

SOUTH WEST VETERANS ADVISORY & PENSIONS COMMITTEE
(VA&PC)

Minutes of the Meeting held on Monday 21st May 2012 at The Rifles Taunton at 1100 hours

PRESENT

Mr S Coltman OBE (Chairman)
 Mr T Coyle
 Mr A Croaker (Observer)
 Mrs J Dent
 Mr C Francis
 Mrs J Jennings (Observer)
 Mr A Jones (Observer)
 Mr K Naylor (Observer)
 Mr T Pitcher (Vice Chairman)
 Mrs A Scales
 Mr G Willmott CBE
 Brig C Wolverson OBE DL
 Mr B Wilkinson
 Mrs I Wills BSc Dip CW
 Mr J T Yerbury
 In Attendance
 Cdr T Herman OBE RN, RN Regional Deputy Commander, SW & Wales Region
 Dr T Jenkinson, Royal National Hospital for Rheumatic Diseases (RNHRD), Bath
 Mr Andy Lauder, Avon & Wiltshire MH Trust
 Mr Chris Heffer, VWS SW Region

Minute	Item	Action
72.0	<u>WELCOME</u> The Chairman welcomed everyone to the meeting and especially our potential new members, Arthur Croaker, Jane Jennings, Ash Jones & Keith Naylor. He also welcomed our guests, Cdr Tom Herman RN, Dr Tim Jenkinson, Andy Lauder and Chris Heffer.	
73.0	<u>APOLOGIES FOR ABSENCE</u> Mr A Durcan Mr P Heavey CEng MIMechE Mrs H Smith Mr M Smith (Observer)	
74.0	<u>DECLARATION OF INTEREST</u> The Chairman reminded members that should anything be discussed at the meeting, which might constitute a conflict of interest between their personal life and VA&PC business they should declare it at the outset. He mentioned his involvement with the War Pensions and Armed Forces Compensation Tribunal as a Service Member and he ensured he did not sit on any cases that he had been previously involved in with the SW VAPC. No others were declared.	
75.0	<u>Appointments and Resignations</u> There were no Appointments or Resignations, although it was to be hoped that the Ministry of Defence would process the appointment of the 5 new members in the not too distant future.	
76.0	<u>To receive and consider the minutes of the meeting held on 16th January 2012</u>	

<p>76.1</p> <p>76.2</p> <p>76.3</p> <p>76.4</p>	<p>These were accepted as a true record and were passed for publication on the website</p> <p><u>Matters Arising</u></p> <p>Any update on individual cases would be given in Item 8.</p> <p>Boyce Review (Para 64.1). The SPVA had finished this on time and over 11,500 cases had been reviewed, all receiving extra compensation, some, especially those with multiple injuries, a considerable increase. About 430 wished to continue their appeals at present and some amounts could not be paid as the individuals had disappeared. Efforts were being made to track them down.</p> <p>Medical Discharges (Para 64.2). Members will recall that the SPVA no longer automatically assess the Principal Invaliding Condition (PIC) on a medical discharge unless the person is in receipt of a Service Pension. We had found that some leaving were not aware of the need to apply for assessment. The Chairman raised this with the SPVA and the other chairmen and a draft table was designed which, after checking by both the SPVA in Norcross & Glasgow, was issued in March 2012. It had been previously circulated to all members of the VAPC. All 3 Services have been informed and we hope that individuals will be made aware. The various booklets that are issued will also be amended. One area that came to light is that, under the AFCS, if one has already being compensated for the PIC in service, at least 7 years before the end of service, the individual cannot ask for a Review on discharge. One other major point also came to light in that it is absolutely essential for those leaving with an immediate pension or an EDP, complete a Pension Form 1 and submit it to SPVA, Glasgow, at least 6 weeks before their final date of service. Otherwise any pension & gratuity could be delayed. The matter will be monitored but it is hoped that the action is complete.</p> <p>Murrison Study into Service Amputees (Para 65.3). The DoH has now completed the Consultation Phase. It would seem that:</p> <ul style="list-style-type: none"> • A Pilot will now take place between Apr-Sep 12 on those with War Pensions or AFCS awards who leave the Services during that 6-month phase (eg one is being re-assessed in Bournemouth with help from the Leeds DSC). • At the same time, the DoH is asking DSCs to tender to be one of the 5 around in England to for all that was required, rehab, replacement, adjustments, new sockets etc. Local DSCs will be used for maintenance & adjustment. It is to be hoped that the £5M pa will be sufficient – the money will follow the patient. BLESMA will be closely involved in the process. 	
<p>77.0</p> <p>77.1</p> <p>77.2</p>	<p><u>Chairman's Report to include Panel Cases.</u></p> <p>New Members' Training. This would take place in late June or July/August. Barry Wilkinson & Christopher Wolverson, who did not have the opportunity of attending any previous training would also like to be considered. The Chairman would forward all these details to Norcross.</p> <p>Universal Credit. The DWP were still consulting on this matter. The VAPC Chairmen had expressed very strong feelings that War Pensions/ War Widows Pensions and AFCS</p>	<p>Chairman</p>

<p>77.3</p> <p>77.4</p> <p>77.5</p> <p>77.6</p> <p>77.7</p> <p>77.8</p> <p>77.9</p> <p>77.91</p> <p>77.92</p> <p>77.93</p>	<p>GIP awards should be disregarded. We await further details in any offset calculations.</p> <p>NHS Records. The London SHA was trying to develop a methodology of annotating GP records with details of those who were veterans. Interestingly, Somerset have gone ahead and done it. The note will be circulated. We have asked the SHA to see if this could be exported to all the other PCTs in the South West and they have agreed to examine the position. It does, of course, require the veteran to identify him/herself and some may not be willing to do this. The information has also been passed to other VAPCs and Norcross.</p> <p>AFPS 2015. A new AFPS will come into force in 2015, most of those serving will be transferred to it. VAPCs will be part of the consultation process.</p> <p>Head of Veterans Services. It is likely that Jon Parkin will be attending our September meeting.</p> <p>Annual Report. The Chairman had to produce this by mid July. He would, in due course, be coming round for comment/input from members.</p> <p>Army Redundancy – Phase 2. He had issued a Warning Order as 43 Brigade had asked for assistance. The Chairman had attended one meeting and was due to attend another on 23 May (Afternote) this had been postponed into June. Further information will be issued in due course.</p> <p>Disability Facilities Grant (DFG) Recovery. The VAPC was grateful to TRBL who brought this to our attention. This is where a Local Authority can recover any DFG grant made to a seriously injured ex-Serviceman who is an 80% War Pensioner with CAA or has an AFCS award with a GIP in tariffs 1-6. It would seem that Councils are unaware of this, we will publicize this with them.</p> <p>Individual Cases Update</p> <p>Mr H – Ex RN, left in the early 50s. The Chairman & John Yerbury visited Mr H in March. Since the previous entries, Chris Francis had been able to obtain a copy of his final Medical Board in the RN, which had not been available. We were also granted access to Mr H's GP records by his GP practice. The first note of his TB was on 29 Nov 1989. His PIC when he was Medically Discharged by the RN was Bronchitiis & Laryngitis, not TB. So there is no case for backdating the TB, as he did not claim it until 1990. His request for a Review was turned down (This might be into why his 20% War pension (?) ceased in 1955). He has time left to appeal in relation to a Review. He agreed to inform us in June whether he wanted to do this. We await his decision.</p> <p>Mr P - Swindon Mr P was a Junior Technician in the RAF and suffered a significant injury to his back in 1991 during the Gulf War. He wants to submit a deterioration claim. He now has all the forms but is now waiting until he has had an operation on his back. The matter now rests with Mr P. Action Complete.</p> <p>Mrs L – Devon Mrs L was notified that she was due to be medically discharged in December 2011. TRBL, Devon, requested our assistance with this case. She had served 13 years in the RN. She felt that she either did not have the condition that</p>	<p>Chairman All</p>
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	<p>the Medical Board stated she had or if she did, it would not prevent her carrying out her duties. After discussions with the NRIO in Alverstoke, she was advised to appeal to the RN Employability Board. If that fails, she has the right of appeal to the 2nd SL. This appeal failed and the Medical Discharge went ahead. She was granted a Tier 1 Pension Award (she had transferred to AFPS 05) by Glasgow. The SPVA Norcross decision is unknown. If she is still unhappy, she has been advised in relation to any appeal to both the War Pension Tribunal and the Discretionary Advisory Panel. Action Complete.</p>	
77.94	<p>Mr B – Ex RN 22 years to 1983. The Chairman visited him on 20th December 2012. This case had gone to the War Pensions & Armed Forces Compensation Tribunal in April 2011, which had rejected both claims (Review of C Spondylosis previously rejected by a PAT in 2003 and a neck injury). As he is still unhappy over the result, he has appealed to the Upper Tribunal and awaits their decision. There is little more the VAPC can do. Action Complete.</p>	
77.95	<p>Mr H – Plymouth. Mr H (RN) was put in touch by the CM TRBL, Devon. He was medically discharged in January 2012. His problem was a damaged knee, which he had hoped he would recover from. He felt there were some errors in the handling of his case. He was advised to appeal to the RN Employability Board. As he had already received a Tariff 12 award, he was also advised that he had to ask to be reconsidered on a medical discharge as opposed to the automatic consideration by SPVA. His appeal to the Employability Board failed and he awaits the result of the Review of his AFCS award. He has been put in touch with the TRBL Tribunal Representative for the SW and there the matter rests. There is no more the VAPC can do. Action Complete.</p>	
77.96	<p>Mr H – Cornwall. He was put into touch by TRBL, Cornwall. Mr H left the Army in 1986 and has a 60% War Pension. He also has DLA (Mob). He requested information on WPMS. He also wanted to revisit his 60% assessment. He was out of time for any appeal but was advised to make a deterioration claim. He also wondered if there was anything he could do about his service preserved pension. Unfortunately he had transferred this into a private pension after he left in 1986 and had a much poorer deal. It was doubtful if he was in time to do anything about this – he was advised to seek legal advice but was probably out of time. He was content with the advice received. Action Complete.</p>	
77.97	<p>Mr G – Devon – Treatment Allowances. Mr G was a former C/Sgt who was medically discharged in 1974 as a result of GSWs in N Ireland. He is a paraplegic with a badly damaged jaw. He was having difficulty over receiving authority for physiotherapy and significant dental work to his jaw. Eventually the SPVA authorized his physiotherapy but insist that the NHS deal with the jaw. We have, with the assistance of the SHA, discovered that there is a special commissioning body in Devon for such cases and Mr G needs to approach them through his GP. We await the result.</p>	
77.98	<p>Miss S – Ex-RN. Miss S, who is a single mother with a child, was put in touch by TRBL, Devon. She was medically</p>	

77.99	<p>discharged on 26 Jan 12. In common with other Leading Hands, she had been overpaid, through no fault of her own, by the RN during the period 2007-9. The RN had failed to cap her pay correctly on the incremental pay system. As it is a large sum overall, any decision to write the sums off still has not occurred. She was informed that her £11K overpayment would be taken from her Jan pay and her gratuity, leaving her with no pay in Jan. She was able to provide the information very quickly and the VAPC intervened on her behalf through the SPVA Focal Point. Within a week her pay and gratuity was restored and she was later informed that the whole case was being dealt with at a high level. As an aside, now she is on pension, a court order is needed to recover any moneys! She was also informed of all the action in relation to her PIC including any appeal rights. Action Complete.</p> <p>Mr & Mrs H – Bristol. Mr H served in the RM 1970-75. He has some brain damage and claimed on the SPVA for an alleged assault in 1972 in the Lake District. He was serving in Belfast at the time. As he was on leave, his claim was rejected. However, it may be that he was assaulted as a result of his duties at the time. Mrs H has been advised in relation to any appeal (there is a year time limit) and the need to gain evidence. The VWS is due to visit them later in May and the OA has visited to see if any financial help is required. They have also been put in touch with TRBL, Somerset, over money advice.</p>	
78.0 78.1	<p><u>VAPC Action Plan.</u> Now that the VAPC has been up and running for some 18 months, the Chairman & Vice Chairman felt that a change of emphasis was required. Previously, tasks had been allocated by function (eg War Pensions/AFCS problems). As we had now engaged with most of the major Local Authorities and NHS Trusts, along with the fact that with the latest recruitment of new members, the VAPC had a more even spread of members around the counties although there was a higher density in Devon. As a result, the Chairman announced that tasks would be devolved to those living in individual counties for some of the on-going liaison work (eg Christopher Wolverson deals with the Somerset CC etc). The Chairman would oversee the Eastern area (Glos, Wilts & Dorset) and the Vice Chairman, the west (Somerset, Devon & Cornwall). Whilst some individual cases would need specific expertise that some members possessed, the Vice Chairman would work out responsibilities by County areas and these would be promulgated in due course. The Vice Chairman then circulated a copy of the latest Action Plan, which would be revised in due course.</p> <p>Community Covenant. These have been signed in Somerset, Dorset, Devon & Glos. Cornwall, S Glos & Plymouth should sign on AF Day on 30 June. There followed a discussion in relation to what occurred at, what might be called, ground level. Amanda Scales brought up another problem that she had encountered with a blind Ex-Servicewomen. There is a need, if those who are suffering problems, will agree, to expose these problems at a higher level within Local Authorities to ensure that ex-Servicemen/women are not disadvantaged. There is also a need to export best practice into other areas. This, will, no</p>	<p>Vice Chairman</p>

	doubt, be a recurring theme.	All
79.0	<u>Legacy Issues – Musculoskeletal Problems.</u> Dr T Jenkinson, from the RNHRD, Bath, (he had previously served at Headley Court) gave a most interesting talk on many of the issues of Servicemen/women (and ex) who suffer from this sort of problem. It is very common as a legacy from service. It was estimated that some 56% of those medically discharged, have this type of injury. Naturally RNHRD, Bath is very happy to receive referrals from around England. In discussion, it came out that there were no real national statistics of the problem. The VAPC thought there might be some information in the archives at Norcross so the Chairman will write.	Chairman
80.0	<u>Avon & Wiltshire MH Trust – Update – Andy Lauder.</u> The VAPC had a presentation from Mike Relph, the Deputy CE of the Avon & Wiltshire MH Trust on the results of the Murrison Review – Fighting Fit. Andy Lauder gave the meeting an update on progress and the links with other areas. It would seem that Cornwall may well join although Glos is covered by the Talk2gether MH Trust. The Avon & Wiltshire MH Trust work closely with Combat Stress but at present, in the Pilot, there are limited resources. The Trust had been given details of the Army's Redundancy programme and there may well be some long-term fallout of MH cases.	
81.0 82.1 82.2 82.3 82.4	<u>Veterans Welfare Service (VWS) – Mr Chris Heffer.</u> He updated the meeting <u>Reorganisation of VWS.</u> The Imjin Centre has closed and the SW is split between Kidderminster, covering Glos, and the rest of the area is covered from Centurion. The new Manager will be Caroline Blake, assisted by Andrew Hiscock. Chris would send the Chairman the list of postcodes covered by individual Welfare Managers. Some new ones had been recruited and needed to be trained. The Welfare Service visited all those being Medically Discharged to ensure that they are looked after. There were also problems with some Pension Credit members (ie those with a pension from a Serviceman/women as a result of divorce). Their pensions had been put into payment too early. No sums would be recovered and if there was distinct hardship, these cases would be reviewed. <u>Armed Forces Day 30 June.</u> The Chairman asked if the VWS would be at this in Plymouth, which was the UK lead location. Chris Heffer said he would find out if the caravan would be there and also which Welfare Managers would be available. Several of the VAPC will also be in attendance, sometime with their parent organization.	Chris Heffer
83.0	<u>Date of Next Meeting</u> This will be on 17 th September 2012 at the Rifles in Taunton at 11am.	All
84.0	<u>Exchange of Information & AOB</u> The Chairman mentioned that there was to be another small amendment to the AFCS SI in the summer. There were 4 changes (all minor): <ul style="list-style-type: none"> • There will be the facility for reconsideration for a claim for Overseas Medical Treatment Claims. These are not appealable. • Amendment of a drafting error in Art 11(3). This will 	

	<p>change paragraph (4) and (9) to (4) or (9).</p> <ul style="list-style-type: none"> • Amendment of a grammatical error in Art 66(5). • Insertion of 3 new Tariffs made as a result of temporary awards: Table 2 (Injury, wounds & scarring) 2 new descriptors relating to freezing cold injuries at levels 13 & 14. Table 7 (Senses) – new descriptor at level 12 for traumatic uveitis. Table 9 (Musculoskeletal Disorders) – new descriptor for back injury at level 9. 	
85.0	The Meeting ended at 1430hrs	