whether they had served in the Armed Forces.
- **Identify routine opportunities to engage clinical audiences:** As mentioned above, the use of routine interactions with practices to raise the issue was important in making sure that it remained 'live'. The ability to influence training sessions for clinical and non-clinical staff created further opportunities to raise the issue.
- **Identify other opportunities:** The use of Armed Forces charities and faith groups as channels of communication helped to identify other ways to reach veterans who might not have been reached by the other methods used. Not all local veterans may want to be involved in groups like TASC or the Royal British Legion. Using a broad range of communication channels increases the chance of reaching veterans who are not actively engaged in formal veterans' networks.
- **Use existing messaging systems:** The use of GP practice text messaging systems was a powerful way to both reach veterans and to enable them to tell their practice that they have served in the Armed Forces. Existing social media accounts across CCG, local authority and TASC provided cheap ways to reach people.
- **Use peer-to-peer messaging:** The use of social media messaging enabled onward sharing of messages. Targeting messaging at family of veterans may be another way to reach people who may not use social media.
- Be agile and adopt a continuous improvement mindset: It is not possible at the outset to identify all channels of communication, less still which will be most effective. Throughout the project, the team has looked for emerging opportunities to raise the issue. The current plans to expand beyond GP practices are an example of this model.

5.3 Outcomes

- **Monitor data:** Establishing baseline data and methods to repeat searches for veterans in primary care records allows progress to be measured. This has been useful for both building momentum and for assessing which methods of communication were having the desired effect. The results can be used to celebrate practices that have been most effective at improving the identification of military service in their patients' records, as well as identifying areas for improvement.
- **Be alert to wider benefits:** the benefits of the project go beyond improving records and data. Awareness of the Armed Forces Covenant among practice staff has improved. Practices are also more aware of veterans' needs. As mentioned above, this is likely to help practices who want to achieve military veteran aware accreditation. Further, the project has begun to build an informal network of contacts across Tameside and Glossop who are committed to delivering good services for veterans.
- **Get feedback from the local veterans' community:** Ultimately, the purpose of the work is to improve services for veterans. By working closely with local veterans groups the project will be better able to understand how messages are being received, which methods of communication are working best, as well as helping to identify unintended consequences.

1. **Ministry of Defence. The Armed Forces Covenant. 2016.**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/578212/20161215-The-Armed-Forces-Covenant.pdf (accessed 13 Mar 2018).

2. **Senior SL. Health needs of ex-military personnel in the UK: a systematic review and qualitative synthesis.**
J R Army Med Corps Published Online First: 9 December 2018. doi:10.1136/jramc-2018-001101

3. **Finnegan A, Finnegan S, Thomas M, et al. The presentation of depression in the British Army.**
Nurse Education Today 2014;34:83–91. doi:10.1016/j.nedt.2013.02.020

4. **Murphy D, Palmer E, Westwood G, et al. Do Alcohol Misuse, Service Utilisation, and Demographic Characteristics Differ between UK Veterans and Members of the General Public Attending an NHS General Hospital?**
J Clin Med Res 2016;5. doi:10.3390/jcm5110095

5. **Senior SL. Perceptions of health and healthcare in ex-Army residents of Tameside: a pilot qualitative study.**
J R Army Med Corps Published Online First: 15 December 2018. doi:10.1136/jramc-2018-001107

6. **Simpson RG, Leach J. The General Practitioner and the military veteran.**
J R Army Med Corps 2015;161:106–8. doi:10.1136/jramc-2013-000243

7. **Forces in Mind Trust. Call to mind: a framework for action. 2015.**
http://www.fim-trust.org/wp-content/uploads/2015/10/CALL-TO-MIND-REPORT.pdf (accessed 13 Mar 2018).

8. **Finnegan A, Jackson R, Simpson R. Finding the Forgotten: Motivating Military Veterans to Register with a Primary Healthcare Practice.**
Mil Med 2018;183:e509–17. doi:10.1093/milmed/usy086

9. **Ministry of Defence. Annual Population Survey: UK Armed Forces Veterans residing in Great Britain, 2015. 2016.**
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/559369/20161013_APS_Official_Statistic_final.pdf (accessed 12 Sep 2017).

10. **NHS England. GP practices across the country to become 'veteran friendly'.**
NHS England. https://www.england.nhs.uk/2018/07/gp-practices-across-the-country-to-become-veteran-friendly/ (accessed 8 Feb 2019).