



**Military families’  
experience of health  
and social care transition**

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# Report summary

## What is this report about?

This report details a project led by four Healthwatch Wiltshire volunteers that was designed to assess the degree to which the current health and social care facilities could support the smooth transition, continuing care and support for military personnel and their families moving into the area.

## What did we do?

Our four volunteers who led the project:

- Worked with an experienced researcher to construct, test and revise a survey that could be completed online, on paper, or via a face-to-face interview.
- Planned the method of survey distribution and arranged visits, considering location and distribution of military family populations.
- Carried out a range of engagement visits, resulting in 106 survey responses.
- Analysed the survey responses and wrote this report.

## What were the key findings?

- Most people we spoke to told us that they had been able to register with a GP, and found this a relatively easy process.
- Finding a dentist was reported to be much more difficult and over a third of our respondents were not registered with a dentist.
- Transfer of records was reported as being problematic and causing delays and a lack of continuity of treatment.
- The process of transferring on to a waiting list when moving from another area did not appear to be consistent.
- Some of our respondents felt that there was a lack of understanding of military life amongst health and care services and that this affected their experience of using these services.
- Information about how to access mental health support was not always available and accessing these services was reported as difficult for some people.
- Information about available health, care and community services was not always available to people, and they told us that this would be useful.

## Recommendations

The report makes eight recommendations that are based on the views and experiences that have been shared with us. These will be shared with our stakeholders across Wiltshire who are involved in supporting and providing services to military families, so they can use these findings to consider what is working well and what could be improved.

# Introduction

Over the course of 2019, several thousand military personnel and their families moved to Wiltshire as part of an army rebasing scheme. We thought that it would be useful to hear from these families and other families in the military about their experiences of health and care services. The project focused on access to services, continuity and transition, and mental health services.

Healthwatch Wiltshire was offered support from an experienced research colleague at Help and Care, our contract provider, to develop a new project. As we have a group of dedicated and skilled volunteers, we decided on a volunteer led project as this would be a new way of working with our volunteers.

Our project, *Military Families' Experience of Health and Social Care Transition*, was designed to assess the degree to which the current health and social care facilities could support the smooth transition, continuing care and support for military personnel and their families moving into the area.

It sits within the primary care priority for Healthwatch Wiltshire 2020 and is the first project run by Healthwatch Wiltshire using a volunteer led based approach.

The following volunteers led the project:

- **Chas** – Background in education, with experience in business and voluntary sectors.
- **Deborah** – Previously worked for the Army in Germany as a civilian nurse and married a soldier who retired in 2012.
- **Hazel** – Joined Queen Alexandra's Royal Army Nursing Corps (QARANC) and trained as a nurse. Service in Germany looking after families of servicemen. Continued nursing in the UK as a boarding school senior nurse.
- **Meg** – Retired headteacher with an interest in children with special needs. Also working with Carer Support Wiltshire on a group for bereaved carers and is a member of her GP surgery's Patient Participation Group (PPG).

The volunteers took part in all aspects of the planning, question development, approach, reporting and presentation of the project. They were supported through the project by our colleague at Help and Care and the Healthwatch Wiltshire staff team.

All our engagement was carried out before the Covid-19 lockdown.

# Background to the Army Rebasing Programme

The army rebasing in Wiltshire was part of the Army Basing Programme (ABP)<sup>1</sup>. This was set up in May 2013 and was a joint Army and Defence Infrastructure Organisation (DIO) Programme. The programme involved providing facilities so that almost 100 army units, involving approximately 4,000 service personnel and their families, could be brought back from Germany by 2020.

In 2015 it was confirmed that the final Field Army units would return from Germany in 2019. These units, which were based around Paderborn and Sennelager in Germany, have now returned to new homes on Salisbury Plain in the final phase of the programme.

Information about the programme states:

***“The Army and the DIO is working closely with local authorities, the NHS and other government departments and local service providers to ensure sufficient housing, schooling, medical, leisure and dental provision is available as units move into their new bases.”<sup>1</sup>***

There is a partnership agreement in place between the Ministry of Defence and NHS England for the commissioning of health services for the Armed Forces. Which commits to joint working ***“...to ensure safe and effective services which improve health outcomes for the Armed Forces community<sup>2</sup>.”***

This agreement includes health commitments to support fair access to treatment that are part of the Armed Forces Covenant<sup>3</sup>:

- 1. “The Armed Forces community should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live.***
- 2. Family members should retain their place on any NHS waiting list, if moved around the UK due to the service person being posted.***
- 3. Veterans should receive priority treatment for a condition which relate to their service, subject to clinical need.***
- 4. Those injured in service should be cared for in a way which reflects the nation’s moral obligation to them, by healthcare professionals who have an understanding of the Armed Forces culture<sup>4</sup>.”***

1. [army.mod.uk/who-we-are/future-of-the-army/army-basing-programme](http://army.mod.uk/who-we-are/future-of-the-army/army-basing-programme)

2. [england.nhs.uk/commissioning/armed-forces](http://england.nhs.uk/commissioning/armed-forces)

3. [armedforcescovenant.gov.uk](http://armedforcescovenant.gov.uk)

4. [england.nhs.uk/commissioning/armed-forces](http://england.nhs.uk/commissioning/armed-forces)

# Our approach

The preparatory stage involved meetings to agree focus and planning of the project led by Chris Gale from Healthwatch Isle of Wight. With years of experience in research, Chris was keen to share his knowledge across the Help and Care Healthwatch teams. With the support of Chris, the team:

- Constructed the survey, tested it, then reviewed and agreed a system of analysis.
- Planned the method of survey distribution and arranged visits, considering location and distribution of military family populations.
- Carried out a programme of contacting relevant stakeholders and arranged meetings and visits to support and coincide with the distribution of surveys. This involved visits to colleges, surgeries, coffee mornings, playgroups and attendance at meetings where we achieved new contacts with relevant individuals such as military support personnel and welfare organisations which included Combat Stress and Courage to Care (Carer Support Wiltshire).
- Discussed survey results and analysis which included feedback from face-to-face conversations.
- Completed the report and distributed it to appropriate organisations.
- Evaluated and reviewed the process and planned how to produce guidance for future volunteer led projects to share with other Healthwatch teams.
- Presented the project planning and process, including some findings, to Healthwatch Isle of Wight, Portsmouth, Hampshire, Slough, Croydon and Wessex Voices.

Our volunteer team met regularly with, and had the support of, the Healthwatch Wiltshire team throughout the process, which took nine months to complete. Publication has been delayed due to the Covid-19 pandemic.



Chris Gale, left, from Healthwatch Isle of Wight, supported our research team of volunteers – Meg, Hazel, Deborah and Chas – through the project.

# Who we spoke to

To help distribute the survey as widely as possible, we worked with contacts and partners of Healthwatch Wiltshire, including Carer Support Wiltshire, the Army Welfare Service and representatives of Hives across Wiltshire.

*“Hive Information Centres support the service community. The Army Welfare Service delivers information through Hive to service families as a whole. The Hive blog includes information about accommodation, discounts, education, employment, finances, healthcare, housing, relocating, service leavers welfare and what’s on<sup>5</sup>.”*

We also attended coffee mornings, veterans’ groups, special needs carers’ groups and health and wellbeing events targeting military families and personnel, in order to meet face-to-face with members of the armed forces community. In addition, we spoke to teachers in a secondary school where a significant number of students came from military families.

In total, 106 people completed our survey.

5. [adults.wiltshire.gov.uk/Services/635/Salisbury-HIVE-Tid](https://adults.wiltshire.gov.uk/Services/635/Salisbury-HIVE-Tid)



Back in March, before the coronavirus outbreak, Meg and Deborah from the project team presented their findings to other local Healthwatch teams.

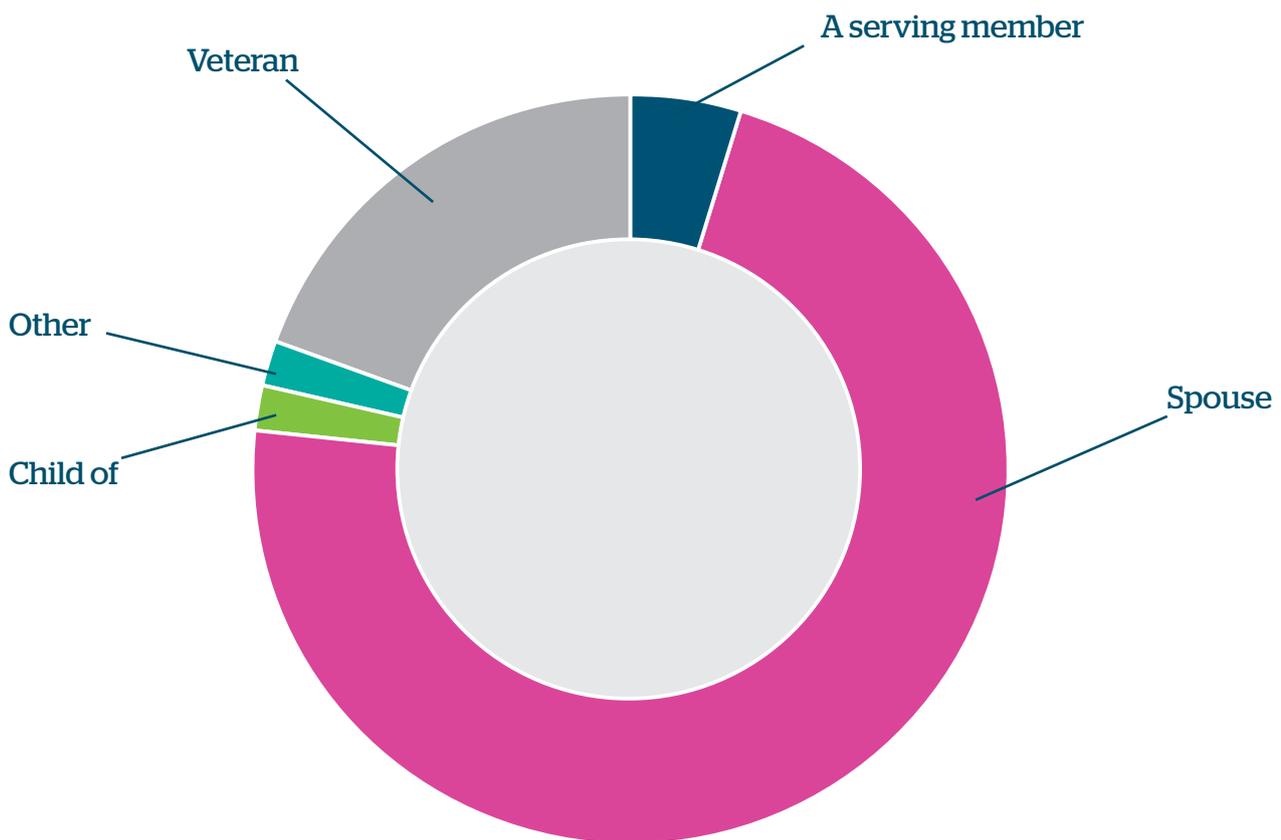
# Demographics

Most of the people we spoke to were female spouses of serving personnel and most respondents were between the ages of 25 and 44. 17.5% of respondents considered themselves to be carers. The other significant group were veterans (former members of the Armed Forces), who made up just over 19% of the responses. Although we did not speak directly to young people (less than 2% of our surveys were completed by people under 18), parents expressed their concerns about children in some comments.

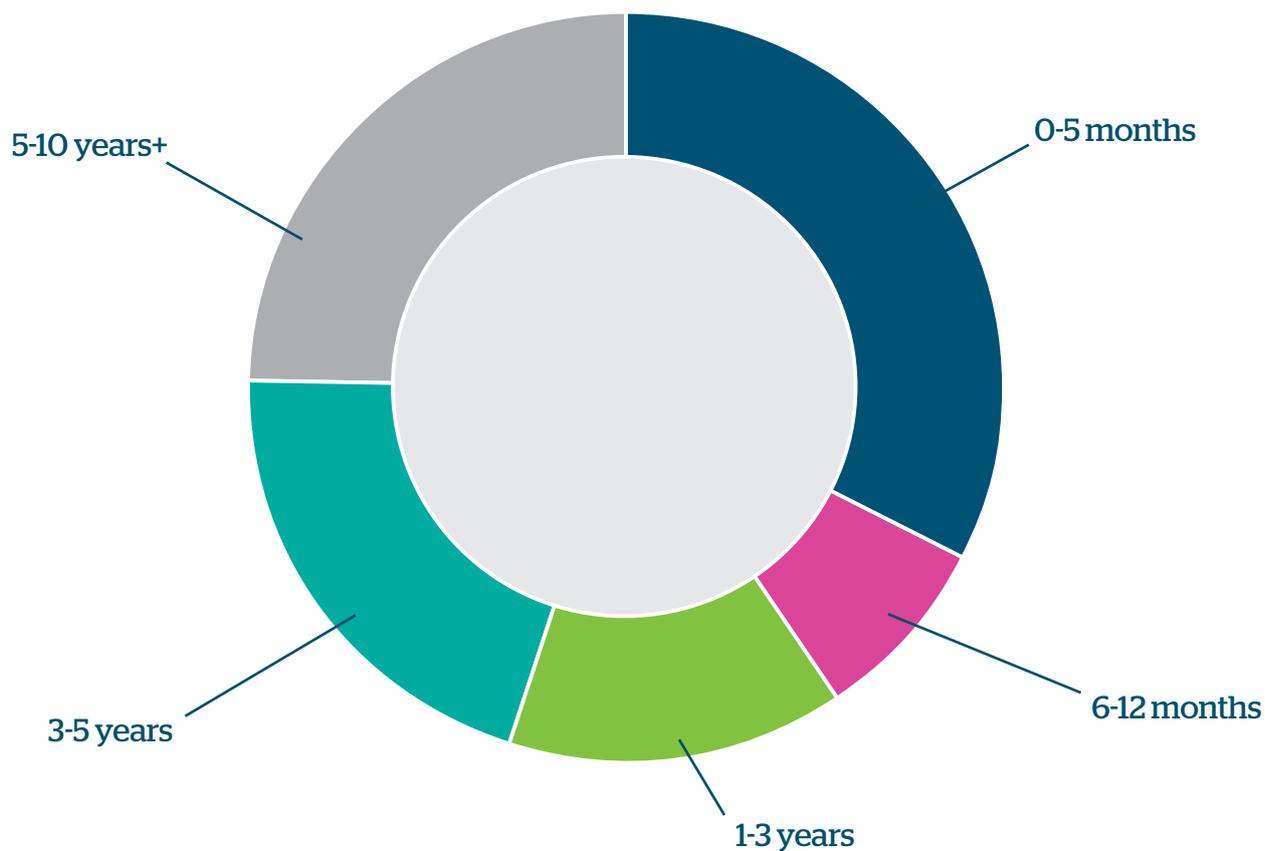
Our survey reached people across the county but, as we were particularly interested in the effects of the rebasing of units to Salisbury Plain, approximately 49% lived in Bulford, Tidworth, Larkhill or Ludgershall.

These areas also proved to be the easiest to access because of the number of events organised for military families in the Salisbury Plain area. Approximately 41% of respondents had lived in Wiltshire for less than a year, whilst 24.5% had lived there for over five years.

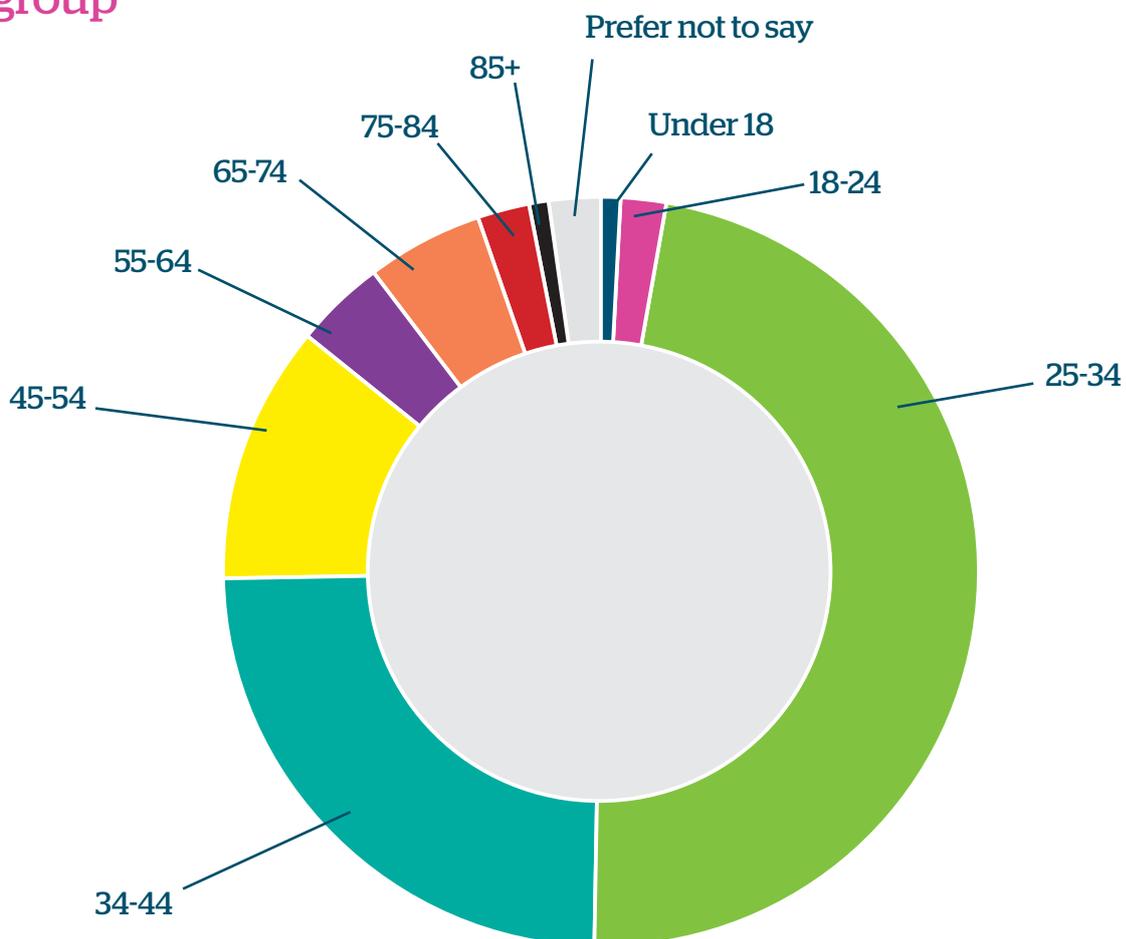
## Who we spoke to



## Length of time living in Wiltshire



## Age group



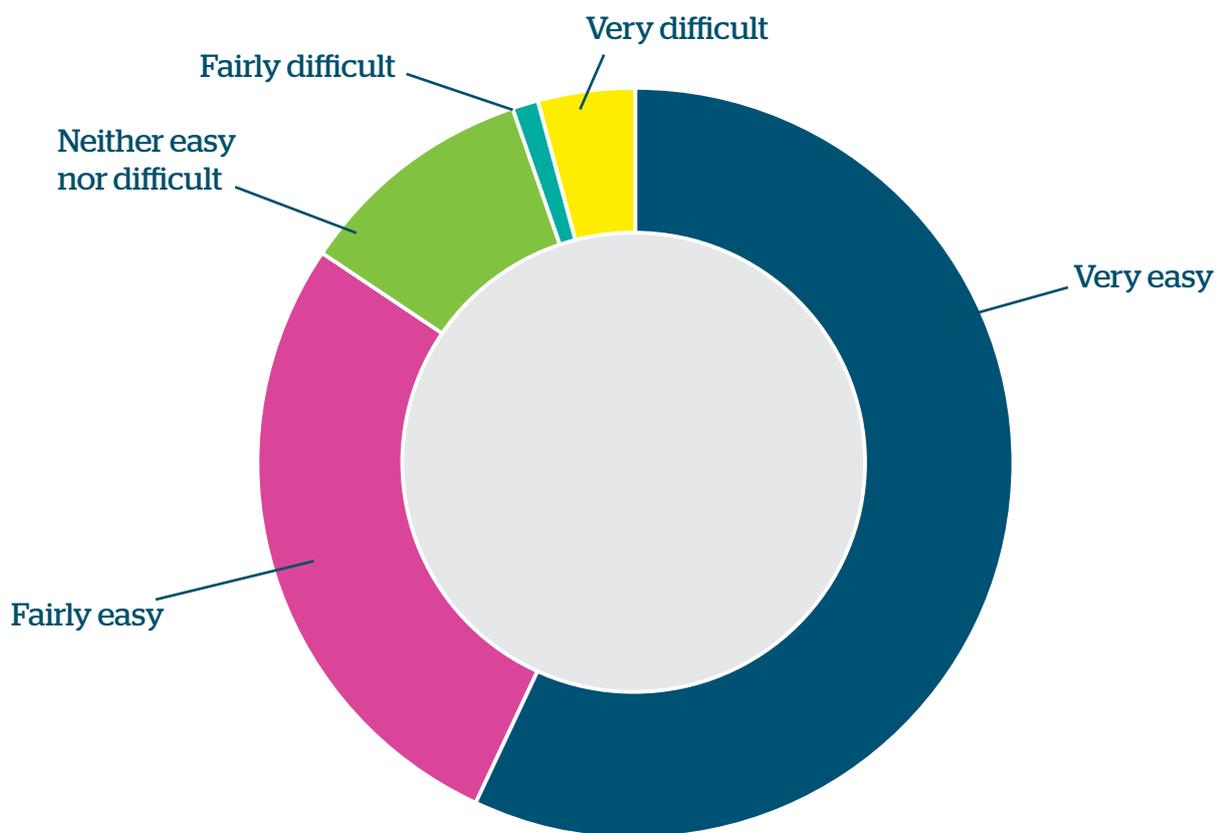
# What people told us

## Experience of using GP services

The majority of people who completed the survey were registered with a GP, and nearly 85% found this to be an easy or fairly easy process. Of the 89 people who spoke to us about the location of their GPs, 72% were with civilian practices and 27% were with practices that care for military personnel and dependants.

The chart below shows how our respondents found the process of registering with a GP.

### How did you find the process of registering with a GP?



50 people made comments about their experiences of using GP services. Just over half of these (26) were about making appointments or waiting times, the majority of which were negative.

They can't handle how many patients they have! Can wait 4+ weeks to see a GP unless you ring and book an urgent one to see a nurse.

Very helpful. However, can get busy quickly. Sometimes end up waiting 30-60 minutes to be seen.

My surgery is good, but doesn't have the option to book appointments in advance – this is absurd.

The remaining 24 general comments about surgeries were mainly positive.

Very helpful and supportive with transition.

Brilliant good service. They have done us proud. I had a few problems a few years ago and they were brilliant. We are so lucky.

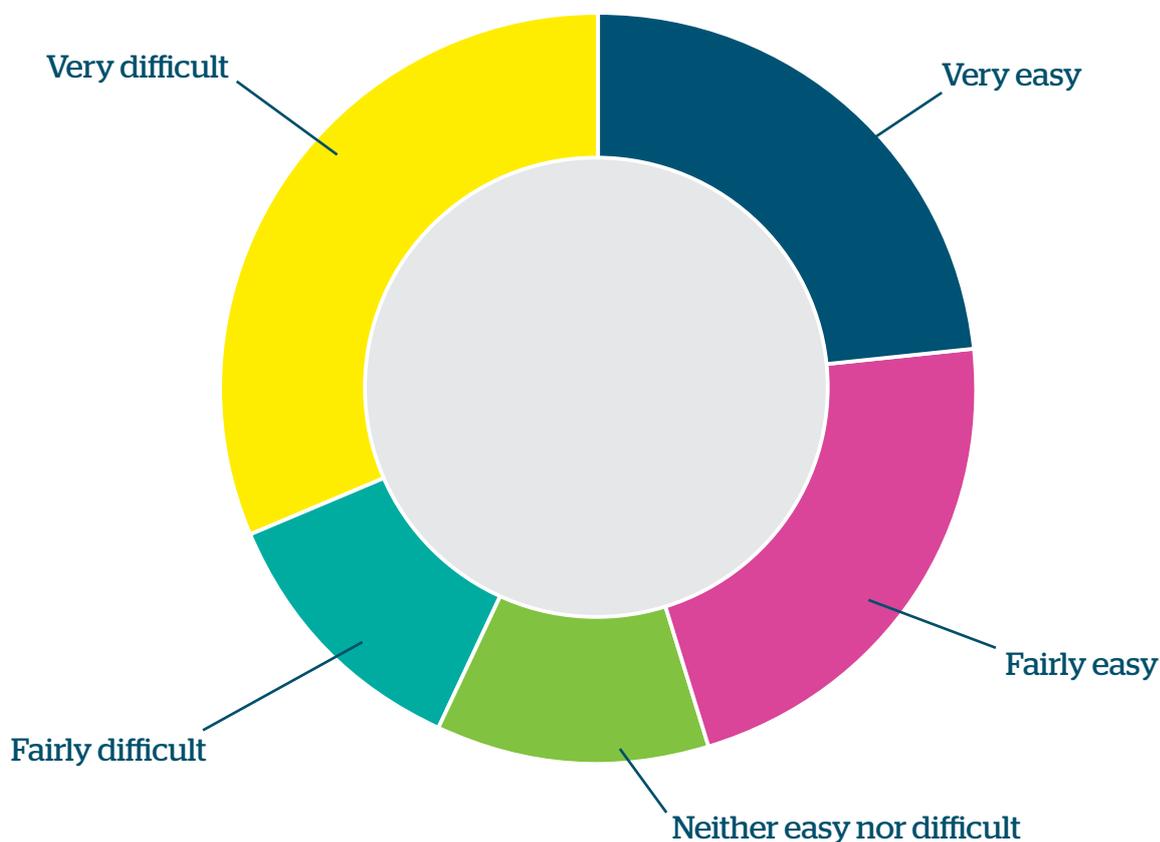
There were four comments about issues with prescriptions and pharmacies. These referred to opening hours, availability of medication and the lack of understanding of the lives and experiences of military personnel and their families. Comments about staff made up 16% of the comments and tended to reflect instances where communication had broken down, either between staff or between staff and patients.

## Experience of using dental services

In contrast to the experiences we heard about GP registration, finding a dentist was reported to be much more difficult with nearly 43% of our respondents saying they found it difficult or very difficult.

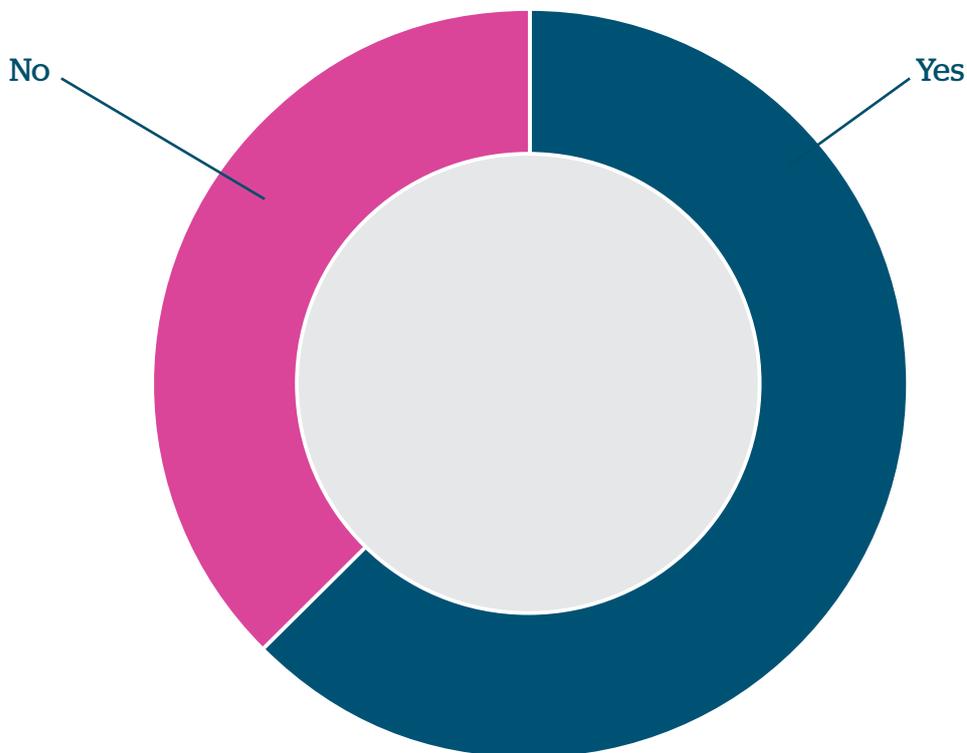
The chart below shows how our respondents found the process of registering with a dentist. Over a third of our respondents were not registered with a dentist at all.

### How did you find the process of registering with a dentist?

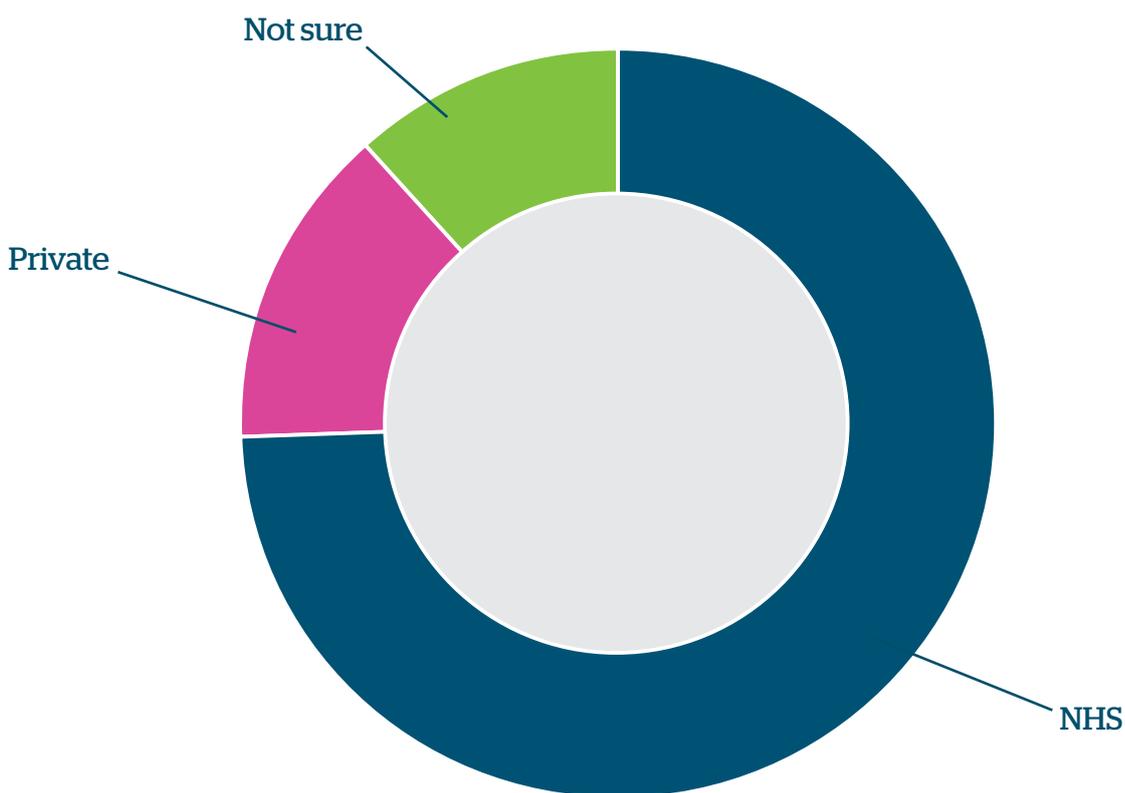


Of those who were registered, about three quarters were with NHS dentists, the remainder being registered privately or unsure of the status of their dental practice.

### Are you registered with an NHS dentist?



### Are you registered as an NHS or private dentist?



56 people left us comments about dentists, and a quarter of these comments were positive.

Cannot fault the dental care they are always very helpful, friendly and polite.

There were 18 comments from people who indicated that they could not find a dentist (32%), and six people – nearly 11% – said they had to register with a private dentist as no NHS dentist was available, or that they did so in order to get their children registered as an NHS patient.

12.5% of comments indicated that people had remained with their previous dentist elsewhere in the UK, and one person told us that they had kept their dentist in Germany.

No NHS dentists available when we returned from overseas, so have had to go private.

I had to go to the lengths of calling my previous dentist three and a half hours drive away to book an appointment as I simply wasn't getting any help here...

Unable to register with NHS dentist, still registered in Aldershot.

I do not have a dentist for myself or my children. No practice is taking NHS at present.

There were additional comments about long waits for non-urgent appointments and one comment about the difficulty of finding emergency treatment if you are not registered locally.

I had an accident with a tooth... It also came up in an abscess. My husband was away, we had only been in the house 2 weeks at the time and I couldn't register anywhere as an NHS patient. I called well over 50 different practices and nobody would take me on. I also tried NHS 111, and was only placed on a waiting list, to which I still not have heard back from.

A number of comments mentioned children. In face-to-face interviews we met mothers who, with their children, had been on waiting lists for dentists in previous postings, who were then "posted" only to find themselves on a new waiting list. This implies that there are an unknown number of children and adults who are not having regular dental check-ups because they have a transient lifestyle. This is in stark contrast to the Armed Forces Covenant which states:

***"The Armed Forces Community should enjoy the same standard of, and access to, health care as that received by any other UK citizen in the area they live... They should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted<sup>6</sup>."***

6. From the Armed Forces Covenant in the Executive Summary of *NHS Preparations for Army Basing*, Wiltshire Council Health and Wellbeing Board, 7 February 2019.

# Mental health

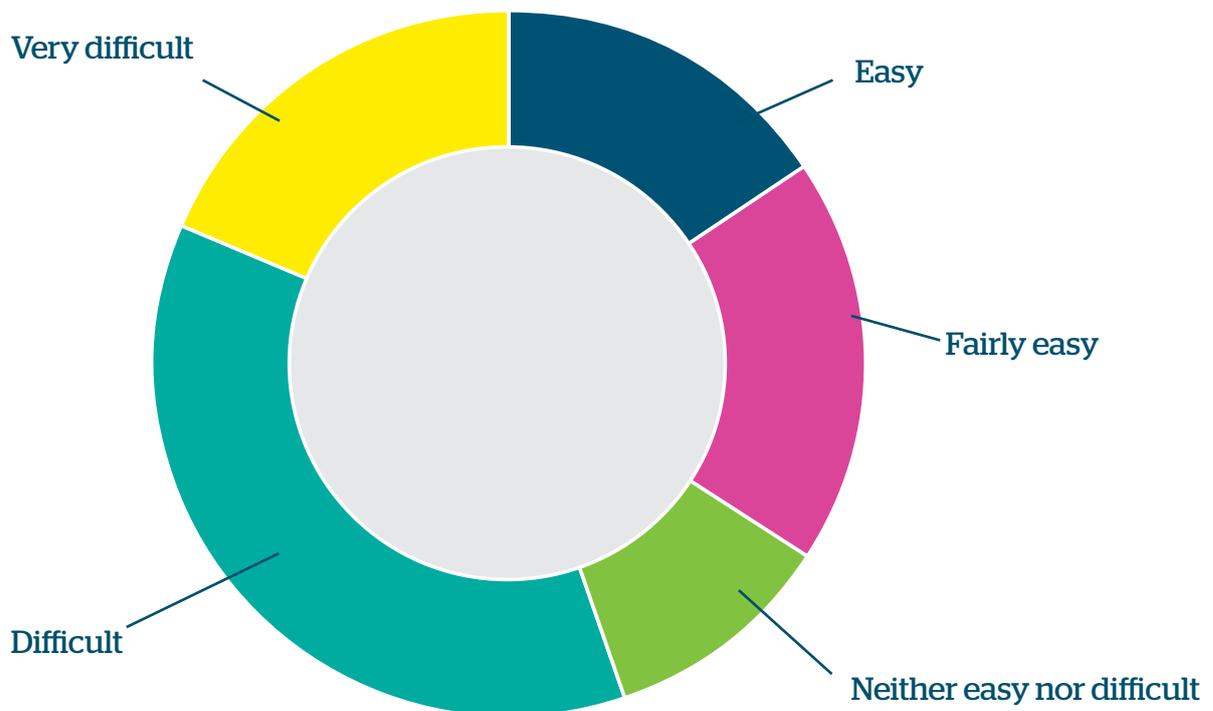
102 people replied to the question asking whether they would know how to access mental health services if they needed them. Of these, half of them said that they would know where to go for support from these services, and half of them said that they wouldn't.

When asked if they had ever needed to access these services, 100 people answered this question with 40% saying that they had and 60% said they had not. Gaining access to mental health services was reported as an issue for both adults and children and some people had not accessed them for this reason.

Attempted to access counselling but the process was too lengthy and intrusive, so gave up in the end.

We asked people who had accessed services how easy it was to access them and 38 of the 40 people who had, answered the question.

## How easy was it to access mental health services?



Help was good, my husband was deployed and I had an 8 week old baby. I self-referred and was seen the next day.

I self-referred to the mental health team, I now have their number if I need further help.

When asked to compare the treatment in Wiltshire with where they lived before, 22 people answered this question. Some of the comments were general, but of the seven people who made a direct comparison: one person said services in Wiltshire were better than before; two people said they were about the same; three said their experience was worse than before.

All doctor based before, both experiences good.

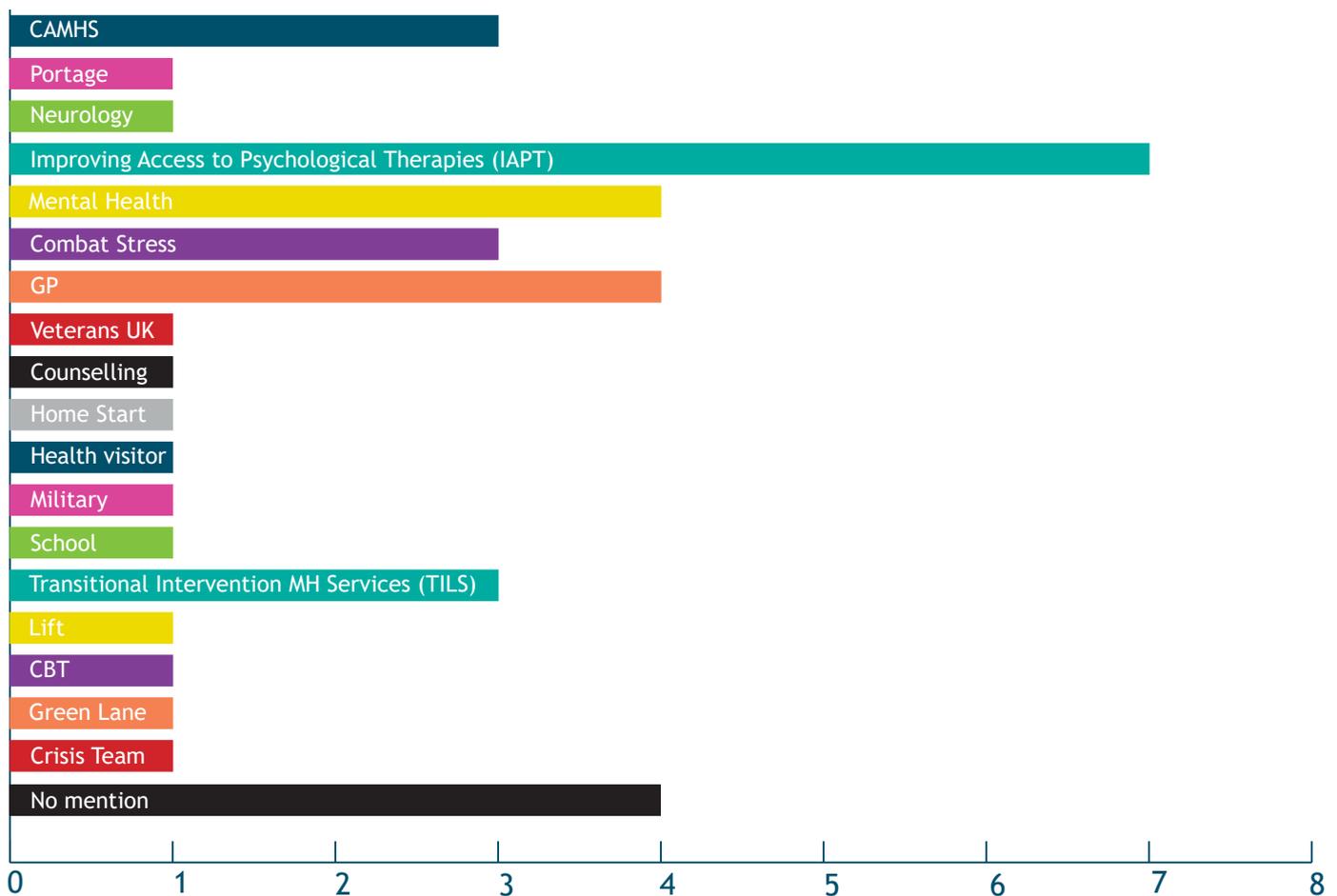
Not good as long waiting lists.

In Dorset I had more than 20 sessions of CBT (Cognitive Behavioural Therapy), here it's 6.

Should be more information on how to access help [mental health services] rather than see a GP, as sometimes you can wait a few weeks just to get a doctor's appointment.

Most of those (about 67%) seeking help accessed it through the NHS with just a few others using veterans' charities (about 21%) such as Combat Stress, or Military Health Services (about 12%). The chart below shows the full breakdown of where people reported they had accessed support with their mental health.

## Where have you accessed mental health support?



Should have been more support for the families during the move allowing the children somewhere to go to deal with the change.

My husband was recently hospitalised with PTSD (Post-Traumatic Stress Disorder). The local NHS crisis team said he didn't meet the criteria for help by them, even though he planned to hang himself later that day. At present he is off sick but has to return to the military camp for treatment which is a long drive away and is stressful for him.

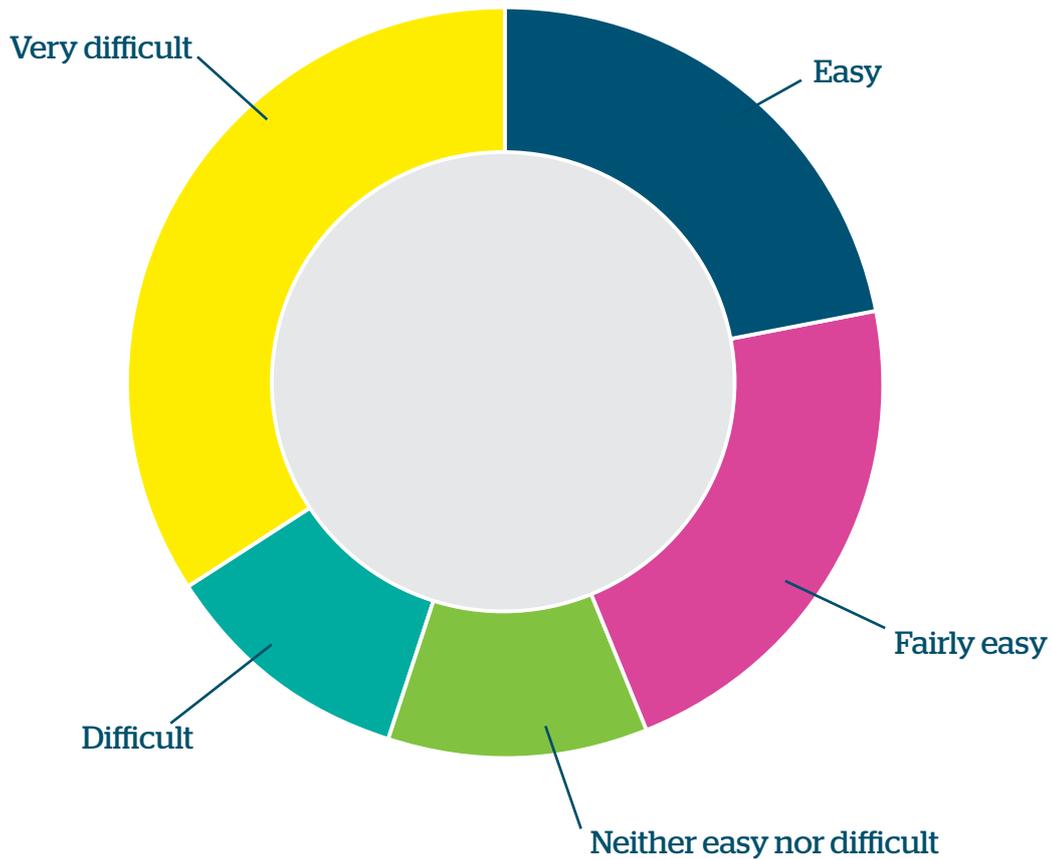
CAMHS were so helpful I couldn't fault their care.

# Social care

9.2% (nine people) of our respondents told us they had tried to access adult social care services.

We asked these nine people how they found this process.

## How easy was it for you to access adult social care services?



Assessed over and over till finally got direct payment approved but I had to pay a private Occupational Therapist as there was such a long wait.

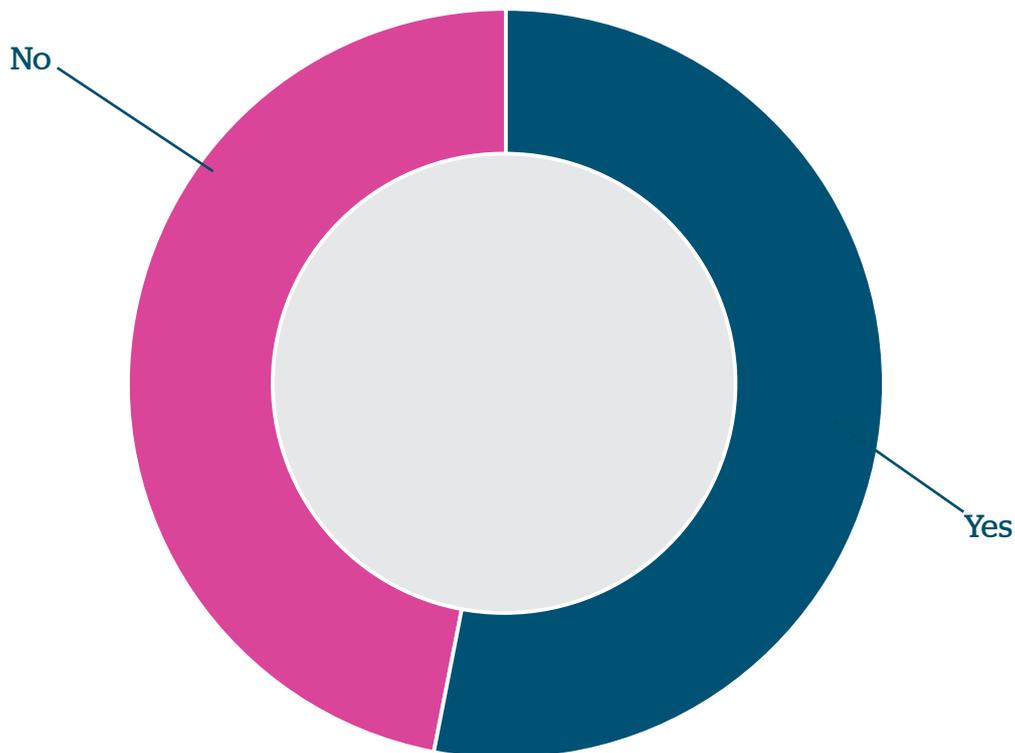
Eight people said that they had tried to access social services for children. Of these, four said they had found the process easy; four said that they neither found it easy or difficult.

No problem but I didn't feel very involved.

# Transition

When we asked: “Has the care of your family been interrupted by your move?” just under half of the respondents (47%) had experienced significant disruption to their health care as a result of the inadequate transfer of health records to their new health provider.

## Has the care of your family been interrupted by your move?



It's a complete nightmare.

It's a right pain having to go over upsetting details each posting.

As a result, 10 (19%) had to restart referrals and consultations from the beginning, and/or repeat previous tests. Two mentioned a problem of being put back to the bottom of a waiting list.

Referral starts again for hospital treatment.

I had to explain my serious issues again and start from the beginning with more of the same tests I had already had.

Vaccination records had to be restarted.

Three people found it difficult to get continuing care for their children from additional services from which they had previously received support. These included the Occupational Therapist (1) Physiotherapist (1) Speech and language Therapist (2) Children and Adult Mental Health services (1) and Paediatric services (1).

As a result my child is in turmoil. My home is in turmoil. Their school life is in turmoil.

Four pregnancies were adversely affected by the lack of continuity of care.

Things were missed during this period and ultimately I felt it resulted in myself and child almost dying.

One person had to cancel surgery as time ran out before the move, and “had to wait months to see new teams.”

One parent was refused planned surgery for her child as the NHS advice for the procedure was different in England. The operation was eventually performed at the RAF hospital in Wroughton.

Four people specifically mentioned problems in getting appropriate medication and three people with serious/long term conditions found the continuity of care interrupted.

Continuity of care... has been shocking. We were informed that a doctor would be found and briefed on my husband’s condition (never happened).

We also asked: “How do the health services in Wiltshire compare to those in your previous home?”

Opinions were almost equally divided between whether the services were better/equal to, or worse than, the previous provider. Comparisons were made to services in Germany, Telford, the Midlands and Berkshire.

Of the 32 people who found the services worse than previously the following reasons were given:

- the overall excellence of the German system difficult to match.
- difficulties in getting an appointment.

Very slow for any appointments and referrals.

[Services] are very poor, hard to access and clearly overstretched.

- long periods of waiting in the waiting room.
- need to re-order regular medicines more frequently than before, and difficulties in obtaining repeat prescriptions.

- less frequent or problematic access to specialist services, including physiotherapist, health visitor, diabetic nurse, Special Educational Needs (SEN) provision.

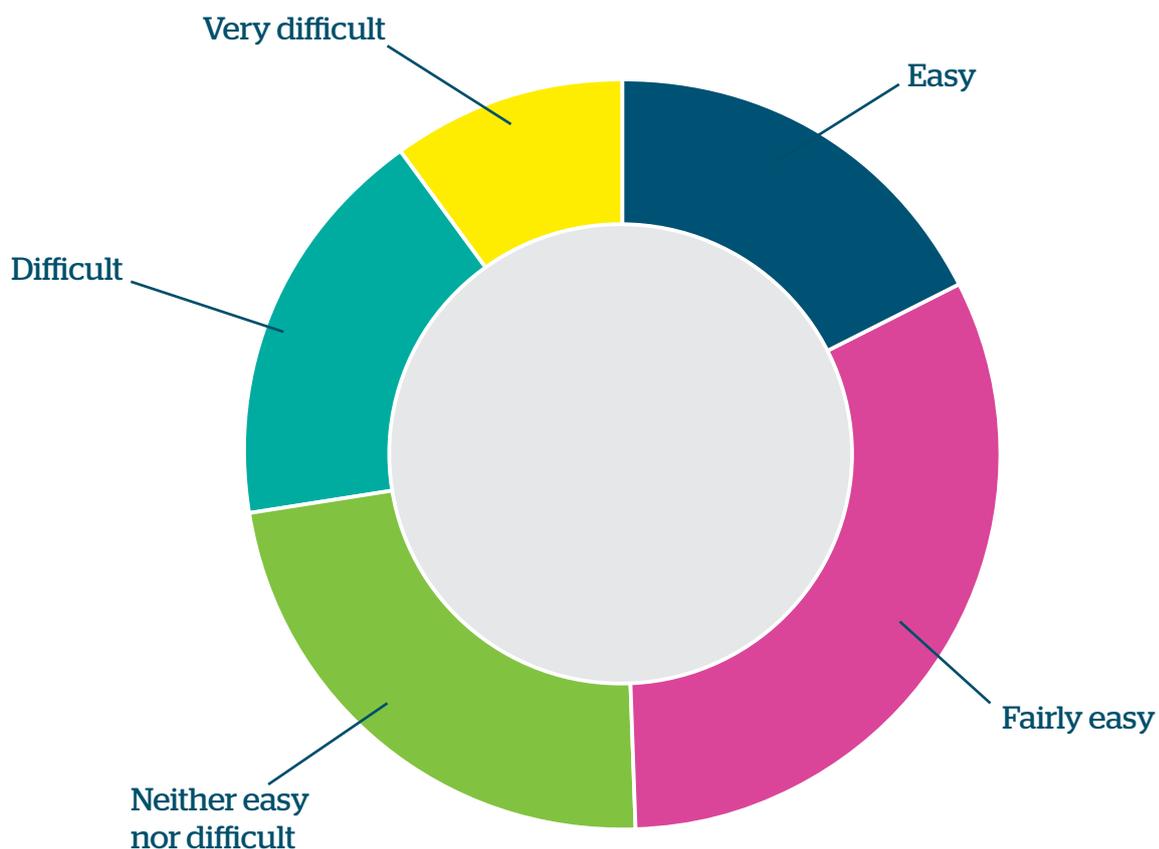
Used to have physio once a week – now once a month.

The waiting time and avenue to which you access help for SEN is too great... More needs to be done to make parents aware of what is available where and easier to access.

We were visited by a health visitor /nursery nurse every 1 to 2 weeks in our previous home.

When asked “Overall, how did you find the transition from NHS services in your previous home to NHS services in Wiltshire?” 25 respondents said that they had experienced difficulty in transition.

## How did you find the transition to NHS services in Wiltshire?



Of these:

- 15 had problems with the transfer of records.

All referrals were lost. Different services across counties cannot communicate. You should be able to go on a waiting list before you move so once you move you can access services straight away... these services that we are entitled to are not available to us, and the area is unprepared for the volume of people moving over.

- Nine mentioned problems in finding a dentist.
- Six had difficulty in obtaining information about, and access to, specialist services including Mental Health Care (2), Paediatric care (1), Financial Advice and Support (1) and Maternity Services (1).

I am disabled and have now been referred to the physio, even though I went through extensive physio with the military (Hedley Court). I feel that I have been dismissed and I am not being listened to.

Mental health care non-existent outside the military for my husband.

It would help if GPs recognised veterans, their possible illness and mental health.

- Two mentioned problems in transferring details from military to civilian services.

When asked if anything could have been improved during the transition process, there was a lower response to this question (50%). Several critical comments cited provision of information about the range of services and how to access them; communication between health centres and between the Army and NHS; and the previously mentioned issues of dentistry and difficulty in transfer of records. Specific comments included:

I wasn't told that I was eligible to access military doctors in Tidworth.

Red tape – being assessed over and over by many different people writing the same thing.

Make it easier for ex-service personnel to register when in the last 6 months of service.

Army welfare put together a pack and it would be good if general NHS information could also be included like telephone numbers, etc and also a checklist to remind you what you need to do like register with a dentist.

## Case study

**One of our respondents, an army wife, shared a detailed account of her difficult experiences of transition to a Wiltshire Military Medical Centre. Here are extracts of her account.**

“I am on anxiety medication and have been for 18 months-two years. When we moved over, they asked me to come in for an appointment before getting my medication as it's a different surgery... They then told me I had to come back in a month for a review. Okay, that's fine.

I went back in a month with my children... The nurse practitioner was not very understanding, said I had to come back for another review in a month and I need to start seeing someone at a counselling service. I'm aware I need to see someone, but I explained to her that I simply do not have the time at the minute, with... kids and my husband away times are tough and unfortunately, it's just not do-able. She said for my review, I would have to come back without the kids, also not possible with [them] at home all day and no husband around. I explained all this to her and by this point was in tears. She said I had no choice as they wouldn't keep supplying my medication if I didn't.

“The man [at the dispensary] asked me for my maternity exemption card. I do not have one. I have told him this before and it's pretty obvious I am eligible from the baby in my arms, also a quick check on the system would show you. He could see what

the medication was for and said, “That will be £9 today then please’. I started crying (whilst trying to control my toddler and bouncing to keep my baby from screaming) and asked if he was joking. He said no and ‘You wouldn't go to a supermarket and expect to get credit, would you?’ I explained that I did not even have £9 as it was very close to payday and UK pay has hit us hard.

“I then left the medical centre sobbing and very embarrassed. I had a huge panic attack in the car. About half an hour or so later the nurse practitioner called me up and asked if I was okay. Apologised for what had happened and said she would sort it and help me sort out my exemption card as the medical centre in [town name] just never did it and I had no clue as always received a card in the post before.

“I later had to go back to collect my meds from the dispensary where the man asked me if I was okay and apologised, he said he should not have behaved the way he did. I was so upset about it all I couldn't even look at him.

“It's now made me want to change to a civilian doctor's as I can't mentally be put through this again.”

# Further findings

We asked: “Have you tried to access any other healthcare services e.g. physiotherapist, dietician, pharmacist, optician, podiatrist?”

78 people responded to this question, 58 of whom had tried to access services.

Most comments were made about pharmacies (13) and opticians (14). Other respondents mentioned physiotherapists, paediatrics, dietetics and maternity services.

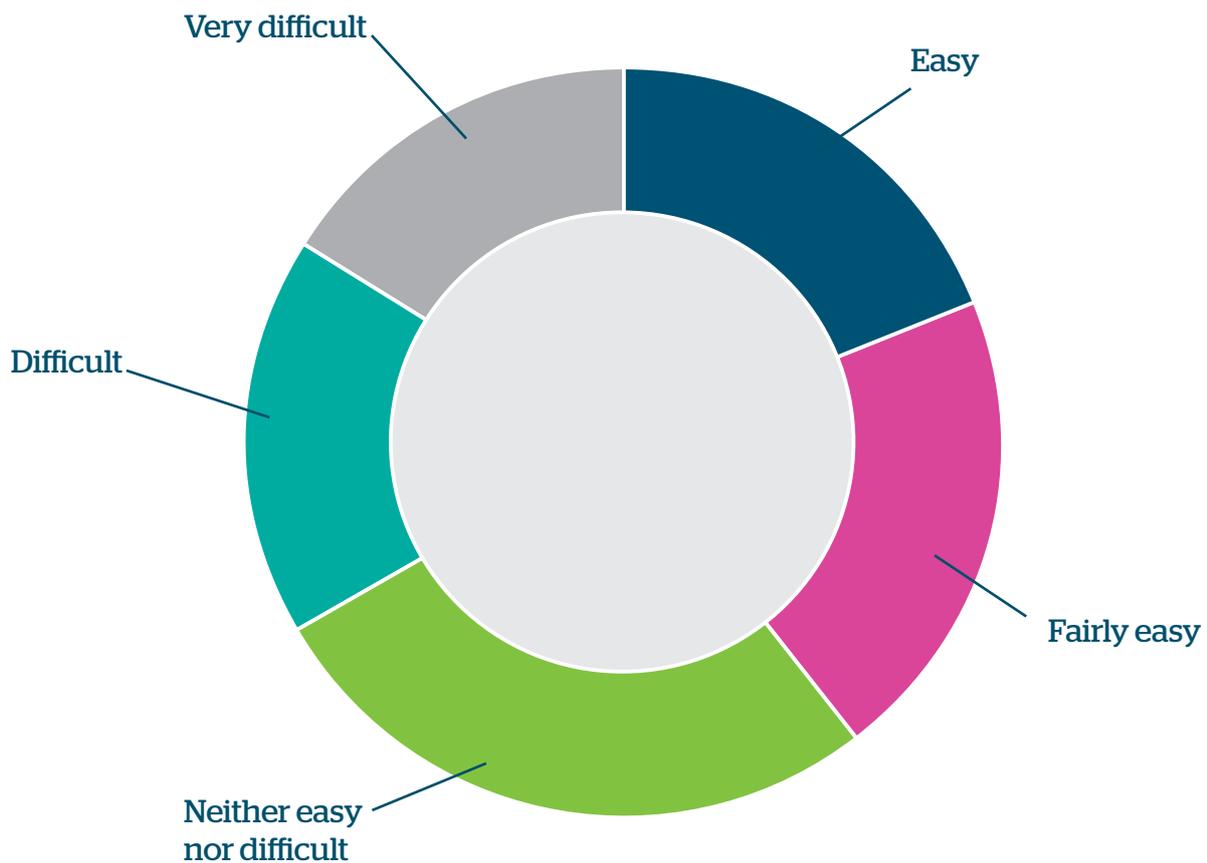
Only once referred through the Army. I had been seen twice for maternity provision in Swindon and then Bath. There was NO communication, crossover, oversight or collaboration between the military or NHS services who were utterly unsighted of my military medical history. It was done entirely upon my own knowledge, confidence, questioning, organisation and oversight to spot near dangerous care between military doctors and civilian services.

My husband is still in remission from cancer, firstly the information was not forwarded to his doctors and then told to find his own cancer doctor; between locally really poorly handled.

Waiting on referrals for eldest child to see dietitian and allergy consultant for the youngest child to see paediatric consultant regarding his autism and melatonin prescription which is something else I can no longer get regardless of his paperwork and prescription from Germany. A transfer of services (paediatrics) was not carried out from care we had received in Germany. We had to start over again. With this, things have escalated with my child's behaviour. Settling in is not going well.

When we asked how people found the process of accessing other healthcare services, 63 of the 106 responded. Their responses were mixed, with almost 40% finding the process fairly or very easy and 33% found it to be fairly or very difficult. Difficulties with waiting times were mentioned on many occasions.

## How did you find the process of accessing services?



When we asked the respondents whether they had any other comments about healthcare services, 43 responded to this question.

I wish we could be kept under the military system as all my notes are all over the place and there is a lack of understanding of the military system.

My experience of an emergency C-section in Swindon in 2017 was one of the most distressing and traumatic experiences of my life. I would never recommend them to anyone and chose to travel further to Bath to ensure I wasn't there again.

There seemed to be a lack of pharmacies here also difficulties getting medication perhaps due to Brexit. For all our family's healthcare issues we were discharged from hospitals mid treatment/assessments and told to be re-referred, this is putting us back to the start. I didn't think it was supposed to happen like this and we should just be directly transferred from one hospital to another.

There is no cohesion of services, there is no one pointing patients of SEN [Special Educational Needs] children in the right direction.

Maternity ward amazing.

Not at all convinced that being a veteran makes any difference at all. Never once asked if I was a veteran in primary care and cannot see any benefit of being one. Not sure my surgery have ever heard of the Military Services.

Finally, we asked: “Are there any other aspects about your health and wellbeing needs that you would like to tell us?” 21 responded to this question with no main or repeated themes. Comments included:

We are a forgotten population when serving people have no records in the public sector. We come up against policy and process in almost everything including accessing care for our children without the parent being able to also register.

There should be workshops or events to help military families cope with the change.

Not all ex-services are elderly, and many do not identify with the term ‘veteran’.

No childcare provisions, leading to anxiety and stress.

I do not feel like my access to services is any different to what it has always been; the move of extra military families to the area hasn’t impacted on me to my knowledge.

## Thank you!

Thank you to all the individuals who stopped to share their honest thoughts, and to the military and community groups and organisations that supported this project. Thanks also to our four volunteers who led this project with such commitment, and to our wider team of volunteers who gave their time to take part.

# Recommendations

In light of what we heard we'd like to make the following recommendations:

- Provide more opportunities for health and care services who have contact with the military and their families to learn about the socio-economic pressures of a transient lifestyle, frequent lone-parenting, isolated housing and transport issues which characterises the military experience.
- Look at ways to increase the speed of transfer of records by making better use of digital technology. For health services to consider how waiting list positions are transferred when military families move into Wiltshire.
- The Ministry of Defence (MOD) and BaNES, Swindon and Wiltshire Clinical Commissioning Group (CCG) should jointly undertake further study to ascertain the wider scale of the shortage of NHS dentists and take the necessary remedial action. The MOD could investigate capacity within their own dental services to treat dependants, and consider the information supplied about finding a local emergency dentist.
- Create an information pack for service leavers and military families informing them of health and care services in Wiltshire, including any armed services provision that is available to newly returned families.
- Better access to mental health services and better support for serving members, veterans and military family members to be considered as part of any mental health transformation in Wiltshire.
- Ensure that health services identify military family members and veterans (primary care, dentists, ambulance services, mental health services, hospitals) so that trends and themes can be monitored.
- The Armed Forces Covenant should be shared with GP practices and hospitals with reference to position on a waiting list on transfer – encourage healthcare services to sign up the Covenant and receive recognition for doing so. In heavily populated military areas consider a military champion in each Primary Care Network.
- Healthwatch Wiltshire to investigate social isolation and the experience of children and young people in military families.

## What will do with this information?

We will share this report with our stakeholders across Wiltshire who are involved in supporting and providing services to military families, so they can use these findings to consider what is working well and what could be improved. These include military organisations, Wiltshire Council, the CCG, NHS services and voluntary sector organisations.

# Appendix

## Military families' experience of Health and Social Care Transition

Healthwatch Wiltshire would like to hear your views about using NHS services.

Healthwatch Wiltshire is the independent champion for people using health and care services in Wiltshire. We listen to what people like about services and what they think could be improved and share their views with those who have the power to make change happen. The results of this survey will be collated and put into a report. All responses will be anonymised, and no individuals will be named in the report. The report will be used to influence the way the service further develops.

We'd appreciate it if you could take a few minutes to answer these questions.

### Access

1. Are you in any way associated with the military?
  - Yes
  - No
  
2. Are you:
  - A serving member (if yes go to Q 11)
  - Spouse
  - Child of
  - Other \_\_\_\_\_
  - Veteran
  
3. How long have you lived in Wiltshire?
  - 0-3 months
  - 6-12 months
  - 1-2 years
  - 3-5 years
  - 5-10 years +
  
4. Are you registered with a GP?
  - Yes
  - No

If yes, which surgery are you registered with?
  
5. How did you find the process of registering with a GP?
  - Very easy
  - Fairly easy
  - Neither easy nor difficult
  - Fairly difficult
  - Very difficult

6. Do you have any other comments about your GP surgery?

7. Are you registered with a Dentist?

- Yes
- No

If yes, which Dental practice are you registered with?

8. Are you registered as an NHS or Private patient?

- NHS
- Private
- Not sure

9. How did you find the process of registering?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

10. Do you have any other comments about your dental practice?

11. Have you tried to access any other healthcare services? E.g. Physiotherapy; Dietician; Pharmacist; Optician; Podiatrist. Please state which services.

12. If yes, how did you find the process?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

13. Do you have any other comments about other healthcare services?

### **Continuity**

14. Has the care of you or your family been interrupted by your move(s)? for example health records mislaid/not transferred; long term health conditions; assessments interrupted

- Yes
- No

15. If yes, please give details

16. How do the health services in Wiltshire compare to those in your previous home?

### **Social Care**

17. Have you tried to access Wiltshire Social Services for Adults?

- Yes
- No

18. If yes how did you find the process?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

19. Have you tried to access Wiltshire Social Services for Children?

- Yes
- No

20. If yes how did you find the process?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

21. Do you have any other comments about Wiltshire social services for adults or children?

## **Mental Health**

22. Would you know how to access mental health services if you or your family needed support?

- Yes
- No

23. Have you ever needed to access these services?

- Yes
- No

24. If yes, which service have you used?

25. How easy was it to access this service?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

26. Do you have any other comments about mental health support?

27. How does your experience of mental health services in Wiltshire compare to where you lived before?

28. Overall, how did you find the transition from NHS services in your previous home to NHS services in Wiltshire?

- Very easy
- Fairly easy
- Neither easy nor difficult
- Fairly difficult
- Very difficult

29. Could anything have been improved?

30. Are there any other aspects about your health and wellbeing needs that you would like to tell us?

About you:

It's important that we hear from a diverse group of people. We ask some questions about you so that we can identify any issues that affect different groups of people. This information is anonymous, and you do not have to answer any questions if you don't wish to.

1. Please tell us the town or village you live in?

.....

2. Are you?

- Male
- Female
- Prefer to use my own term .....
- Prefer not to say

3. Is the gender different to the gender you were assigned at birth?

- Yes
- No
- Prefer not to say

4. Do you have a religion or belief?

- Buddhism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- No religion
- Prefer not to say
- Other .....

5. What is your age?

- Under 18
- 18 - 24
- 25 - 34
- 35 -44
- 45 - 54
- 55 – 64
- 65 – 74
- 75 – 84
- 85 +
- Prefer not to say

6. Are you?
- Bisexual
  - Gay/lesbian
  - Heterosexual/straight
  - Asexual
  - Pansexual
  - Prefer to use my own term .....
  - Prefer not to say
7. Do you care for someone who needs extra support day to day?
- Yes
  - No
8. Do you consider yourself to have a health condition or disability?
- No
  - Mental health condition
  - Visual impairment
  - Hearing impairment
  - Learning disability
  - Physical or mobility disability
  - Prefer not to say
9. How would you describe your ethnic group?
- African
  - Arab
  - Bangladeshi
  - Black British
  - Caribbean
  - Gypsy or Irish Traveller
  - Indian
  - Pakistani
  - White British
  - White Eastern European
  - Any other white background .....
  - Any other mixed background .....
  - Other .....

The results will be collated and put into a report. All responses will be anonymised, and no individuals will be named in the report.

If you would like to be added to our mailing list, please provide your email or postal address:





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