

Speech: British Medical Association Armed Forces Conference

Introduction

I am delighted to be here today – I'd challenge anyone to show me a more distinguished, talented and committed group of specialists than those gathered in this room.

The BMA has done a great job in bringing you together.

Because we're at an exciting time in Defence medicine. We're asking a lot more of our Armed Forces at the moment, as they defend our security and prosperity in an increasingly-threatening world.

That means we're asking a lot more of you as Defence medics.

To say you've risen to that challenge in the past is an understatement – British military medicine has been the envy of the world for over a century.

On the battlefield, we can now deal with injuries that would have been beyond hope only a few short decades ago. To my mind, that's up there with the greatest scientific achievements of the age.

That achievement was not just a matter of startling technological innovation – it took courage and commitment.

It's not for nothing that military medical staff have been awarded 27 Victoria Crosses – and two of only three VC Bars ever awarded.

The Government is deeply grateful for what you do – and we don't underestimate the difficulties of your jobs.

Let's begin by recognising those challenges.

Facing the Challenge: Defence & Health in Partnership

You make an essential contribution to our Armed Forces.

But you're also important parts of the NHS which serves us all.

So I know that you're facing the same problems in both your military and NHS work.

To an extent, our society is victim of its own success in treating serious disease.

People are living longer. Their expectations as patients are far higher. And

as technology changes at a bewildering rate, the cost of drugs and equipment soar.

That can mean stretched budgets and hard choices.

Of course, the military community is not immune from the wider challenges we face – not least, in mental health.

Our aging population includes an estimated 2.5 million veterans – 63% of them 65 or over, according to the latest estimate. Many of them served in the Second World War or on National Service.

We have an obligation of high quality care to all of them, which is embodied in the Armed Forces' Covenant.

I have been a Minister in both Defence, and in what is now Health and Social Care.

I know from experience that both areas are enormously complex – with different priorities, and even different languages.

How are we to respond? How can we work in a properly joined-up fashion?

Since this year we celebrate the 100th anniversary of the birth of the RAF, let us turn for guidance to Sir Archibald McIndoe, the pioneer of plastic surgery for hundreds of terribly-burned aircrew who joined the "Guinea Pig Club" during World War II?

He said that "skill is fine and genius is splendid – but the right contacts are more valuable than either."

He knew what he was talking about.

Contacts are good in any professional environment, of course.

He should know! Sir Archibald got his first job through his cousin, the equally distinguished reconstructive surgeon, Sir Harold Gillies of the Royal Army Medical Corps.

But that's not what he meant.

For me, he was talking about working in partnership across professional boundaries.

Knowing who to turn to for specialised help ... who to go to ensure that care continues once a patient is discharged.

That's what you're already doing so successfully, every day of your working lives.

And it's the approach we're now taking in supporting your vital work.

I'd like to focus today on three specific areas of that work.

Tackling Mental Health Problems

First, our work on mental health.

It is important to recognise that the vast majority of the 15,000 people who leave the Forces every year make a successful transition to civilian life.

The rate of Post-Traumatic Stress Disorder [PTSD] our people suffer is about 4%.

That's broadly comparable with the general population.

So is the proportion who suffer a mental disorder needing specialised psychiatric services.

But PTSD rates rise to 7% for combat troops, who also suffer higher rates of common mental disorders such as anxiety and depression.

That's an issue we have to address.

We have a clear duty to those who've come to harm in the service of our Armed Forces.

It makes no difference whether that harm is physical or mental, they have "parity of esteem" as far as we're concerned.

So we announced an additional £20 million earlier this year to improve mental health services in the Armed Forces bringing our spending up to £220 million over the next decade.

And we launched our Defence People Mental Health and Wellbeing Strategy last year.

Based on the model Promote, Prevent, Detect and Treat, that Strategy works on several levels.

For serving personnel, mental health briefings prior to deployment are now mandatory.

Specialist nurses work in-theatre, and Trauma Risk Management processes are now in place across all three Services, offering peer-peer support for those who have experienced traumatic events.

Treatment is delivered by 11 military Departments of Community Mental Health, plus a network of satellite Mental Health Teams and visiting clinics.

In-patient care is provided in dedicated psychiatric units through MOD's contract with 8 NHS Trusts.

For veterans, we've worked closely with the NHS over recent years.

NHS England launched their specialised Veterans' Mental Health Complex Treatment Services on 1 April, following last year's launch of the Veterans'

Transition, Intervention and Liaison Service.

This links to the Veterans' Gateway and other support services, including Combat Stress – which you'll have seen has just launched a new 24-hour helpline on our behalf.

The aim is to provide services which are fully accessible to those who need them most.

The Armed Forces' Covenant and Veterans' Board is overseeing our work – and is meeting tomorrow [26 April] to consider health and wellbeing priorities across the Armed Forces community.

Flexible Working

That's one side of our new holistic approach – bringing together all relevant agencies in planning and delivering high quality care.

The other side is looking at “the whole man or woman”.

Of all audiences, I don't need to tell you that health and wellbeing are not just matters of GP and hospital treatment.

A critical part of ensuring better mental health is encouraging everyone to lead a full and balanced life.

It is the stated aim of our Defence Medical Services to ensure that all personnel are “fit for task”.

That is vital, of course – a fitter force is a more effective force for keeping the country safe.

But we also owe our Armed Forces people a civilised and satisfying working life.

Society is changing, and people want greater choice in how they run their lives – especially when they're caring for young children or aging parents.

So we've looked at how we can improve our current approach.

Following wide consultation, the result is the Armed Forces (Flexible Working) Act 2018.

From next April and subject at all times to the maintenance of operational capability, serving personnel will be able to request temporary periods of part-time service, and restrictions to the time they spend away from their home bases.

We expect the long-term benefits to be significant.

As well as improving our gender balance, it will give us the chance to better utilise the skills of our Reservists ...

... and help to attract and retain the best talent.

That's especially important in view of the smaller pool of 16-24 year-olds we expect to be recruiting from over the next few years.

Forces Medicine – Optimism for Future

All that applies just as much to the recruitment and retention of military medics.

As the Armed Forces Pay Review Body has recognised, this is a continuing area of challenge in some military medical disciplines – in intensive care, in rheumatology and rehabilitation, in anaesthetics, and more generally in Reserve recruitment.

We accept that – but we're making progress.

We're now meeting or exceeding our targets on recruiting Medical Officer Bursars, Cadets and direct entrants – the future of the profession.

We are also supportive of the Step into Health initiative, which aims to link NHS Employers to members of the Armed Forces community.

There are plenty of other grounds for optimism.

Conclusion

From the game-changing work of the RAMC over two World Wars – including vaccination against typhoid fever, blood transfusions, and the use of penicillin ...

... to the startling innovations pioneered by British military medics over the last two decades, which the Royal United Service Institute recognised last year as “a revolution in military medical affairs” ...

... our military medicine has led the world for over a century.

Indeed, the Healthcare Commission has said that there is much the NHS can learn from our Defence Medical Services.

It's clear that, despite the challenges of an ever-evolving threat environment, and the wider pressures on health provision ...

... the core of talent, dedication and innovation in our military medicine is still very much alive and kicking.

So I'm ending on an optimistic note. You, our military medics, continually face new challenges. Time and again, you surmount them. We at MOD are right behind you.

And the BMA's Armed Forces' Committee under [Colonel] Glynn Evans is right behind us, helping us out and – where necessary – holding us to account.

We know how much you put in. McIndoe was said to spend up to 16 hours a day on his feet in the operating theatre – and, like him, our medics are still

performing miracles in conflict situations. But you are also showing more everyday heroism:

Dealing with the burdensome but necessary demands of bureaucracy, and balancing the competing demands of military and civilian work at a time of enormous change in both. The Government is truly grateful for your contribution in the past – and is confident that the future of military medicine is safe in your hands.

Thank you.