

Veterans' Experiences of Accessing Healthcare

Veterans' Experiences of Accessing Healthcare in
Shropshire

Engagement period August 2025
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We are very grateful to all those who took the time to share their experiences with us.

If you have an experience to share about the issues raised in the report please do not hesitate to get in touch, [Share your views | Healthwatch Shropshire](#)

About Healthwatch



Healthwatch Shropshire is your local health and social care champion.

If you use GPs and hospitals, dentists, pharmacies, care homes or other support services in your area, we want to hear about your experiences. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care. We can also help you to find reliable and trustworthy information and advice. Last year, the Healthwatch network helped nearly a million people like you to have your say and get the support you need.

We work to make your voice count when it comes to shaping and improving services. We use a variety of methods to find out what people like about services, and what could be improved and we share these views with those with the power to make change happen. Our reports go to:

- the organisations who provide services
- the commissioners who pay for services (e.g. Shropshire, Telford and Wrekin Integrated Care Board, Shropshire Council)
- service regulators (the Care Quality Commission, NHS England)
- our national body Healthwatch England to let them know how local services are working in Shropshire, Telford and Wrekin

We are not experts in health and social care. The engagement methods we use include surveys, focus groups and just a call for people to share their experiences of a particular service or issue with us over the phone, by email, through our website or when we meet them face-to-face.

Context

Healthwatch Shropshire exists to listen to people's experiences of health and care services and to use what we hear to help improve services.

Since we were established in 2013, we have worked with those supporting members of the armed forces, veterans and their families in Shropshire to make sure they are aware:

- of the range of services Healthwatch Shropshire provide, including information and signposting
- that we want to hear their views and experiences of using health and social care services and that their voice counts
- of what they are entitled to as a member of the armed forces community

We are also signatories of the [Armed Forces Covenant](#), brought into law by the Armed Forces Bill (2021).

What is the Armed Forces Covenant

The Armed Forces Covenant is a promise that together we acknowledge and understand that those who serve or have served in the Armed Forces, and their families, including the bereaved, should be treated with fairness and respect in the communities, economy, and society they serve with their lives.

Its two principles are that, recognising the unique obligations of, and sacrifices made by, the Armed Forces:

- Those who serve in the Armed Forces, whether Regular or Reserve, those who have served in the past, and their families, should face no [disadvantage](#) compared to other citizens in the provision of public and commercial services.
- [Special consideration](#) is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

The census data (2021) for Shropshire shows there are 14800 veterans living in Shropshire and 6,285 in Telford.

The Armed Forces Covenant includes legal duties for NHS service providers ([Covenant support for Service leavers and Veterans: Healthcare - Armed Forces Covenant](#))

supported by statutory guidance:

[Armed Forces Covenant Duty Statutory Guidance.pdf](#)

Anyone leaving the armed forces or already a veteran should visit the Government Website: [Support for veterans and their families - GOV.UK](#)

To 'Find support for UK armed forces veterans and their families, including help with finance, healthcare, employment, housing, social care and more.'

We know that veterans can face unique challenges when moving from military to civilian healthcare, particularly around identification as a Veteran, access, continuity of care, transfer of medical records and understanding of entitlements.

Veteran Friendly GP Practices

43 GP Practices across Shropshire, Telford & Wrekin have signed up to be accredited under this [scheme](#).

'By becoming a Veteran Friendly practice, staff will have a better understanding of veteran needs, veterans will feel more confident that your GP team will understand their needs, and more veterans may join your practice as a result.' [Course: Veterans' Health Hub | RCGP Learning](#)

'A [Veteran Friendly accredited GP practice](#) will:

1. Ask patients registering with a surgery if they or anyone in their immediate family has ever served in His Majesty's Armed Forces.
2. Code it on the GP computer system. There are 5 SNOMED codes that GP are recommended to use.

3. Have a clinical lead on veterans in the surgery. This should be a registered health care professional, but could be a nurse or paramedic, not just a GP.
4. Have the clinical lead undertake dedicated training, attend NHS Armed Forces network meetings, stay up to date with the latest research and innovations and ensure that the practice is meeting the health commitments of the Armed Forces Act. They should also be available to provide advice to colleagues, as well as possibly seeing veterans themselves.
5. Eligible practices should have a CQC 'good' rating or higher.

Accreditation is valid for 3 years and once achieved, this will mean that GP practices will be able to improve the identification and coding of these individuals, with a linked aim of further increasing the understanding of their health requirements and improving their care and treatment.'

At the time of publishing this report the Armed Forces Outreach Coordinator for Shropshire is continuing to work with GP practices to advise them on the need to identify veterans and members of the armed forces community, what it means and how it can help. They are also talking to the veterans to ensure they understand that being identified as a veteran does not give priority to something that is not as a result of their service.

'Veteran Aware'

The publication of the Government's 10 Year Health Plan coincided with the Veterans Covenant Healthcare Alliance (VCHA) supporting

'...the national rollout of the NHS Armed Forces healthcare training and education programme. This programme aimed to equip NHS staff across England with the knowledge and skills needed to deliver high-quality, inclusive care for members of the Armed Forces community. It included a range of training modules, educational resources, and guidance for clinical and non-clinical staff, ensuring that the needs of the Armed Forces community were understood and met consistently across all services.'

The VCHA a group of NHS providers, including acute, mental health, community, and ambulance trusts that have agreed to model the best care for, and support to, the Armed Forces community.

'Veteran Aware accreditation supports meeting these legal requirements and all NHS trusts in England are now Veteran Aware accredited, as are an increasing number of independent healthcare providers. These providers are working to help drive improvements in care for people who serve, or who have served, in the UK Armed Forces, and their families.' [Background – Veterans Covenant Healthcare Alliance](#)

Definition of 'veteran'

According to the Gov.UK website:

'Veterans are defined as anyone who has served for at least 1 day in His Majesty's Armed Forces (Regular or Reserve) or Merchant Mariners who have seen duty on legally defined military operations. The 2021 Census shows that there are 1.85 million veterans in England and Wales (3.8% of the over 16 population), with around 2 million estimated across the whole of the UK.' [10 things to know about veterans and their families: desk aid – GOV.UK](#)

It is important to remember that not everyone identifies themselves as a veteran, preferring the terms 'service leaver' or 'ex-armed forces'. For ease of reference, the term 'veteran' is used in this report.

Summer 2025, the Government announced the abolition of Healthwatch England and the National Healthwatch Network as part of their [10 Year Health Plan for England: fit for the future – GOV.UK](#) so we decided to do a focused piece of work to conclude our long standing engagement with this group and find out if they had noticed that their local NHS services are 'Veteran Aware' and if it is having an impact on their experiences of care and treatment.

What we did

Project background

In August 2025, Healthwatch Shropshire worked in partnership with Shropshire Council's Armed Forces Outreach (AFO) team to hear directly from veterans about their experiences of accessing healthcare locally. This report sets out what veterans told us, the themes that emerged, and the learning for local health and care systems.

This work formed part of *Armed Forces Outreach August*, delivered jointly by Healthwatch Shropshire, staff and volunteers, and the Shropshire Council Armed Forces Outreach team. The project aimed to capture the lived experiences of veterans accessing healthcare across Shropshire.

How we gathered views

- **Method:** Face-to-face engagement
- **Who:** Veterans accessing Armed Forces Outreach sessions
- **When:** July–August 2025
- **Where:** Community venues across Shropshire, including Shawbury, Shrewsbury, Bridgnorth, Oswestry, Tern Hill and RAF Museum Cosford

Healthwatch Shropshire staff attended every scheduled AFO session during August, creating opportunities for informal but detailed conversations.



How we analysed the comments people shared with us

In addition to describing who we heard from, Healthwatch Shropshire undertook a light-touch thematic analysis of the comments collected.

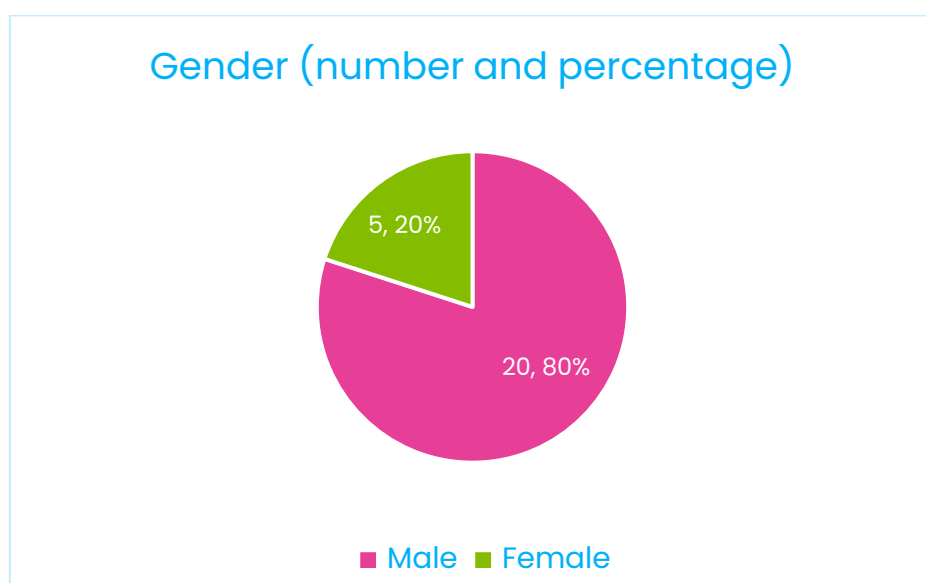
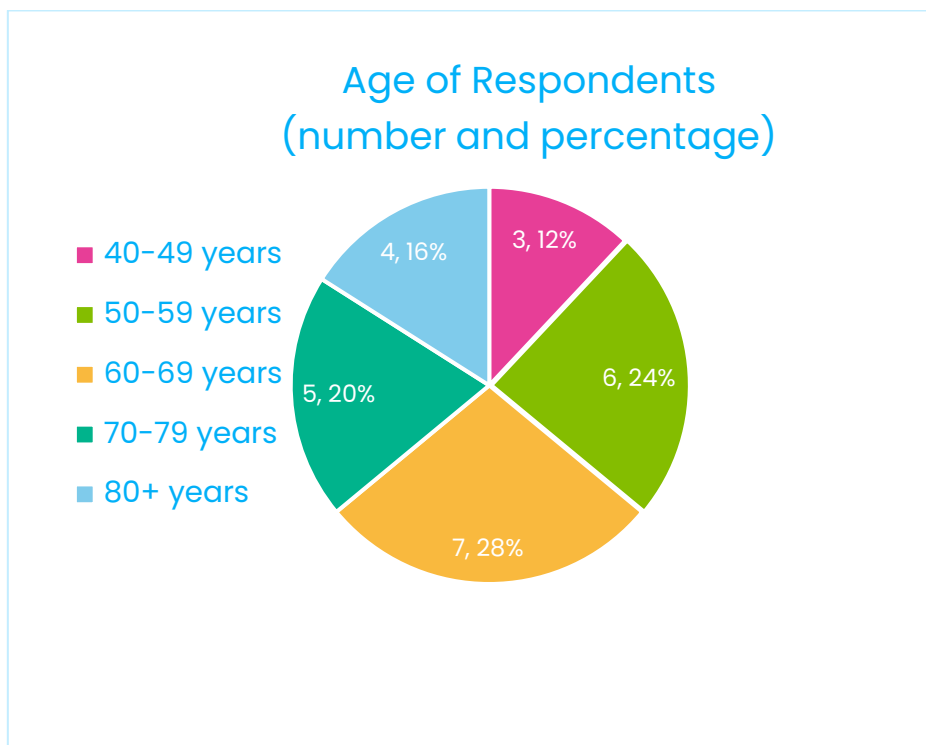
- Each **individual comment** was reviewed and coded against a set of key themes relevant to veterans' access to healthcare.
- A single comment could be coded to **more than one theme** if it referenced multiple issues
- Percentages are calculated using the **total number of comments (n=25)** rather than the number of themes, in line with Healthwatch reporting practice.

This approach allows us to show which issues were raised most frequently, while recognising the complexity of people's experiences.

Who we heard from

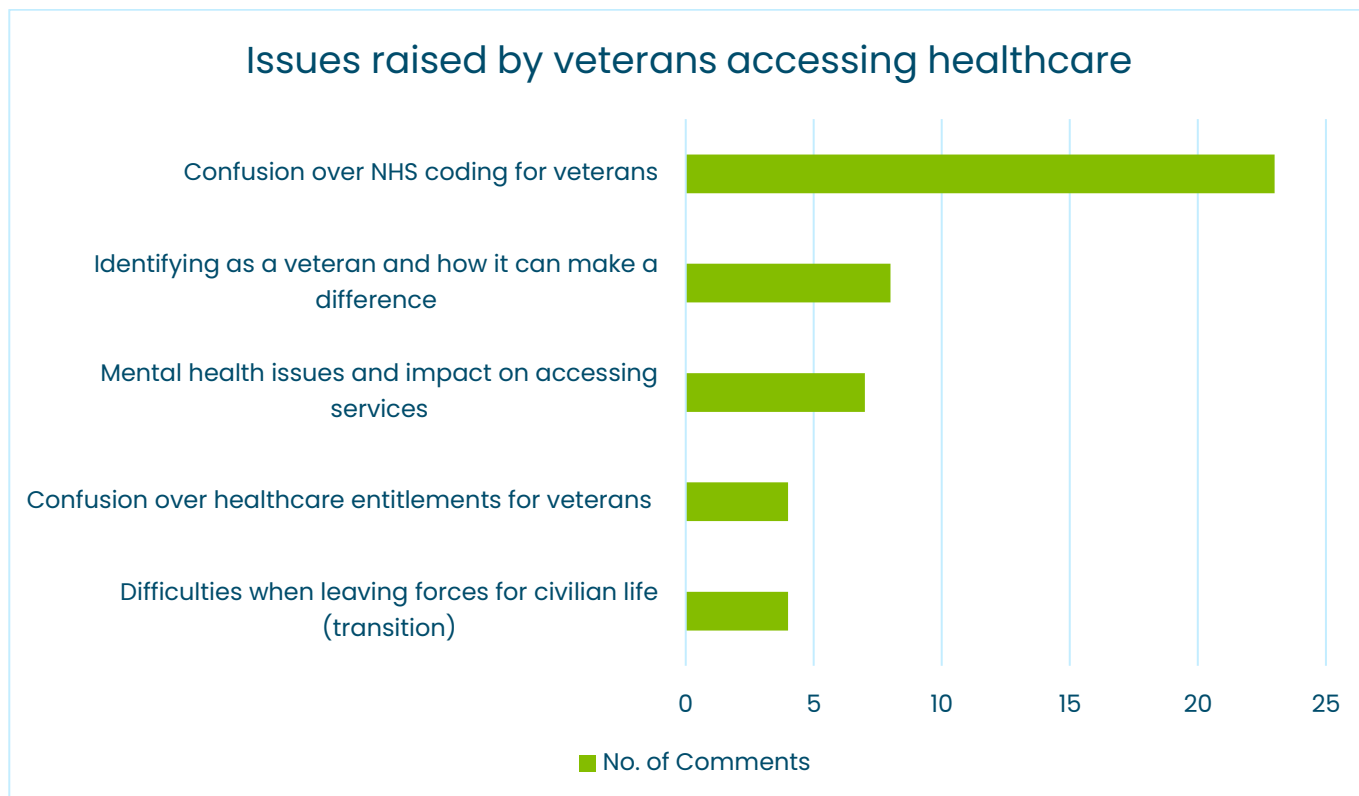
We heard from **25 veterans** during this focused period of engagement. Some comments also reflected the experiences of spouses and widows, but this report focuses on the veterans' experiences of accessing healthcare.

Age range of veterans who took part:



What people told us

The experiences the veterans shared with us highlighted some clear issues:



One Veteran shared:



“I found the other day as I needed to check my medical records that my veteran status and PTSD diagnosis was right at the top of my medical record, it was great to see.

I think there are still problems with the communication between the GP and hospitals. I don't know if this status on my GP record would be seen by hospitals, but I have heard that it could help me get access to certain treatments and care.

It would be really good to have a system that works and communicates as no one wants to introduce themselves as a diagnosis."

Another told us:



"When it works it's fantastic but there are just these little nuances that need improving".

Veteran

Key findings

- 1. People reported that they did not understand why they should identify as a 'veteran' when trying to access NHS services and some of those who had self-identified said they had seen no impact on their experience of care and treatment**

The strongest and most consistent theme was confusion around *why* veterans should identify themselves to their GP and what difference it makes.



"I have never noticed anything different or been treated differently since telling them I was a veteran."



"The first time I was in hospital they asked me if I was a veteran and that was passed on throughout my stay but the second time I was in, no one asked."

However, some veterans reported **positive experiences**, where identifying as a veteran appeared to help referrals or access:



"I did identify myself as a veteran and it has seemed to have worked for me... I think it helped the ball get rolling a bit smoother."

Several veterans told us they had **never been asked** whether they were a veteran, even when services should have known:



"He was not asked if he was a veteran when he was first admitted even though it should have identified him on his medical records."

This mirrors findings from other Healthwatch reports nationally, which highlight that relying on veterans to self-identify creates gaps.

The [NHS website](#) explains:

'All veterans, service leavers, non-mobilised reservists, and their family members and carers can access a range of specialist healthcare and support created to provide treatment and care for many different problems.

Registering [with a GP] as soon as you leave the armed forces instead of waiting until you need treatment means you may be able to access treatment faster.


[Sharing information from your Military Medical Officer] will help your GP to better understand your health, including any health problems related to your service. It will also help make sure you're referred to dedicated services for veterans, where appropriate.'

2. Veterans said they did not understand the value of different NHS codes as it seems unnecessarily confusing for them and professionals.

Many veterans were aware that there are military or veteran codes within GP systems, but felt these were poorly understood or inconsistently used.

Veterans described:

- Not knowing which code applied to them
- Codes changing over time
- Hospital clinicians not recognising or understanding codes

 "In the past I have seen all the details for the different codes for serving personnel and families, but I don't think many of the GP practises use them because in some ways it gets too complicated and I'm not being funny, but does a GP need to know that somebody served in the Navy or the Army? They just need to know they're a veteran really." Veteran

We also heard from people who didn't know the purpose of the codes and their relevance:

"YJ' doesn't mean nothing... we haven't got a clue what that means."

There was a strong feeling that **overly complex coding undermines the purpose:**

"If you go down that minefield of all those different codes, it just loses the purpose and meaning of it all."

Veterans consistently said that simply recording someone as a 'veteran' would be more meaningful than multiple sub-codes.

The Healthwatch Shropshire volunteer who supported us with this work is a veteran himself and he reported:

I spoke to several veterans during visits to a number of outreach events across North Shropshire. Of the Veterans that I spoke to the majority were unaware of coding that should be annotated on their GP medical records, or they were aware of it but felt that the coding had no effect on them accessing priorities at their respective practices. There does appear to be a disjoint regarding pre-discharge advice not being provided to veterans informing them the coding... facilitates the recording and exchange of patient information, including veteran status. This enables healthcare providers to apply existing priority of care policies that are linked to Service-related conditions, which in turn allows for the proper identification and referral for priority care as mandated by agreements such as the Armed Forces Covenant.

On reviewing the NHS website it is clear that these codes are there to support 'veteran friendly' or 'veteran aware' service providers to meet their needs.

The [NHS website](#) explains:

'Some GP surgeries and NHS trusts, such as hospitals and ambulance services, have staff trained to be aware of health problems that veterans might face.

These are called veteran friendly GP practices and veteran aware NHS trusts.

They're designed to better support you with your healthcare in many ways, including: having staff trained to treat health problems that commonly affect veterans, having knowledge of specialist NHS services designed specifically for members of the armed forces

According to the information on a [local authority](#) website:

'It is important to note that these codes will only kick in if your issue is related to military service. If not, the Armed Forces Covenant does not apply.

The Covenant states that veterans receive their healthcare from the NHS, and should receive priority treatment where it relates to a condition which results from their service in the Armed Forces, subject to need.'

3. Veterans told us that improved information sharing across NHS providers would be helpful e.g. between GPs and hospitals

A recurring concern was that veteran status, mental health diagnoses and service-related injuries were not always shared

Examples included:

- Long waits for treatment where veteran status was not recognised
- Hospitals unaware of PTSD diagnoses
- Veterans having to repeatedly explain their service history



"I wouldn't like to have to introduce myself as my diagnosis or my military GP code, I would rather just be seen as a person."

Veterans felt this lack of communication could delay care and increase distress, particularly for those with mental health needs.

4. Veterans described a range of experiences of mental health services, including a lack of access to support when it is needed

 "I don't know if I just slipped through the net or something. I didn't know anything about identifying myself to my GP or having a code next to my name on my medical records. Perhaps maybe it was me and the state of my mental health. Perhaps I disconnected from it all".

Some veterans spoke very positively about local mental health services:

"Mental health services up here, I was very grateful... they were very, very good."

However, concerns remained about:

- Whether PTSD diagnoses are visible across services
- Having to repeatedly disclose traumatic experiences
- Reliance on individuals to advocate for themselves

Veterans stressed that systems should not depend on people being well enough to navigate them.

The [NHS website](#) explains that identifying as a veteran will mean you can access specialist services, e.g.

Op COURAGE: The Veterans Mental Health and Wellbeing Service

Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families.

How Op COURAGE can help:

Op COURAGE can help you and your family with a range of support and treatment, including:

- helping you transition from military to civilian life by providing mental health care with Defence Medical Services (DMS)
- helping you recognise and treat early signs of mental health problems, as well as more advanced mental health conditions and psychological trauma
- providing support and treatment for substance misuse and addictions
- helping you to access other NHS mental health services if you need them, such as [finding an NHS talking therapies service](#) and eating disorder services
- liaising with charities and local organisations to support your wider health and wellbeing needs, such as help with housing, relationships, finances and employment
- supporting armed forces families affected by mental health problems, including helping them to access local services

No-one we spoke to specifically told us they had experience of this service, although some might be eligible.

5. Lack of awareness amongst veterans about what support they are entitled to and mixed messages from professionals

Several veterans described confusion about healthcare entitlements, particularly:

- Prescription exemptions linked to War Pension or Armed Forces Compensation Scheme
- Differences in knowledge between staff



“Some [professionals] know about it, and some don’t, and that’s the problem.”

Veterans felt this inconsistency placed the burden on them to challenge decisions, something not everyone feels able to do.

6. Veterans highlighted difficulties in accessing services when in the process of transitioning from military service to civilian life

Veterans who had left service more recently described gaps during transition, including:

- Being unable to register with a GP while still technically serving
- Military services no longer providing care
- Being unwell with no clear access to support



“Neither of them would help me... I had to deal with being ill all on my own.”

This highlights a risk period where individuals can fall between systems.



“I have never been asked if I am a veteran and we have a GP who is ex-military.”

Summary of findings

- Veterans' experiences of healthcare access in Shropshire are mixed, ranging from very positive to highly frustrating.
- Identification as a veteran is inconsistent and often relies on individuals disclosing their service history.
- Military and veteran coding is complex, poorly understood and inconsistently applied.
- Communication between GP practices and hospitals does not reliably pass on veteran status, mental health diagnoses or service-related injuries.
- Veterans value local mental health services but are concerned about repeating traumatic experiences and gaps in information sharing.
- Lack of clarity around healthcare entitlements, including prescription exemptions, places the burden on veterans to find out for themselves what is available to them and challenge decisions.
- The point of discharge from service represents a significant risk of falling between military and civilian healthcare systems.

Learning and recommendations

Based on what veterans told us, Healthwatch Shropshire recommends the following actions:

1. Make asking about Armed Forces service routine

- GP practices, hospitals and community services should **routinely ask**: "Have you ever served in the Armed Forces?"
- This question should be asked at registration, admission and key clinical interactions, rather than relying on self-disclosure.

2. Simplify how veteran status is recorded

- Health systems should prioritise **clear, consistent recording of veteran status**, rather than multiple complex sub-codes.
- Information recorded should be meaningful and visible across services.

3. Improve communication between GP and hospital services

- Veteran status, service-related injuries and mental health diagnoses should be **reliably shared** when referrals are made.
- This would reduce delays, duplication and the need for veterans to repeatedly explain their history.

4. Strengthen understanding of veterans' entitlements

- GP practices, pharmacies and frontline staff should receive **clear guidance** on veterans' healthcare entitlements.
- Veterans should be given **clear, accessible information** so they understand what they are entitled to and why.

5. Support veterans during transition from service

- Transition processes should ensure there is **no gap in access to healthcare** when individuals leave the Armed Forces.

- Clear guidance should be provided about GP registration, medical records transfer and entitlements.

6. Build on what works locally

- Positive feedback about local mental health services and Armed Forces Outreach highlights the value of **specialist knowledge and lived experience**.
- This learning should be shared more widely across the local health and care system.

Conclusion

Veterans in Shropshire value the care they receive and the dedication of many professionals, but too often experience confusion, inconsistency and reliance on self-advocacy. Improving how veterans are identified, how information is shared, and how entitlements are explained could make a significant difference to access, experience and outcomes.

When systems rely on veterans to self-identify and self-advocate, those who are unwell, isolated or living with mental health conditions are least likely to benefit from the support available.

Healthwatch Shropshire will share these findings with local health and care partners to support improvements for those who have served.


Thank you


Healthwatch Shropshire would like to thank everyone who has contributed, supported and been involved with this project. Sharing your feedback with us has allowed us to understand how the services are being received, what works well and what needs improvement.

The Armed Forces Outreach Team said:

"... What an absolute pleasure it has been having Healthwatch Shropshire join us at all the Armed Forces Outreaches throughout the month of August. The armed forces community are not always the easiest to build trust with, and they have their own language and humour, but I have seen [your staff member's] engagement and confidence grow and they have drawn her into the group and the conversations. [She has been] privy to conversations that may be very raw, where individuals feel they are in a safe place to talk. Each of the sessions are different and she has had the opportunity to get a good overview and understanding of concerns within the armed forces community. [Your volunteer] acting as a wing man on occasion has also been very worthwhile as he brings so much to the table too [as someone who has also served in the RAF and is a veteran]. I look forward to the report and findings. For the community to feel listened to is invaluable. Healthwatch Shropshire are always more than welcome to join us at any of our sessions moving forward. Many thanks for your continued support.

Feedback about the work of the Armed Forces Outreach lead from veterans included:

 "She has been wonderful, her whole organisation has been wonderful. She has been trying to teach [local hospitals] about us."

 "We are very lucky to have Sarah, she is so good to us all, she is better than family."

NHS Shropshire, Telford & Wrekin response

Healthwatch Shropshire received the following response to this report and recommendations from the Armed Forces Executive Lead from NHS Shropshire, Telford & Wrekin and NHS Staffordshire and Stoke on Trent (a serving Medical Officer in the Army for 23 years, a veteran for the last 26 years and a senior medical officer in the NHS).

Shropshire, Telford and Wrekin Integrated Care Board (ICB) welcome this helpful, detailed, and insightful report from Healthwatch Shropshire. It included a useful reminder, which may surprise many readers, that there are nearly 2 million veterans in UK who make up around 4% of the country's population aged over 16. Of course, given that the purpose of the Armed Forces Covenant focusses, not just on the individual veteran but also on serving individuals and their families, the percentage of the population covered by the provisions of the Covenant will be much higher than 4% and therefore form a significant minority group with some very specific health needs.

The ICB notes and supports the six recommendations made in the report. While there is always much more that could be done in the background at a national level by DHSC, NHSE and MoD to ensure there is no gap in healthcare provision when leaving military service, the key work of these bodies working together must be focussed on ensuring there is much better understanding by both veterans and healthcare providers, including primary care, of veteran healthcare entitlements (what they are and what they aren't) in the NHS and what the opportunities are to access specific, targeted support for veterans for service-related issues. It is also surprising in this digital age that veteran status cannot be easily recorded at the point of transfer from military service to the NHS without needing to rely on complicated sub-coding or veterans to self-disclose. It should not be left solely to the veteran to ferret out snippets of information or for the GP to try to understand complicated sub-codes.

More locally, the clustered ICBs of Shropshire, Telford and Wrekin, Staffordshire and Stoke-on-Trent will continue to promote the importance of our Trusts being accredited as Veteran Aware and our GP Practices being accredited as Veteran Friendly. We will continue to remind and work with these organisations and practices to ensure that accreditation is not just a checklist tick box but that accreditation brings a responsibility to seek out and identify veterans as well as a responsibility to be aware of their potential specific service-related needs and what opportunities there are for those to be addressed.

Finally, the last recommendation to “build on what works locally” is fundamentally important and the clustered ICBs will commit to continuing to do that through its engagement with NHS Trusts and Primary Care (including pharmacies, dentists and opticians as well as general practice), local authorities, and VCSE organisations generally and military charities or groups more specifically.

Useful links

The following links were referenced during the project and may be useful for veterans, health professionals and commissioners:

National guidance and support

- [GOV.UK: Support for veterans](#)
- [GOV.UK: Veteran ID card](#)
- [NHS: Healthcare for the Armed Forces community](#)
- [NHS: Step-by-step guide for service leavers](#)
- [NHS Help with Health Costs \(War Pension / AFCS\)](#)

Information for professionals

- [Royal College of GPs: Improve health outcomes for veterans](#)
- [GOV.UK: Accessing military medical records \(for GPs\)](#)
- [Ministry of Defence: Request for Medical Records \(FMed133\)](#)

Healthwatch reports and learning

- [Healthwatch Wiltshire: The health needs and experiences of military families](#)
- [Healthwatch Essex: Healthcare experiences of the Armed Forces community](#)
- [Healthwatch Essex: Remember what they sacrificed](#)
- [Healthwatch Bedfordshire: Serving those who served](#)
- [HW Kent report Aug 2025 - A local perspective on how support for veterans evolves after discharge from service](#)
- [Healthwatch Wakefield: 'Have you asked?'](#)
- [Healthwatch Hertfordshire: Improving healthcare access for veterans](#)
- [HWE article November 2025 'Supporting veterans to live well'](#)
- [HWE article November 2024 'Hidden struggles: veterans' experiences of NHS care'](#)

Local support

- [Shropshire Council Armed Forces Outreach Project](#) – supporting serving personnel, veterans and their families across Shropshire



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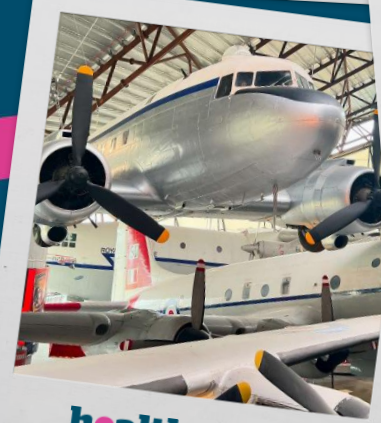
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