**The Veterans Universal Passport: A pilot of a health and social care record for UK ex-service personnel.**

**ABSTRACT**

**Background:** The transfer of care between different health and social care systems are often associated with poor outcomes and disengagement. Indeed, following the transition from military to civilian life, ex-service personnel report difficulties in navigating civilian health and social care services. Personal healthcare records are associated with a number of benefits, including improved continuity of care and patient empowerment. As such, this pilot project aimed to assess the benefits of the Veterans Universal Passport (VUP) in supporting UK ex-service personnel accessing NHS services.

**Methods:** In-depth semi-structured interviewed were carried out with eight participants (3 ex-service personnel, 2 carers, 3 health and social care professionals) who had used the VUP. Interviews explored the benefits, challenges and unmet needs associated with the VUP. A thematic analysis was used to identify themes within this framework.

**Results:** Participants felt that the VUP improved continuity of care and promoted a feeling of control over care. The military-specific nature of the VUP promoted a sense of identify and provided a ‘support scaffold’ for navigating the complexities of the civilian healthcare system. Challenges included awareness amongst health and social care professionals, and engagement of users. All participants suggested development into a digital application.

**Conclusions:** Findings suggest that the VUP had a positive impact on veterans access to civilian health and social care services, highlighting that it provided a much-needed structure to their journey through treatment. Considering the parallels with other health and social care transitions, translation for other populations may be beneficial.

**Keywords:** personal healthcare records; veterans; transition; military; qualitative; veterans universal passport.

**INTRODUCTION**

In the UK, once service personnel are discharged from the military, the responsibility for their health and social care falls to the NHS and civilian social care services. For ex-service personnel with physical or mental health problems, this may involve not only the transfer of care from one system to another, but also a change in the culture and processes associated with accessing health and social care support. Handover from military to civilian health services is not always straightforward, and in the current economic climate, the highly-pressurised and low-resourced nature of the NHS may lead to delays in contact1.

Veterans report difficulty in navigating the complex and diverse nature of the civilian healthcare system2, which is in contrast to the more straightforward nature of healthcare provision within the Armed Forces. Mainstream NHS services have historically been poorly equipped to identify ex-service personnel and provide appropriate military-specific treatment3. Military charities often fill any perceived gap in service provision for ex-service personnel, but this has led to a diverse range of approaches and services, contributing to confusion in where to go for support3.

Difficulties during transition are associated with a number of poor outcomes for veterans4. Furthermore, current and ex-service personnel are reportedly poor at seeking help for health problems5,6. Practical barriers are also reported, such as not knowing what is available and a lack of military-specific services to meet their needs6. Indeed, ex-service personnel using NHS mental health services are more likely to engage with services that are military-specific, and report a better experience when accessing military-sensitive treatment7.

**A health and social care record for veterans**

Considering the issues discussed above, there may be important benefits associated with a Personal Healthcare Record (PHR) for ex-service personnel. PHRs or healthcare passports, where the user holds all or some of the information regarding their illness and care plan, are becoming more common in health and social care settings8. Within the UK, the NHS Five Year Forward View aims for patients to have ‘full access to fully interoperable electronic health records and be able to write into them; (including in social care contexts) and share them with carers and others they choose’9. However, the majority of PHR initiatives in the UK are still in their infancy8.

Whilst the majority of current PHR initiatives are focused purely on healthcare, a more holistic approach involves the inclusion of social care. Indeed, PHRs are particularly effective in supporting patients with long-term physical and mental health problems, who often have comorbidities, and whose care requires communication between a number of different health and social care agencies8. PHRs are seen to enable continuity of care and better communication in these circumstances, between different healthcare professionals and agencies10,11.

Previous research with PHRs suggests that having all the relevant information in one place may enhance the accessibility of services8, which may benefit veterans struggling to navigate unfamiliar civilian support services. Furthermore, in light of reported preference for treatment by health and social care professionals (HSCPs) with an understanding of the military context7, having a military-specific PHR may help to provide the military context for HSCPs.

An example of a military-specific PHR has been developed in the US. The ‘My HealtheVet’ system enables veterans to access their complete health records, track appointments, order prescriptions and send secure messages to their healthcare team12. Veterans report increased communication with service providers, enhanced knowledge of healthcare conditions, improved self-care and adherence to medication, and greater participation in decision making12,13. However, this PHR model is restricted to healthcare only, and does not include the array of services that may be required to expedite successful transition.

In this paper we report a small qualitative investigation identifying the potential benefits and challenges associated with a health and social care record, in a small cohort of ex-service personnel accessing NHS mental health services. This pilot study sought to establish the degree to which this PHR may be beneficial in accessing civilian health and social care services for ex-service personnel and their carers, and for HSCPs who support them. This PHR is unique in its broad focus on both the health and social care needs of ex-service personnel.

**METHOD**

**The Veterans Universal Passport (VUP)**

The VUP is a pilot project in the UK to help ex-service personnel accessing NHS veteran-specific mental health services (Transition, Intervention and Liaison Service; TILs) who require support from multiple agencies. It is a paper-based multi-agency record of care, incorporating confirmation of military service, current care and risk plan, crisis numbers, health and sociodemographic information, useful websites and a list of all HSCPs involved. It is intended that ex-service personnel will bring the VUP to all health and social care appointments and request that HSCPs make an entry in the running case notes. HSCPs can also ask ex-service personnel to consent to contact any HSCP listed as being involved in their treatment to seek further information.

The VUP was piloted with ex-service personnel accessing TILs in one specific region. Approximately 75 ex-service personnel were issued with the VUP during the data collection period of the evaluation of the VUP, between June 2018 and July 2018. It should be noted that this qualitative work formed part of a mixed methods pilot evaluation of the VUP14. Feedback on the VUP was also obtained via an online survey, but are not included in this manuscript, as responses were limited.

**Participants**

A convenience sampling strategy was used in which individuals who had appropriate experience of using the VUP were invited to take part. Recruitment was carried out by TILS during June and July 2018 and interviews took place in July 2018. The only inclusion criteria for the study was experience of using the VUP as either ex-service personnel, a carer, or an HSCP. These three groups were included to give a more rounded perspective from all those involved in ex-service personnel’s care.

Eight participants were interviewed from three groups:

*Ex-service personnel*: Three ex-service personnel were recruited from those issued with the VUP between June 2016 and June 2018. All three ex-service personnel had served in the Army, had been diagnosed with a mental health condition and were accessing support through TILs. Two of the ex-service personnel had been issued with the VUP over six months ago, and one less than six months ago. Two of the ex-service personnel were male and one was female.

*Carers:* Two carers of ex-service personnel issued with the VUP over six months were interviewed. As standard practice, all ex-service personnel issued with the VUP are asked in their initial assessment with TILs to identify whether or not they have a carer. Both carers were spouses of ex-Army personnel who had been diagnosed with a mental health condition and were accessing support through TILs.

*HSCPs:* Three HSCPs took part in the qualitative interviews (one community mental health nurse, one trainee clinical counsellor, one employment support advisor). Professionals who had come into contact with the VUP were approached by TILs to take part if they had written an entry in a VUP.

**Data collection and analysis**

A semi-structured interview protocol was developed for each of the three participant groups. Questions covered experience of using the VUP and the impact of the VUP on experience of accessing services. Interviews were conducted by the lead author and lasted approximately 30 minutes. The lead author is a researcher of veterans mental health, and is independent of the development of the VUP and the NHS veterans mental health service. Interviews were digitally recorded and transcribed verbatim by the lead author. They were then uploaded into NVivo 11 for analysis. The data was subjected to a rigorous thematic analysis by the lead author following the widely used procedures outlined by Braun and Clarke15. This process provided core thematic material related to participants’ experiences and the impact of the VUP, with a particular focus on the benefits and challenges associated with its use, and any unmet needs or improvements. The thematic analysis consisted of six stages: familiarisation with the data, generating initial codes, grouping and collating codes into themes, reviewing and refining themes, defining and naming themes, and detailed presentation of themes and underlying evidence.

**Ethical considerations**

Full ethical approval for the project was granted from both the Faculty Research Ethics Panel at [redacted for peer review] and the London – Westminster NHS Research Ethics Committee (REC ref: 18/LO/0662).

**RESULTS**

Themes identified in the thematic analysis were grouped into the categories shown below in Table 1, each with a number of subthemes.

[insert Table 1]

**Key theme 1: Benefits to use**

*Centralised information repository*

Participants referred to the utility of having a wide range of relevant health, socio-economic, and military service information organised in one place. Being able to see and track past and current appointments was seen as particularly useful for ex-service personnel to help them remember when and where they needed to be, and any tasks they needed to complete. This also provided carers and HSCPs with an overview of what services had been accessed by the veteran, and gave them the ability to contact HSCPs involved in their care

It’s been really great actually. It’s got all my information in one place. Instead of me having to keep going backwards and forwards trying to find it. I find it really easy. (Veteran A)

*Recounting traumatic history*

Participants spoke of being able to refer HSCPs directly to the VUP in order to avoid recounting the details of their history and care plan. It was suggested that this not only reduced the time spent in appointments, but also reduced the anxiety associated with meeting new HSCPs.

I think it’s taken away the stress of recounting [their] story time and time again, when [veteran] just presents this document, they will read it and then they are fully aware. So I’ve noticed that it lowers [their] anxiety down, so yeah, it has improved [their] well-being. (Carer A).

*Continuity and engagement with care*

The VUP was seen as important in ensuring continuity of care, both in terms of easing the transition between the military and civilian healthcare systems, and liaison between different civilian health and social care services. It was also suggested as something of a “support scaffold” to help them manage their own care.

I think it’s a support scaffold, a sense that they have continuity, regularity. They can check through. I think it gives them a real sense of security and continuity. (Health and social care professional C)

HSCPs and carers both observed that the VUP gave veterans a feeling of engagement and participation in their own care. Furthermore it was suggested that using the VUP promoted confidence in engaging fully with appointments.

It seemed a very nice tool, if you like, for service veterans to use should they feel they needed to. It’s sort of almost a support, a regularity of feeling proactive, engagement, in their own care. (Health and social care professional C)

I think the main benefits of using it for her is, it’s given her more confidence… (Carer A)

*Military-specific nature*

The military-specific nature of the VUP provided a sense of identity to those using it, as well as helping to prove veteran status for priority treatment.

It shows our identity. But it indicates that with the Armed Forces Covenant that hopefully, because of being veteran-specific, it’s highlighting that you are a veteran and hopefully that they could conform to the Armed Forces Covenant… (Veteran B)

However, participants felt that it would be useful to broaden it to veterans accessing health and social care services in general, rather than being specifically for use in mental health services.

**Key theme 2: Barriers to use**

*HSCP awareness*

Some participants felt that there was not enough awareness of the VUP amongst HSCPs outside of TILs. As such, it was suggested that more information be made available for HSCPs.

I think the only things really we need to look at is getting the information out there of – so people recognise what it is, and like I say whether it’s a link in there to say ‘go onto this website’ and there’s a video on there of someone talking, training through. (Health and social care professional B).

*User Engagement*

Another challenge highlighted by all three groups involved user engagement with the VUP. It was clear that not all ex-service personnel issued with the VUP had used it past their initial TILs assessment or had forgotten to bring it to appointments. Furthermore, others felt that the design of the current VUP (A5 folder) was too bulky to carry around, and others that the design on the front enabled them to be identified as veterans, and implied an association to mental health services that they may not be comfortable with.

It’s obvious what it is. So yeah, you can see it from the cover. You’d be able to put two and two together. ….it’s quite identifiable isn’t it? (Veteran C)

Mental health is a bit of a taboo. It can get a bit embarrassing carrying it round. (Veteran B)

**DISCUSSION**

This small qualitative pilot study found a number of benefits to an integrated health and social care record for ex-service personnel. A number of these relate to the general benefits of using a PHR and have been reported previously. However, it was evident that the military-specific and holistic nature of the passport was seen as beneficial to ex-service personnel navigating civilian healthcare services.

**Veteran-specific benefits**

The VUP promoting a sense of continuity of care for veterans, both in terms of their transition from military to civilian healthcare, and between different HSCPs within the civilian health and social care system. For those who had been receiving treatment from military health services prior to discharge, the VUP was described as a ‘support scaffold’ that helped them organise themselves in the absence of the regimented structure of the military.

The military-specific nature of the passport was an important feature for users. Ex-service personnel felt that this gave them a sense of identity, as well as helping them and others prove their veteran status for NHS priority treatment. Identity represents an important issue during transition, and ex-service personnel who struggle to shift their identity from military to civilian are more likely to experience problems adapting to civilian life16,17. Furthermore, being able to access military-specific services and HSCPs who have an understanding of military culture is important to ex-service personnel7. The VUP may be able to deliver a structured approach to accessing civilian services for those struggling to adapt following transition, by providing civilian HSCPs with information regarding military service and enabling access to priority treatment.

Participants also supported the broadening of the beneficiary focus of the VUP to all ex-service personnel accessing health and social care services, rather than just those accessing mental health services. Comorbidity between mental and physical health conditions is common in veterans18, and the VUP may be beneficial to those accessing a whole range of health and social care services.

**Replication of previous PHR findings**

The general benefits of using a PHR were replicated in this study. Having all the relevant information in one place was seen as a key benefit19, and the utility of not having to repeat potentially traumatic information to different professionals was also highlighted8. In addition to previously reported practical implications (e.g. saving time in appointments20), carers observed psychological benefits, (e.g. increased confidence and reduced anxiety). Increased access to health information has previously been linked to reduced anxiety21, and an improvement in well-being22.

Furthermore, the VUP was seen as giving veterans a sense of control over their own healthcare, a benefit associated with PHRs in general8. Empowerment and engagement in care is associated with improved healthcare outcomes and perception of care quality in the broader healthcare literature23. Whilst linking our qualitative findings to patient outcomes is beyond the scope of this study, future development should look to exploit this aspect further.

**Challenges and future development**

The challenges highlighted in regards to implementation centred around awareness and engagement of both HSCPs and ex-service personnel. Lack of engagement from HSCPs has been reported as a barrier to the use of PHRs20. Further development of the VUP will need to incorporate a comprehensive strategy for HSCP awareness and engagement with the VUP.

Furthermore, it was evident that some ex-service personnel had disengaged with the VUP following their initial assessment. The most common reasons cited for this centred around the design of the VUP. The design on the front of the VUP was seen by some as making them identifiable as a veteran using mental health services which might deter some ex-service personnel from using it. Previous research has highlighted how the stigma associated with mental health problems acts as a barrier to help-seeking in the military community6. Indeed, all participants suggested that any further development of the VUP should consider development into an app, which would resolve the issues around identifiability.

Considering parallels in the difficulties experienced by ex-service personnel accessing civilian health and social care services with other health and social care transitions (for example, poor continuity of care and health and social care outcomes is experienced by those leaving prison with a mental health problems24), it is suggested that the benefits experienced by veterans may be transferable. Future development and research should consider translation for other populations.

**Limitations**

This was a small pilot project, with limited numbers of participants interviewed from each group. As such this limits the potential to draw valid conclusions, and in particular to look at the differences between groups. However, a qualitative methodology enables richer and more in-depth feedback to be collected, and data saturation was reached in relation to the utility of the VUP prior to the final interview. Additionally, this was a cross-sectional study which did not enable a longitudinal assessment of outcomes and the impact of the VUP on the well-being of users. In light of the small sample and cross-sectional nature of this study, a large-scale longitudinal study should be considered alongside any further development and roll out of the VUP.

**Conclusions**

This paper reports on a pilot of an integrated health and social care record with ex-service personnel accessing NHS mental health services. The feedback from participants was overwhelmingly positive and a number of benefits common in the PHR literature were identified. Importantly, the participants felt that the VUP promoted continuity of care and a sense of control over their care. The military-specific nature of the VUP was seen as important in promoting veteran identity and in providing a ‘support scaffold’ for ex-service personnel to navigate the unfamiliar civilian health and social care services. Challenges in relation to promoting user engagement and wider awareness amongst HSCPs should be taken into consideration alongside any further development and digitalisation.

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**TABLES**

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| **Key themes** | ***Subthemes*** |
| Benefits to use | *Centralised information repository* |
| *Recounting traumatic history* |
| *Continuity and engagement with care* |
| *Military-specific nature* |
| Barriers to use | *Health and social care professional awareness* |
| *User Engagement* |

Table 1. Key themes and subthemes.