

POLICY BRIEF: **Using Primary Care Data to Improve Veteran Health in the UK**



Using Primary Care Data to Improve Veteran Health in the UK



- There are 1,727,765 veterans living in England and 115,340 in Wales (England and Wales Census, 2021), and 176,100 living in Scotland (Scotland Census, 2022). Most UK veterans successfully transition to civilian life; however, some experience distinctive health challenges during and after transition.
- National understanding of veterans' physical and mental health clinical and treatment needs remains limited due to the lack of comprehensive primary healthcare data
- Current evidence relies mainly on self-reported data from surveys and cohort studies, which provide valuable insights but can lack objective information on veterans' healthcare needs and how they use NHS services



- Primary care data offers a powerful source of relevant data: the Clinical Practice Research Datalink (CPRD) contains anonymised GP records from **2,400** practices across the UK:



- These records include detailed, routinely collected information on diagnoses, treatments, and referrals, enabling analysis of veterans' health needs and healthcare utilisation at scale



- CPRD can also be linked to hospital care records, official death registrations, and cancer registry data, along with other national area-based datasets, providing a more comprehensive picture of veterans' health and health service use across the NHS

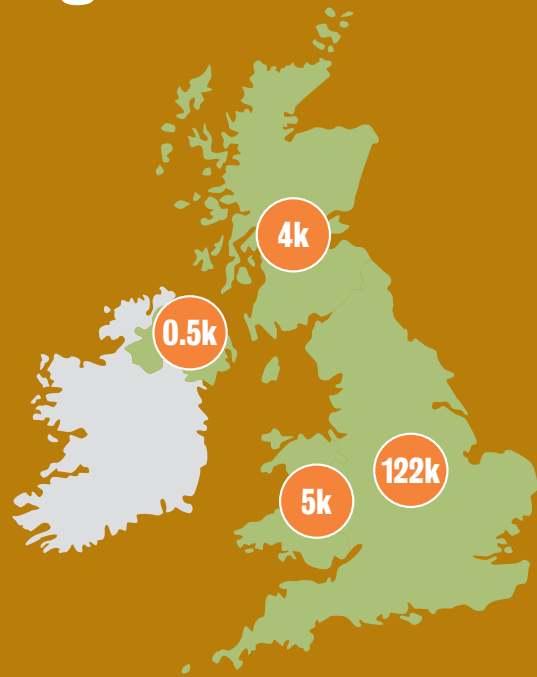
A project led by the King's Centre for Military Health Research (KCMHR), King's College London (funded by the Forces in Mind Trust), used CPRD primary care data to identify veterans, assess their health, and compare outcomes with non-veterans

Key Findings

1

The KCMHR research team reliably identified 138,000 veterans in CPRD

- Researchers successfully identified veterans using a list of military-related codes recorded in GP systems
 - 122,000 veterans in England, 5,000 in Wales, 4,000 in Scotland, and 500 in Northern Ireland
- Most veteran entries appeared after 2014, possibly corresponding to the Department of Health and Social Care indication that veteran status should be recorded in medical records



2

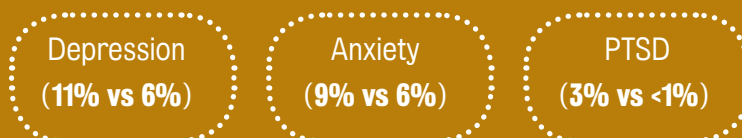
Differences were found in prevalence of diagnoses between veterans and non-veterans (matched on age, gender, GP practice, and registration date)

- Compared to non-veterans, veterans had higher GP consultations (6.50 median consultations vs 10.12 median consultations per patient per year) and higher overall mortality (7% vs 11%), suggesting greater or more complex healthcare needs.

Veterans were more likely than non-veterans to have conditions such as:



Mental health conditions were more common among veterans, including:



- After taking into account ethnicity and lifestyle factors like smoking and body weight, veterans remained more likely to have a higher risk of certain physical and mental health diagnoses than non-veterans. While higher GP consultation rates may increase the likelihood of having a diagnosis recorded, they could also reflect greater underlying health needs among veterans.



Policy Implications for NHS and Office for Veterans' Affairs (OVA)

1

NHS to continue to strengthen veteran identification in primary care



- Continue to support and strengthen the Veteran Friendly GP Accreditation Programme, ensuring accredited practices maintain a dedicated Veteran Lead GP or staff member (ideally with service experience) to champion veteran care
- Continue to encourage the routine use of a single, nationally consistent veteran code in GP systems to ensure veterans are identifiable in NHS and primary care databases
- Ensure GP practices actively ask every patient, particularly underserved veteran groups (e.g., women) about military service and build trust to encourage self-identification
 - With veteran charities supporting outreach and engagement, helping to encourage self-identification in primary care
- Require GP practices to record and review aggregate information on the number and demographic profile of veterans in their patient registry and improved staff awareness of veteran-specific NHS and third sector services



2

NHS, Ministry of Defence (MoD), OVA, and third sector to use CPRD findings to inform policy and prevention

- Incorporate primary care evidence to guide NHS resource allocation, prioritising areas where veterans experience health problems or service barriers
- Use primary care insights to identify patterns of unmet need, referral gaps, and practice-level variation among veterans to inform improved coordination and delivery of veteran specialist services such as Op COURAGE, Op RESTORE, and VALOUR
 - With veteran charities continuing to play a key role as referral and signposting partners into these services
- Target prevention efforts towards common risk areas for veterans, such as musculoskeletal, cardiovascular, and mental health conditions
- Embed preventive and lifestyle interventions during service and immediately after discharge to reduce health problems
- Ensure national health strategies, such as the UK's Veterans' Strategy, NHS Mental Health Strategy, and Men's Health Strategy, explicitly address veterans' physical and mental health needs, using primary care evidence to inform priorities

3

NHS, OVA, and third sector to leverage CPRD to drive continuous improvement in veteran health services

- Use CPRD data to evaluate the impact of the Veteran Friendly GP Accreditation, ensuring improved identification leads to tangible improvements in care and access
- Fund and support further research on the primary care needs of underserved veteran groups (e.g., women and ethnic minority veterans) and repeat national analyses every 10 years to monitor trends
 - Veteran charities specialising in underrepresented groups could co-produce this research and help with its dissemination
- Use CPRD and linked datasets to routinely monitor veterans' health and patterns of healthcare use to identify emerging need and inequalities in access. This includes assessing which veteran groups are accessing services, which are under-represented or not accessing care, and how services are used across the UK (including the devolved nations). These insights can enable VALOUR to determine whether upstream changes are having their intended effect
- Promote secure linkage of CPRD with data from the Ministry of Defence, Department for Work and Pensions, Department of Education, Ministry of Justice, and housing agencies to understand the broader social determinants of veteran health

