

Dentistry and the Armed Forces Community Briefing

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There are statutory requirements for those working in the NHS and Local Authority in respect of the Armed Forces Community. A greater understanding of the specific statutory requirements and needs has been developed by the existing Senior Leadership Team for the Sussex Armed Forces Network since the inception of the Network in 2011 and now working in Kent and Medway. This has been achieved through close working with this hard to reach community, Armed Forces charities and the MOD. In addition to the statutory requirements, there is also a moral obligation which must be addressed to meet the specific needs identified for this community of regular serving personnel, reservists, veterans and their families. All commissioners and providers must ensure the Armed Forces Community are treated fairly and not disadvantaged in their day-to-day lives, preventing any harm.

1. The Armed Forces Covenant

The Military Covenant is a promise from the nation to those who have served and their families. On 3rd November 2011 The Military Covenant was enshrined in law and put into the Armed Forces Act.

What this means to a health professional is that we need to offer ex-service personnel (Veterans) 'Priority Treatment'.

The Covenant states;

*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 clinical need**. Those injured in Service, whether physically or mentally, should be cared for in a way which reflects the Nation's moral obligation to them whilst respecting the individual's wishes. For those with concerns about their health, where symptoms may not present for some time after leaving Service, they should be able to **access services with health professionals who have an understanding of Armed Forces culture**.*

In simple terms this means that if a veteran is suffering from a health condition that can be attributed to their military service then they should be given priority treatment. However to prioritise this does not mean they would just jump to the front of the queue. If people already waiting have a clear clinical need they should be prioritised, but if those waiting have an equal clinical need then the veteran should take priority.

2. The NHS Constitution

From July 2015, the NHS Constitution was updated and now states:

The patient will be at the heart of everything the NHS does. ... As part of this, the NHS will ensure that in line with the Armed Forces Covenant, those in the armed forces, reservists, their families and veterans are not disadvantaged in accessing health services in the area they reside.

3. Who are the Armed Forces Community?

Former Personnel, Ex-Service Personnel or Veteran are all terms that can be used to describe someone that has served in any of the three branches of the British Armed Forces.

The Military Covenant states that;

The Armed Forces Community includes:

Regular Personnel – Individuals who are currently serving as members of the Naval Service (including the Royal Navy and Royal Marines), Army or Royal Air Force.

Reservists – Volunteer Reservists, who form the Royal Naval Reserve, Royal Marine Reserve, Army Reserve (Territorial Army) and the Royal Auxiliary Air Force, and Regular Reservists, Regular Reservists are ex regular service personnel who on leaving the regular services have a reserve commitment.

Veterans/Ex Service Personnel/Former Service Personnel – Those who have served for at least a day in HM Armed Forces, whether as a Regular or as a Reservist and those who have completed National Service; also includes the Merchant Navy. How an individual leaves the services, whether due to disciplinary, medical or any other reason it does not alter a service leaver's status as a veteran.

Merchant Navy – 'Anyone who has served on a commercial vessel at a time when it was operated to facilitate legally defined UK military operations by HM Armed Forces' and these personnel be called "UK Merchant Seafaring Veterans"

Families of Regular Personnel, Reservists and Veterans – The immediate family of those in the categories listed above. This is defined as spouses, civil partners, and children for whom they are responsible for, but can where appropriate extend to parents, unmarried partners and other family members.

Bereaved – The immediate family of Service Personnel and veterans who have died, whether or not that death has any connection with Service.

4. Serving Personnel

Regular serving personnel should have their dental needs covered by the Defence Medical Service (DMS). However, Reservists will need to be registered with their local dentist for their dental care as the DMS will only cover dental care for Reservists whilst they are deployed.

5. Serving Personnel Families

The families of serving personnel whether regular or reserve will be registered with their local dentist. The Armed Forces Covenant comes into play when serving personnel are transferred to a different area and their family moves with them.

Accessing NHS Dentists can be difficult with some practices having long or closed waiting lists for new NHS patients. Dental Practices can support their local Armed Forces community by asking the question "Have you or a member of your immediate family ever served in the British Armed Forces?" By knowing this information it will enable practices to give priority to those families of service personnel who have been relocated to have access to NHS treatment. This also applied to members of the British Armed Forces who are transitioning out of service and require dental treatment wherever they choose to settle. This therefore enables dental practices to ensure that they are applying the Armed Forces Covenant.

6. Reservists

It is acknowledged that regular check-ups are part of most dental practices agreements to keep patients on their books. However, a Reservist may be deployed for 6 months or more meaning that they may not be able to maintain their check-ups. They will, however, need to know that they haven't lost their place with their dentist and this is another way for dental practices to support the Armed Forces community by allowing Reservists to stay on their books for longer without a check-up.

7. Orthodontics

A veteran who has received dental injuries as a result of their service in the British Armed Forces is eligible for priority treatment if orthodontic treatment is required.

When making a referral, the following wording should be added:

"As this patient is a military veteran and his (or her) current condition may be related to military services, this referral should be considered for priority treatment under the rules set out in the Commissioning Board Mandate, NHS constitution and Armed Forces Covenant"

This also applies to children of serving personnel who require orthodontic treatment, whose place on the waiting list may be affected by their parents being transferred. In which case, it is recommended that the following wording is used:

“As this patient is the spouse/child of currently serving military personnel his (or her) current condition should be considered for priority treatment under the rules set out in the Commissioning Board Mandate, NHS Constitution and Armed Forces Covenant. Due to moving of the family they should not be disadvantaged.”

Dental practices are encouraged to refer family members even if the practice is aware the patient will be moving shortly. This will enable the patient to enter system and maintain their place on any waiting list for treatment regardless of where they are located; ensuring that they are not disadvantaged. Having to start again in a new location would mean that the patient is being disadvantaged due their partner’s/parent’s service in the British Armed Forces.

See NHS Orthodontic Transfer Information AF Leaflet for more detailed information (appendix 1).

8. Prescriptions and Free NHS Dental Treatment

Veterans in receipt of a War Disablement Pension or an award under the Armed Forces Compensation Scheme are entitled to free NHS Prescriptions for injuries or illnesses accepted as being due to service.

This also applies for dental treatment when the patient is in receipt of the War Pension Scheme or the Armed Forces Compensation Scheme if the treatment is for the veterans accepted disability. The patient should make a claim by writing to:

The Treatment Group
Veterans UK
Norcross
Blackpool
FY5 3WP

Or phone: 0808 1914218

The War Pension Scheme and the Armed Forces Compensation Scheme should not be included in any means testing.

Veterans

Veterans/ex-service personnel should be encouraged to join local NHS practices. They may be entitled to receive reduced costs. In addition, if they have had any damage to their teeth due to their service in the British Armed Forces, they may be entitled to priority dental treatment and access to support.



NHS Orthodontic Transfer Information for Armed Forces and their Families

NHS Orthodontic Transfer Information for Armed Forces and their Families

Armed Forces entitlement

The Armed Forces Covenant is a “promise from the nation that those who serve or have served, and their families, are treated fairly”.

Due to the transient nature of their role, the Armed Forces and their families should retain their relative position on any NHS waiting list if moved around the UK due to the Service Personnel being posted.

General Information

This guide is for use when patients request an orthodontic case transfer either within the UK or from abroad.

It is recognised that patients receive the best treatment outcome by completing their treatment under the care of one orthodontist.

NHS Orthodontic treatment can take between 18 months to over 2 years. The average length of time of treatment is 21 months.

Orthodontists with existing NHS contracts in England can accept a patient who has moved from another part of the country (or from overseas) who is already waiting for or undergoing NHS orthodontic treatment.

Most orthodontists operate two waiting lists; one for assessment and one for treatment. The assessment appointment will determine NHS eligibility e.g. whether a patient can be treated under the NHS and prioritise clinical need.

Transfers within the UK

[What if I am on a waiting list for orthodontic treatment and I move home within the UK?](#)

If a patient moves and needs to change orthodontists, the current orthodontist should discuss alternative orthodontic providers with the patient and arrange a direct referral to the preferred provider. As Armed Forces and their families should retain their relative position on the waiting list, the referring orthodontist should provide the date of the patient’s acceptance on their list to the new provider to ensure their relative position is retained.

What if I am receiving orthodontic treatment and I move home within the UK?

A patient should remain with their current orthodontist, if at all possible.

If the patient requests a transfer, the treating orthodontist should discuss alternative orthodontic providers with the patient and arrange a direct referral to the preferred provider to continue treatment.

Transfers from Abroad

General Information

Where a patient begins treatment abroad (not just EEA) and returns to the UK and is entitled to NHS care, NHS criteria is applicable and not the criteria from the country where they began treatment. The patient should have been under 18 at the point of referral, have had an Index of Treatment Need (IOTN) of at least 3.6 and have good oral health.

Patients can find information on who currently provides dental and orthodontic treatment on the NHS website (www.nhs.uk). Patients can enter their postcode and the treatment they require, and a list of practices will be displayed.

Patients should contact their preferred dental practice to arrange an initial appointment and discuss a referral to an orthodontist if appropriate.

Alternatively, your General Dental Practitioner may refer you to an orthodontist for their clinical opinion.

I have moved to the UK and have been on a waiting list for orthodontic treatment abroad. Can I access treatment?

Follow the general information which provides advice on how to find a local NHS dentist and orthodontist.

Upon referral, if the orthodontist deems that the patient meets NHS criteria, the orthodontist will agree the appropriate waiting time based on clinical need and the need to retain the patient's relative position on the waiting list. In order for the patient's relative position to be retained, it would be useful for the patient to provide evidence of how long they have been waiting for treatment (e.g. date of patient acceptance on overseas waiting list).

I have moved to the UK and have been receiving orthodontic treatment. How can I continue my treatment?

Follow the general information which provides advice on how to find a local NHS dentist and orthodontist.

Patients should arrange for their original patient records including study models, radiographs, photographs and notes to be provided so that an NHS orthodontist can confirm whether they would have

met NHS criteria on their original assessment date (i.e. that they were under 18, an Index of Treatment Need (IOTN) of at least 3.6 and have good oral health).

If the orthodontist feels that the NHS criteria would have been met, a course of treatment within the NHS can continue to be provided.

If the orthodontist does not feel that the NHS criteria would have been met, or original patient records are not provided, a course of NHS treatment will not be provided.

Further information

If you have any further queries concerning orthodontic transfers, the Customer Contact Centre is the point of contact for patients and their representatives wanting information about accessing primary care (GP, dental, optical and pharmacy services).

Any queries can be directed to NHS England's Customer Care Centre, as follows:

Telephone: 0300 311 22 33

Email: england.contactus@nhs.net